

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:	
FY2019/20 Midyear Projection:	344,722,487
FY2020/21 Recommended:	367,215,761
County General Fund Contribution:	21,929,851
Percent County General Fund Supported:	6.0%
Total Employees (FTEs):	1,323.65

FUNCTION AND RESPONSIBILITIES

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

Administration Budget (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 Budget (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 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 Budget (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 Budget (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 Budget (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 (see glossary for definition) program eligibility; however, 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 Budget (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	2018/19 ACTUALS	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
ADMINISTRATION DIVISION	9,178,581	2,911,527	2,804,899	(106,628)	(3.7%)
BEHAVIORAL HEALTH DIVISION	86,102,068	100,711,518	107,092,837	6,381,319	6.3%
SOCIAL SERVICES DIVISION	99,521,049	113,989,847	115,059,076	1,069,229	0.9%
IHSS - PA ADMINISTRATION	804,964	959,101	934,736	(24,365)	(2.5%)
PUBLIC ASSISTANCE PROGRAMS	50,073,916	52,749,867	57,423,991	4,674,124	8.9%
HEALTH SERVICES DIVISION	70,643,508	80,156,811	86,887,273	6,730,462	8.4%
TOTAL REVENUES	316,324,085	351,478,671	370,202,812	18,724,141	5.3%
APPROPRIATIONS					
ADMINISTRATION DIVISION	5,470,572	2,911,527	2,804,899	(106,628)	(3.7%)
BEHAVIORAL HEALTH DIVISION	86,104,375	100,711,518	107,092,837	6,381,319	6.3%
SOCIAL SERVICES DIVISION	99,521,952	113,989,847	115,059,076	1,069,229	0.9%
IHSS - PA ADMINISTRATION	804,964	959,101	934,736	(24,365)	(2.5%)
PUBLIC ASSISTANCE PROGRAMS	50,073,916	52,749,867	57,423,991	4,674,124	8.9%
HEALTH SERVICES DIVISION	67,183,613	80,744,079	83,900,222	3,156,143	3.9%
TOTAL APPROPRIATIONS	309,159,391	352,065,939	367,215,761	15,149,822	4.3%
NET CHANGE	(7,164,694)	587,268	(2,987,051)	(3,574,319)	(608.6%)
STAFFING					
ADMINISTRATION DIVISION	95.00	106.00	106.00	0.00	0.0%
BEHAVIORAL HEALTH DIVISION	206.00	216.25	216.25	0.00	0.0%
SOCIAL SERVICES DIVISION	652.75	651.75	655.00	3.25	0.5%
IHSS - PA ADMINISTRATION	5.00	5.00	5.00	0.00	0.0%
PUBLIC ASSISTANCE PROGRAMS	0.00	0.00	0.00	0.00	0.0%
HEALTH SERVICES DIVISION	329.50	334.65	341.40	6.75	2.0%
TOTAL STAFFING	1,288.25	1,313.65	1,323.65	10.00	0.8%

DEPARTMENTAL BUDGET SUMMARY

The Preliminary Recommended Budget represents an increase of \$18,724,141 or 5.3% in revenues, which includes County General Fund Contribution, and an increase of \$15,149,822 or 4.3% in appropriations when compared to the FY2019/20 Adopted Budget, excluding the transfers to or from reserves. The General Fund Contribution of \$21,929,851 increased by \$1,057,102 or 5.1% primarily due to an increase in County share of cost for CalFresh, Medi-Cal and CalWORKs programs, and anticipated reduction in General Assistance costs. These figures represent estimates prior to the COVID-19 pandemic medical emergency and the associated responses by the State and federal government with regards to many H&SS services and programs.

Primary Funding Sources

The primary funding sources for H&SS are federal and State Program revenues of approximately \$192.8 million (52% of total); 1991 Realignment (see glossary for definition) a Statewide (sales tax based) revenue - \$51.93 million; 2011 Public Safety Realignment (see glossary for definition) a Statewide (VLF and sales tax based) revenue - \$40.3 million; and Charges for Services estimated at \$26.3 million in reimbursements for services. The County General Fund Contribution of \$21.9 million represents 6.0% 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 government 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 FY2020/21, direct charges from other County departments plus Countywide Administrative Overhead total \$25.5 million of which 94.0%, or approximately \$24 million in federal and State funds are used to offset the County General Fund costs for various County central service departments that provide services to H&SS programs.

The State Budget Act of 2011 included a major realignment of public safety programs from the State to local governments with the majority of human services programs receiving State General Fund allocations realigned to counties. 2011 Realignment shifted the funding and program responsibility for Adoption Services, Foster Care, Child Welfare Services, Adult Protective Services, Substance Abuse, Early Periodic Screening Diagnostic and Treatment (EPSDT), and Managed Care from the State to local government (County) and redirected specified tax revenues to fund this effort. The State share of funding for realigned programs has been replaced by funding based on a percentage of realignment funds (State sales tax and vehicle license fees) collected. However, the County still receives State allocations for a few programs that are matched 50% by federal funds, which includes the administration of the CalFresh, Medi-Cal, and CalWORKs programs. Federal revenues are often matching funds for programs where the State and local governments share costs; however, the federal portions are based upon the actual cost of providing the service. Federal revenues included in the budget are developed using a number of factors: caseload; number of filled positions each quarter, the cost for each position, and overhead and other costs associated with each filled position; productivity rates; and interim, estimated or approved, reimbursement rates. (All pre-COVID-19 pandemic federal and State emergency action changes.)

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 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 FY2020/21 Preliminary Recommended Budget includes \$51.9 million in 1991 Realignment funds that will be drawn down and recognized as revenues. It should be noted that this source of revenue has been impacted by the COVID-19 pandemic medical emergency actions, the extent of which is yet to be determined.

1991 Realignment funds are allocated to three main areas:

- Health Services – a portion of the Health Realignment funding (approximately \$6.87 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 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 \$9.4 million); however, the State is required to fully replace the 1991 Realignment funds shifted from Mental Health to CalWORKs and is responsible for any shortfall in funding.

A portion of the 1991 Realignment funds previously set aside for the County's obligation to pay for indigent health care (W&I Code section 17000) has been redirected at the State level to fund Social Services programs with enactment of AB 85, January 1, 2014, including increases in CalWORKs grants. With the implementation of the Affordable Care Act, the State anticipated that County costs and responsibilities for healthcare services for the indigent population would decrease because a majority of this population, previously uninsured, would now be eligible for Medi-Cal or Covered California. The enactment of AB 85 provided the mechanism for redirecting these realignment funds.

AB 85, effective 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 18.5%, while Mental Health remains the same at approximately 40%.

AB 130 and SB 90 created a new County IHSS MOE, effective July 1, 2017. The State increased In-Home Supportive Services (IHSS) costs to counties partially by redirecting VLF growth from the Health, Mental Health and CMSP accounts to Social Services. Social Services received the sales tax growth due to the IHSS caseload increase resulting in Health and Mental Health's sales tax bases being flat funded. Additionally, the VLF base for Health and Mental Health would not have a share in any general growth funds until FY2020/21. On July 1, 2019, SB 80 was enacted into law to create a more sustainable IHSS MOE structure which included rebasing counties' MOE to a lower amount, ceasing the redirection of VLF growth revenues, reducing the MOE inflation factor from 7% to 4%, and enacting changes to wage and benefit bargaining.

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 \$40.3 million in 2011 Realignment funds for FY2020/21. 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. These funding sources have been impacted by the COVID-19 pandemic medical emergency and associated response by federal and State actions, the extent of which is still uncertain and well need to be addressed prior to the completion of the FY2020/21 Adopted Budget.

County General Fund Contribution

The FY2020/21 Recommended Budget includes a County General Fund Contribution in the amount of \$21,929,851, an increase of \$1,057,102 when compared to the FY2019/20 Adopted Budget. The increase is comprised of the following:

- \$48,750 decrease in Administration due to the discontinuance of a one-time contribution to community clinics in FY2019/20 offset by increases in non-claimable Countywide Administrative Overhead, interest expense and Medi-Cal Administrative Activities (MAA) expenditures.
- \$1,360,613 increase in Social Services due to an increase in County share of cost for the administration of CalFresh, CalWORKs and Medi-Cal programs, anticipated pre-COVID-19 impacts.
- \$10,426 decrease in Health Services due to reduction in non-claimable Countywide Administrative Overhead costs.
- \$244,335 decrease in Assistance primarily due to a decrease in General Assistance and County Only Foster Care costs.

The County General Fund Contribution of \$21,929,851 is appropriated with \$3,547,139 funding the Assistance Programs, and \$18,382,712 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.

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

Functional Area Summary

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- \$3,104,773 in mandatory match or County share of costs for federal/State programs for Child Welfare Services, CalWIN, and administration of CalWORKs, CalFresh, Medi-Cal and IHSS programs (see glossary for definitions).
 - \$5,704,565 for mandated substance abuse and adult psychiatric outpatient and inpatient services.
 - \$3,404,263 to fund some programs at the minimum level necessary. These programs include Public Health Laboratory, Public Guardian, General Assistance eligibility determination and administration. In most cases, these programs are supplemented by outside sources of funding including competitive grants and charges for services.
 - \$856,583 for administrative costs that are non-claimable.
 - \$1,658,452 to support H&SS integration, 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 \$2,804,899 in appropriations which recovers most costs through Administrative Overhead Intrafund Transfers.
- Social Services (BU 7680) includes \$115,059,076 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 \$934,736 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 \$107,092,837 in appropriations which includes Mental Health and Substance Abuse.
- Health Services (BU 7880) includes \$83,900,222 in appropriations which includes Public Health and Medical Services.
- Assistance Programs (BU 7900) includes \$57,423,991 in appropriations which includes above referenced assistance programs.

Other Administered Budgets not part of Fund 902 includes \$19,449,890 for the IHSS Public Authority (Fund 152 - BU 1520), \$823,487 in appropriations for Tobacco Prevention and Education (Fund 390 - BU 7950), \$3,174,136 Napa/Solano Area Agency on Aging (Fund 216 – BU 2160) and a Transfers-Out of \$27,882,664 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.

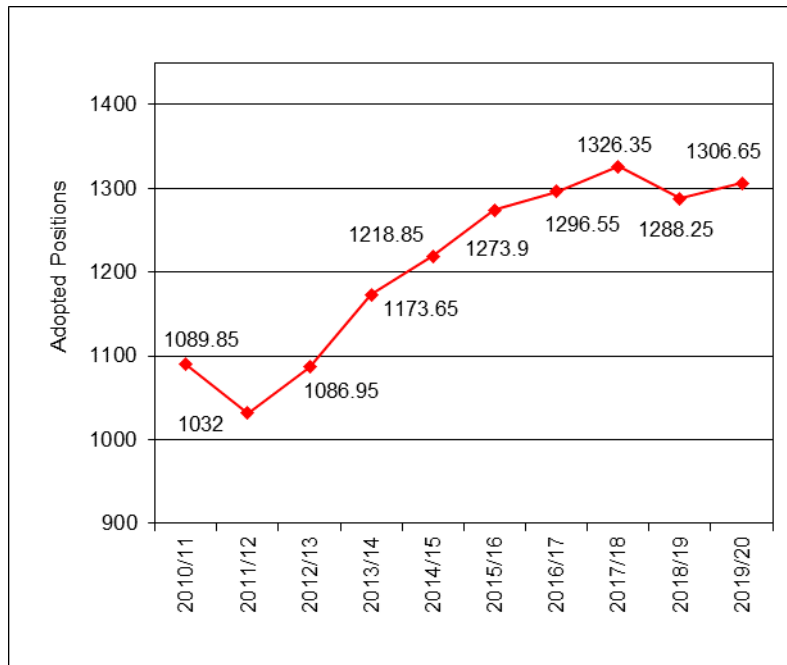
DEPARTMENT COMMENTS

None.

SUMMARY OF POSITION CHANGES

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

STAFFING TREND



PENDING ISSUES AND POLICY CONSIDERATIONS

COVID-19 – The Recommended Budget does not reflect the impacts of COVID-19 emergency and the Shelter at Home Order. During the coronavirus outbreak, federal legislation directed funding to states and local governments. Following are some of the funds received by H&SS in FY2019/20 to prevent and respond to the emergency. The use of these funds extends beyond June 30, 2020, and the Department will submit supplemental adjustments to re-budget some of these funds in FY2020/21.

- \$663,067 from the Centers for Disease Control and Prevention to carry out surveillance, epidemiology, laboratory testing, infection control and other preparedness and response activities.
- \$67,127 in COVID-19 supplemental funding, \$908,375 in Coronavirus Aid, Relief and Economic Security (CARES) Act supplemental funding, and \$59,250 in Ryan White HIV/AIDS Program funding through the U.S. Health Resources and Services Administration (HRSA) to support the detection, prevention, diagnosis and treatment of coronavirus disease, including maintaining capacity and staffing levels during the emergency.
- \$106,344 in stimulus funding from the Department of Health and Human Services to provide financial assistance to physician practices, hospitals, and other providers negatively impacted by COVID-19.
- \$206,370 in State funds from the California Homeless Coordinating and Financing Council to support State-approved Project Roomkey COVID-19 projects in Solano County.
- \$484,283 in State funds to fund increased CalFresh administration costs as a result of COVID-19.
- The Governor also authorized \$5 million in State funds for county workers to perform outreach to IHSS recipients and other seniors. It is anticipated that the Governor’s May Revise will also include an additional \$8.8 million for county IHSS Administration for overtime related to COVID-19 and to support back-up provider systems in all counties. Solano County’s share of these funds is still unknown and will mostly likely be driven by time studies.
- The federal government, under the Families First Coronavirus Response Act (FFCRA), provides a temporary 6.2% increase in the Federal Medical Assistance Percentage (FMAP) effective January 1, 2020, and extending through the last day of the calendar quarter in which the public health emergency terminates. The temporary increase in FMAP increases the federal share of costs of Medi-Cal services from 50% to 56.2%.

Although H&SS has received federal and State funding to respond to the COVID-19 emergency, what remains unknown are the short- and long-term impacts on existing H&SS revenue streams, service delivery infrastructure due to the financial strain on the County's non-profit providers with whom H&SS partners to provide direct services, and demand for public assistance under an environment of declining revenues and rising unemployment.

The reduction in economic activity due to the Stay at Home Order, unemployment and temporary closures of businesses will result in a decline in sales tax, vehicle license fees, and personal income tax which H&SS is heavily dependent upon. The deferment of payment of sales tax and the extension of tax filing and payment deadlines also create a challenge for projecting revenues and cashflow.

The Department anticipates returning to the Board with supplemental adjustments to the FY2020/21 Recommended Budget as information becomes available from the State, through the Governor's May Revise, and various H&SS affiliated associations.

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 Executive Administration, Administrative Support Bureau, Budget and Financial Management, Compliance & Quality Assurance, Contracts Management, 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 the Department’s purchasing and receiving, asset inventory management, including cellular and multi-function devices, records management, courier services, workspace utilization, vehicle management for H&SS assigned vehicles, 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 claiming, billing and collections, and financial oversight.

Compliance & Quality Assurance

The Compliance & Quality Assurance unit provides an integrated system of compliance oversight and ensures that the Department’s business and provider practices are compliant with federal, State and local regulations and requirements. Additionally, the Compliance & Quality Assurance Unit identifies and conducts risk assessments and analysis in collaboration with H&SS divisions and with the Auditor-Controller’s Office; and investigates federal and State privacy breaches.

Contracts Management

Contracts Management is responsible for coordinating the administration and monitoring of more than 500 contracts and service agreements with a value of approximately \$133 million.

Employee Services

Employee Services oversees H&SS employee hiring and coordinates department-wide County mandated training for H&SS employees. This unit is also responsible for department-wide payroll, which includes processing of time reporting, extended leave, and documentation of personnel processes such as new hires, terminations, and promotions. Additionally, Employee Services manages organizational development and culture agreements, and leads the coordination of departmental equity initiatives, which works to align federal and State cultural competency requirements across programs and services and to promote an equity framework in the development and implementation of programs, services, policies and procedures across the Department.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

- Coordinated the annual Single Audit for all federally funded programs managed by H&SS. The federally required single audit is a rigorous audit of an entity that expends \$750,000 or more of federal funds. H&SS manages approximately \$81 million in federal expenditures. The FY2018/19 Single Audit, issued in December 2019, disclosed two significant deficiencies, instances of noncompliance, in the Temporary Assistance for Needy Families (TANF) program. There were no questioned costs.

**Gerald Huber, Director of Health & Social Services
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- In February 2020, ASB upgraded 243 cellular phones of managers, supervisors, and fieldworkers in compliance with the Department of Information Technology's (DoIT) security standards.
- As part of the H&SS reorganization, the management and oversight of two units previously under ASB were transferred to other divisions. Research and Planning is now under Health Services division and Community Services and Coordination is now under Behavioral Health Services division. Some aspects of budgeting for these two units continue to remain in ASB.
- During FY2018/19, the Compliance & Quality Assurance Unit was reviewed by an external consultant and recommendations were made to move the supervision of the unit under the Assistant Director. This change took place in March 2019. Reassignment of some of the work and staff, and reclassifications and vacancies, has impacted the unit. The unit is fully staffed as of February 2020 with a Compliance Manager; three (3) compliance analysts; and one extra-help office assistant.
- The H&SS Executive Compliance Committee was formed, and Charter adopted by the Board of Supervisors on March 12, 2019. The Compliance & Quality Compliance Program and Work Plan was presented to the H&SS Compliance Committee on November 13, 2019.
- Contracts Unit, in coordination with Compliance & Quality Assurance, developed and implemented formal procedures for subrecipient determination and risk assessments as required by State and federal regulations. The unit also partnered with Risk Management to develop a process for reviewing contractors' compliance with the County's insurance requirements. The unit held a series of kick-off meetings in January and February 2020 to introduce these changes.
- In 2019, Employee Services provided oversight to organizational development agreements, which led to the creation and implementation of the H&SS Roadmap for improved client outcomes and services delivery, and the H&SS Leadership Principles, which serve as the 12 internal values of employees within the Department. This unit also spearheaded the H&SS Advancing Racial Equity Caucus, where staff collectively created and disseminated the Solano County African American/Black Resource Guide.

WORKLOAD INDICATORS

- Administrative Support Bureau (ASB) facilitated approximately 3,200 purchase transactions (through purchase orders, credit cards, office depot) with expenditures totaling approximately \$5.2 million across the Department.
- ASB completed the annual physical inventory, without findings, of approximately 7,291 fixed assets assigned to H&SS.
- Budget and Financial Management Unit managed approximately \$492 million in funds: \$367 million including Assistance and In-Home Supportive Services Program for provider wages, benefits and Public Authority Administration and Napa/Solano Area Agency on Aging; \$58 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 \$37 million in Medi-Cal, Medicare and private insurance claims.
- Accounts Payable and Contracts Units processed approximately 19,003 vendor claims totaling \$98 million.
- The Employee Services Unit coordinated the processing of 123 FTE new hires, 119 FTE retirements and terminations, 77 FTE promotions, and 32 FTE transfers; prepared and processed 2,645 personnel action requests (ePARs); and monitored and troubleshooted the timecard reporting of approximately 1,172 employees in the IntelliTime payroll system. Workload data covers the period July 1, 2019 to February 8, 2020.

DIVISION BUDGET SUMMARY

The Preliminary Recommended Budget represents decreases of \$106,628 or 3.7% in revenues and \$106,628 or 3.7% in appropriations when compared to the FY2019/20 Adopted Budget. The County General Fund Contribution decreased by \$48,750 or 3.3%.

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

Summary of Division Budget

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

organizations; Operating Transfers-In and General Fund Contribution to fund Board approved contributions to non-County agencies and non-reimbursable costs.

The FY2020/21 Preliminary Recommended Budget includes a \$106,628 or 3.7% decrease in revenues compared to the FY2019/20 Adopted Budget. The net decrease in revenues is primarily due to the following:

- Decreases of \$215,300 in Intergovernmental Revenues and \$24,576 in Charges for Services due to a decrease in the number of community-based organizations participating in the MAA program funding.
- Decrease of \$48,750 in General Fund Contribution due to the re-budget of one-time contribution to community clinics in FY2019/20 offset by an increase in non-claimable costs.
- Decrease of \$26,579 in Operating Transfers-In due to the reduction in the Board-approved contribution to the Senior Coalition.
- Increase of \$153,466 Miscellaneous Revenues due to a grant received from Kresge Foundation to support the Department's integration efforts.
- Increase of \$55,111 in interest income based on the Department's current year average daily operating cash balance. (This interest income figure may change due to the financial impacts of the COVID-19 pandemic emergency response on interest earnings.)

Primary Costs

The FY2020/21 Preliminary Recommended Budget includes a \$106,628 or 3.7% net decrease in appropriations primarily due to the following:

- Increase of \$453,169 in Salaries and Benefits primarily due to negotiated and approved labor contracts resulting in increases in wage, CalPERS retirement costs, partially offset by budgeted reclassification of positions which did not occur, and vacated positions filled at a lower step.
- Increase of \$109,960 in Services and Supplies due to increase in DOIT charges, higher number of computers scheduled for refresh than prior year, and increased property and liability insurance costs. These increases are offset in part by decreased use of contracted consultants and reduced MAA claim payments as a result of program changes.
- Decrease of \$542,688 in Other Charges resulting from decreases in interfund services from other departments, Countywide Administrative Overhead, and contributions to non-county agencies. These are offset by increases in interest expense due to higher carrying balance of non-operating cash accounts.
- Increase of \$137,523 in offsetting Intrafund Transfers primarily due to an increase in net claimable salaries and benefits, services and supplies, and charges for services. Administration costs that are claimable to federal and State programs are transferred to program division budgets via the Intrafund Transfer account.

Contracts

The FY2020/21 Preliminary Recommended Budget includes a total of \$1,208,750 or 6.6% in contracted services. H&SS will return to the Board after the FY2020/21 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	2018/19 ACTUAL	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	1,117,245	962,292	1,017,403	55,111	5.7%
INTERGOVERNMENTAL REV FEDERAL	741,534	254,500	39,200	(215,300)	(84.6%)
CHARGES FOR SERVICES	59,633	25,440	864	(24,576)	(96.6%)
MISC REVENUE	117,771	0	153,466	153,466	0.0%
OTHER FINANCING SOURCES	181,775	181,775	155,196	(26,579)	(14.6%)
GENERAL FUND CONTRIBUTION	6,960,623	1,487,520	1,438,770	(48,750)	(3.3%)
TOTAL REVENUES	9,178,581	2,911,527	2,804,899	(106,628)	(3.7%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	10,560,955	13,604,769	14,057,938	453,169	3.3%
SERVICES AND SUPPLIES	3,931,296	4,015,121	4,125,081	109,960	2.7%
OTHER CHARGES	3,090,579	3,281,936	2,739,248	(542,688)	(16.5%)
OTHER FINANCING USES	2,235,914	113,818	124,272	10,454	9.2%
INTRA-FUND TRANSFERS	(14,559,156)	(18,104,117)	(18,241,640)	(137,523)	0.8%
TOTAL APPROPRIATIONS	5,259,588	2,911,527	2,804,899	(106,628)	(3.7%)
NET CHANGE	(3,918,993)	0	0	0	0.0%
STAFFING					
ADMINISTRATION DIVISION	95	106	106	0	0
TOTAL STAFFING	95	106	106	0	0

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in the position allocations since the adoption of the FY2019/20 Budget are provided below.

On January 7, 2020, after a review of the organizational structure of the regulatory and compliance unit by the Municipal Resource Group, LLS, the following position change was approved by the Board:

- Deleted 1.0 FTE Deputy Compliance and Quality Assurance Manager.
- Added 1.0 FTE Compliance and Quality Assurance Analyst.

On March 10, 2020, the following position changes were included in the Midyear Report:

- Deleted 1.0 FTE Office Assistant II and added 1.0 FTE Accounting Technician in the Contracts Unit to align the classification with the duties required to be performed.
- Reclassified 1.0 FTE Office Coordinator to 1.0 FTE Inventory Coordinator, as recommended by HR, to align the classification with the duties being performed.

The FY2020/21 Recommended Budget does not include any position changes.

PENDING ISSUES AND POLICY CONSIDERATIONS

The Recommended Budget does not reflect the impact of the COVID-19 pandemic medical emergency or the likelihood of the economy slowing or even entering a recession and will require adjustments to meet these challenges. The Department's Supplemental Budget will address necessary budgetary adjustments, including anticipated additional funding for critical programs to combat the pandemic, reductions in funding streams reliant on sales tax and other revenues, interest income/expense adjustments due to the Federal Reserve's emergency actions to reduce interest rates to try to offset the impact to the economy resulting from the COVID-19 pandemic emergency, and compounded by sharply rising wage and benefit costs. The review will also include recent federal and State legislation enacted to address the pandemic and the Governor's May Revise. Please refer to the H&SS Department Summary for information on anticipated impacts to the Division.

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 Code 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 federal, State and local components. The Mental Health Services Act – Proposition 63 (MHSA) (see glossary for definition) provides a funding structure designed to 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 in Vallejo, Fairfield and Vacaville.
- An “Open Access” drop-in model for accessing outpatient care which operates at all three adult outpatient clinic sites. Under this model, individuals seeking care are not required to schedule intake appointments but rather are encouraged to come to the clinic “today or tomorrow, or any business day by 3:30 p.m.” Urgent psychiatric care is provided through a “Provider of the Day,” who provides same or next day services.
- A contracted network augments the County’s outpatient capacity and includes adult case management and 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, commercially sexually exploited youth, and other children and families.
 - 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 the responsibility of the California Department of Community Corrections, but after

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a time period equivalent to a comparable jail sentence, the financial responsibility and oversight of the care generally transfers to the Mental Health Plan.

- 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.
- 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 previously required to 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, including 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 section 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 to promote mental wellness at the onset of an illness or episode of care to prevent or reduce the need for acute inpatient services or long-term care.

- Adult Mental Health implemented Laura's Law Assisted Outpatient Treatment in 2019, receiving 29 referrals for mandated outpatient care. The program also implemented AB 1810 Mental Health diversion, signed by the Governor on June 27, 2018, and creating Penal Code sections 1001.35 and 1001.36, intended to reduce the number of mentally ill adults in jail. In the first 3 months of this service, the County received 45 referrals from the Courts.
- The Division hired 3.0 FTE Peer Support Specialists. The peer support specialists have personal experience in behavioral health recovery and work in all three adult outpatient clinics and the County forensic and adult Full-Service Partnership programs. The Division has continued recruiting psychiatric providers, utilizing a combination of psychiatrists, nurse practitioners (NP) and physician assistants (PA). A recent increase in the Psychiatrist salary (with two additional annual

increases planned) appears to already be providing potential psychiatrists for hire. 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 sufficient board and care and community housing (locally and regionally) facilities pose a challenge for care providers and complicates planned discharge from long-term care facilities and acute hospitals when adults are ready to live in the community with intensive supports. Affordable supportive housing is critical to the service continuum. The Division has partnered with two housing developers to submit No Place Like Home grant proposals to the State, which will bring affordable housing units dedicated to mental health clients in both Fairfield and Vallejo in the coming years. In partnering for these grants, the Division commits to providing mental health services under a permanent supportive housing model for 20 years, as needed, to the clients living in the units.
- Increases in psychiatric hospitalizations has been a challenge. Hospitalizations in 2019 numbered 1,044, a 28% increase from the 818 inpatient admissions the year prior. Factors associated with this issue are multi-faceted, driven by both client and service factors and the operational changes in the Crisis Stabilization Unit.
- Continuing to implement aspects of the Continuum of Care Reform (CCR) in 2019, the Division released a Request for Qualifications for Treatment Foster Care (TFC), which is intended to enable trained foster parents to provide mental health rehabilitative services in the home foster care setting. Two Foster Family Agencies applied, and the County is in contract negotiations with both agencies; however, as of February 2020, neither agency has any operating TFC homes within Solano County.

Substance Use Disorders

- The County is in the process of working with DHCS to participate in the Organized Delivery System (ODS) State waiver for Drug Medi-Cal services. Solano County has joined six other Partnership Health Plan (PHP) counties in subcontracting the managed care operations to PHP. This will enable the County to offer the expanded benefit allowed by the ODS waiver without expanding County infrastructure to oversee the implementation, PHP will have responsibility for establishing network providers and monitoring quality assurance. This transition has been in the planning process for over two years and is anticipated to go live by July 2020. Therefore, future Substance Use Disorder service contracts with community-based agencies will be held by PHP instead of the County, with PHP also providing fee for service reimbursement to the contracted agencies. The County can also become a subcontracted provider.
- In anticipation of subcontracting service oversight to PHP, the Division consolidated the former substance abuse disorder (SUD) treatment Access Line with the existing MH Access Line, to create a single Behavioral Health Access function to strengthen the service delivery for co-occurring disorders. One SUD clinician is now embedded in the Children's FSP and conducts assessments and engagement into SUD treatment for the youth and their parents. Three other clinical staff were deployed to the three adult outpatient clinics to do SUD assessments and to specifically work with those who need but are reluctant to enter SUD treatment, in addition to their mental health care. Substance Use Disorder challenges are prominent in the adult mental health population.
- The Proposition 47 grant program provides case management and sober living housing for its enrolled clients who are engaged in substance use disorder treatment. The program has been very successful in engaging clients and in successfully completing treatment. In 2019, the program admitted 161 clients and discharged 144. Of the clients discharged, 33% did so having successfully completed their treatment program, a high success rate given that the clients are almost exclusively high-risk, high-need.
- The service system was challenged in 2019 with the closure and subsequent bankruptcy of Anka Behavioral Health in May 2019, eliminating one of the two outpatient providers in Vallejo. An existing County provider agreed to expand its local service options and opened an outpatient program in Vallejo in late 2019. Additionally, the only outpatient treatment provider in Vacaville, Healthy Partnerships, a Caminar program, closed its Vacaville site in May 2019 due to high costs associated with low client volume. For the partial 2019 year, the Vacaville site served 76 clients, compared to the 148 clients served in Fairfield. The County remains unable to secure a contract with a vendor to provide services in Vacaville.

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WORKLOAD INDICATORS

The following workload indicators cover calendar year 2019:

- Solano County Behavioral Health provided mental health services to approximately 5,914 severely mentally ill adults and youth for a total of 156,875 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 County adult outpatient clinic services were comparable to the prior year, serving 3,468 adults, of whom 1,132 were newly admitted. 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.
- Private therapists in contract with Solano County continue to provide fewer services to Medi-Cal beneficiaries. In 2019, 89 clients were served in the network for an average of 15 sessions each. This is 31% fewer clients than in 2018 which had 129 clients. For comparison with 2014, before the provider network entered into contracts with the managed care plans to provide mild-moderate mental health services (there previously had been no such benefit), 675 clients were served in the provider network. This is a decrease in caseload by 87% over the six-year time frame.
- The County and contractor provider programs served 1,603 youth, providing 73,476 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. A small increase of 33 youth over the prior year, the demand children's services has been stable over the last three years.
- In 2019, there were 687 new intakes in the County's child outpatient programs, an increase of 618 or 11% when compared to 2018.
- More adult clients were admitted to Institutes for Mental Disease (IMD) locked facilities for subacute care in 2019 than were discharged. In 2019, there were 71 new admissions versus 47 admissions in 2018. There were slightly more discharges from these facilities in 2019 (66 versus 63 in 2018). Overall, 69 clients were served in IMDs in 2019 and 61 were served in IMDs in 2018.
- In 2019, Solano received fewer youth under Presumptive Transfer (PT) than the prior year, where 78 youth were transferred into the County and 117 were transferred to the counties where they are placed.

DIVISION BUDGET SUMMARY

The Preliminary Recommended Budget represents an increase of \$6,381,319 or 6.3% in revenues and an increase of \$6,381,319 or 6.3% in appropriations when compared to the FY2019/20 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), the federal reimbursement is 90%. 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 or 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.

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. The Department received the FY2011/12 funding in February 2020, however, \$2,668,300 for FY2010/11 is still pending and is included in the FY2020/21 Recommended Budget.

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 also 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 addition, counties may receive additional revenue after the guaranteed amount statewide is met. Once the guarantee is met, funding will be distributed up to an established base amount. If funding exceeds the base, growth is distributed and added to the base in the next fiscal year.

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. Realignment funding, however, 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 FY2020/21 Preliminary Recommended Budget includes a \$6,381,319 or 6.3% net increase in revenues primarily due to the following:

- Increase of \$3,676,830 in Federal/State Short Doyle Medi-Cal revenues primarily due to the inclusion of one-time supplemental payment from FY2010/11, a 3% cost-of-living adjustment to the interim reimbursement rate and increases in billable adult and children's contracted services.
- Decrease of \$293,640 in Federal/State Drug Medi-Cal revenues primarily due to fewer Narcotic Treatment Program (NTP) services being provided.
- Decrease of \$313,748 in Federal Short Doyle Administration revenue due to deferring an additional quarter of revenue. The Recommended Budget also assumes that the 15% cap on Medi-Cal administrative costs will be met. Administrative costs are reimbursed up to 15% of Medi-Cal billable services. Any costs above the cap are funded with other revenues.
- Increase of \$402,015 in Federal Quality Assurance revenues due to increased staffing and information technology costs that are claimable to this revenue source.
- Increase of \$147,732 in federal SABG monies due to more expenses anticipated to be claimed in the fourth quarter of FY2019/20. Funding for this quarter will be received in FY2020/21.
- Increase of \$18,252 in Federal Other monies primarily due to a change in timing of claiming for First Episode Psychosis services under the Substance Abuse Mental Health Services Administration (SAMHSA) block grant.
- Increase in MHSA funding of \$296,027 primarily due to a projected increase in the use of MHSA revenues to fund program operations.

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- Increase of \$149,821 in the use of 2011 Realignment primarily due to more funding needed for increased adult inpatient, quality assurance, and administrative costs. These increases were offset with a decrease in realignment revenue funding children's services. The FY2011/12 Supplemental Payment received last fiscal year was distributed to programs with billable services in FY2011/12. As a result, a significant amount of the funding was distributed to children's services which freed up 2011 Realignment. The FY2020/21 Recommended Budget includes prior year 2011 anticipated rollover and projected FY2020/21 receipts to fund ongoing operations.
- Increase of \$1,095,098 in the use of 1991 Realignment due to higher inpatient costs, more bed days for clients in Augmented Board and Care facilities, and increased costs for staff managing homeless programs.
- Decrease of \$32,033 in State 2011 Realignment revenues (AB 109) due to a reduction in treatment costs for this program.
- Increase of \$1,241,289 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 and a Justice Assistance Grant (JAG) that will provide mental health services to individuals being diverted from the criminal justice system.
- Decrease of \$7,231 in Charges for Services primarily due to fewer Medicare revenues projected and \$907 in Forfeitures and Penalties due to more fees projected to be received from Probation for drug and alcohol offenses.

Primary Costs

Primary costs for Behavioral Health are: \$30,509,976 for Salaries and Employee Benefits; \$7,122,673 for Services and Supplies; \$65,618,237 for Other Charges; \$336,911 for Other Financing Uses; and \$3,505,040 for Intrafund Transfers.

The recommended appropriations for the Behavioral Health Division include \$95,835,020 for Mental Health (BU 7700), \$7,093 Intergovernmental Transfers Projects (BU 7598), and \$11,250,724 for Substance Abuse (BU 7560).

The FY2020/21 Preliminary Recommended Budget includes \$6,381,319 or 6.3% net increase in appropriations primarily due to the following:

- Increase of \$152,040 in Salary and Benefits primarily due to negotiated and approved labor contracts resulting in increases in wages, CalPERS retirement and worker's compensation costs, and offset with an increase in budgeted Salary Savings.
- Increase of \$1,243,609 in Services and Supplies primarily due to increases in IT costs related to the addition of three dedicated staff for Behavioral Health, the County's final repayment on the statewide recoupment for FY2013/14 disallowed services from the Office of Inspector General's (OIG) report, refresh computers, and contracted services for CalMHSA to manage County invoicing for presumptive transfer.
- Increase of \$5,036,157 in Other Charges due to increases of \$383,686 in Institutions for Mental Disease (IMD) due to more clients placed in these types of facilities and a legislated 5% rate increase, \$4,258,591 in Contracted Direct Services due to increases in inpatient bed days and rates, augmented board and care costs, and case management and shelter beds for Proposition 47 clients, \$319,258 in Housing for Clients due to growth in sober living placements for the Proposition 47 grant project, \$128,081 in Interfund Services due to an increase in the MOU with First 5 to provide community education and services for children aged 0-5, and \$87,409 in Countywide Administrative Overhead. These are partially offset by a decrease of \$111,546 in Support and Care of Persons due to fewer Narcotic Treatment Program (NTP) services provided.
- Decrease of \$79,599 in Other Financing Uses primarily due to no vehicles will be purchased in FY2020/21.
- Increase of \$29,112 in Intrafund Transfers due to a decrease in departmental administration overhead charges of \$65,033 offset by a reduction of \$49,455 in CalWORKs funding for the Successful Mental Health and Addiction and Recovery Team (SMART) based on current allocation for the program, and an increase of \$44,690 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 \$60,781,481 or 57% in contracted services for the provision of an array of substance abuse and mental health services.

Summary of Division Budget

**7780 – Fund 902-Behavioral Health
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Fixed Assets

None.

DIVISION COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2018/19 ACTUAL	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
FINES, FORFEITURES, & PENALTY	35,390	40,627	37,984	(2,643)	(6.5%)
REVENUE FROM USE OF MONEY/PROP	17,275	0	0	0	0.0%
INTERGOVERNMENTAL REV STATE	33,349,964	37,622,259	39,966,252	2,343,993	6.2%
INTERGOVERNMENTAL REV FEDERAL	24,267,687	28,322,373	32,069,994	3,747,621	13.2%
CHARGES FOR SERVICES	772,357	685,948	682,269	(3,679)	(0.5%)
MISC REVENUE	377,171	0	0	0	0.0%
OTHER FINANCING SOURCES	20,831,091	27,586,637	27,882,664	296,027	1.1%
GENERAL FUND CONTRIBUTION	6,453,674	6,453,674	6,453,674	0	0.0%
TOTAL REVENUES	86,104,608	100,711,518	107,092,837	6,381,319	6.3%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	27,018,825	30,357,936	30,509,976	152,040	0.5%
SERVICES AND SUPPLIES	5,195,534	5,879,064	7,122,673	1,243,609	21.2%
OTHER CHARGES	51,243,963	60,582,080	65,618,237	5,036,157	8.3%
OTHER FINANCING USES	285,041	416,510	336,911	(79,599)	(19.1%)
INTRA-FUND TRANSFERS	2,361,012	3,475,928	3,505,040	29,112	0.8%
TOTAL APPROPRIATIONS	86,104,375	100,711,518	107,092,837	6,381,319	6.3%
NET CHANGE	(233)	0	0	0	0.0%
STAFFING					
BEHAVIORIAL HEALTH	206.00	216.25	216.25	0	0.0%
TOTAL STAFFING	206.00	216.25	216.25	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in the Division’s position allocations since the adoption of the FY2019/20 Budget are provided below.

In February 2020, 1.0 FTE Nurse Practitioner/Physician’s Assistant moved to Family Health Services.

On March 20, 2020, the following position changes were included as part of the Midyear Report:

- Added 1.0 FTE H&SS Planning Analyst in the Quality Assurance program to provide data collection and analysis, funded with Federal Mental Health Quality Assurance and 2011 Realignment funds.
- Added 1.0 FTE Mental Health Service Manager for housing and homeless program oversight, funded with MHSA funds.
- Deleted vacant 1.0 FTE Project Manager.
- Concurred with a change in status from 1.0 FTE Limited-Term Nurse Practitioner/Physician Assistant to 1.0 FTE (regular) Nurse Practitioner/Physician Assistant in the Integrated Clinics. The position provides clinical activities and is funded with Short Doyle Medi-Cal, State General Fund, County General Fund, 2011 Realignment and Third-party payer revenues.
- Extended 1.0 FTE Limited-Term project Mental Health Specialist II through September 30, 2021 to provide outreach and coordination services to individuals in the criminal justice system seeking treatment for substance use and funded with Proposition 47 grant funding.

There are no position changes included in the FY2020/21 Preliminary Recommended Budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

The Recommended Budget was prepared assuming normal business operations for Behavioral Health. As a final implementation date for the regional Drug Medi-Cal Waiver was not known when the Recommended Budget was prepared, the Department prepared the Substance Abuse budget as if the waiver was not being implemented. The targeted implementation date is July 1, 2020. Once the waiver is implemented, the Department will need to adjust the budget to reflect payments to Partnership HealthPlan as well as move staffing costs to Mental Health. As the regional model was based on several fiscal assumptions and uses a new reimbursement methodology, the actual fiscal impact will not be known until after DHCS reconciles with the counties and Partnership HealthPlan. Reconciliation may occur a minimum of 18 months after the implementation date.

DHCS notified counties that the State was not recouping enough monies for the nonfederal share for the fee for service inpatient stays. DHCS will pay the facility the full bed rate and will offset 1991 Realignment distributions for the nonfederal share. DHCS indicated that their prior offset process did not include all Medi-Cal aid codes for several years. While DHCS has not shared details with the counties on the amount of the recoupment, they did indicate that the repayment process may span four years.

DHCS is currently auditing FY2012/13 Short Doyle cost report. Counties are concerned about changes in the State Auditor's interpretation of allocating indirect costs. Some counties have experienced significant disallowances due to this change. How this change will impact Solano County's audit is unknown but could potentially have an unanticipated fiscal impact.

COVID-19 – The Recommended Budget does not reflect the impact of coronavirus disease 2019 (COVID-19) or the likelihood of the economy slowing or even entering a recession and will require adjustments to meet these challenges. The Department's Supplemental Budget will address necessary budgetary adjustments, including anticipated additional funding for critical programs to combat the pandemic, reductions in funding streams reliant on sales tax and other revenues, interest income/expense adjustments due to the Federal Reserve's emergency actions to reduce interest rates to try to offset the impact to the economy resulting from the COVID-19 national emergency, and compounded by sharply rising wage and benefit costs. The review will also include recent federal and State legislation enacted to address the pandemic and the Governor's May Revise. Please refer to the H&SS Department Summary for information on anticipated impacts to the Department.

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, 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 September 2019, Solano County Family Health Services earned the distinguished Health Resources Services Administration (HRSA) Operational Site Visit (OSV) Seal of Certification across all its health centers and satellite centers/mobile units. The OSV represents an exhaustive federal audit conducted onsite which examined the FQHC’s governance (board of directors), fiscal and budget, operations, clinical, and quality components. HRSA examined 98 elements and did not issue any audit findings.

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- The We're All Family! Mobile Food Pharmacy (MFP) program sponsored by the Yocha Dehe Wintun Nation expanded to include other Federally Qualified Health Centers (FQHCs) located in Solano County, including the Community Medical Centers, Inc. clinic in Dixon, CA. These clinics are in addition to the Solano County clinic locations already being served. Since the official launch of the program, the MFP has provided more than 6,000 households with 93,505 pounds of fresh fruits and vegetables. At the July 2019 National Association of Counties (NACo) Annual Conference and Exposition, the MFP was awarded the National Achievement Award in the Health category which honors innovative and effective county government programs that strengthen services for residents. Later in the year, the MFP received another award, the California State Association of Counties (CSAC) Challenge Award. This award is CSAC's annual statewide award program that honors innovation and best practices in county government.

Emergency Services

- Beginning in early February 2020, the Solano EMS Agency, supported by Medic Ambulance, assisted the US Health and Human Services Agency with planning and executing efforts associated with emergency management and response requirements related to the Travis AFB repatriation missions for Americans under COVID-19 quarantine. This involved working with the federal government and local hospitals to prepare for a multi-patient transport and treatment event. The EMS Agency is also responsible for coordination of emergency resources for medical and healthcare entities throughout the county and the agency has been heavily engaged in the COVID-19 response through the requisition and distribution of emergency equipment and supplies.
- In support of the Solano Emergency Medical Services Cooperative (SEMSC) Joint Powers Authority (JPA), Solano EMS staff have been planning and coordinating with partners and stakeholders, representing fire departments, law enforcement, and hospitals, the establishment of a plan to implement a countywide Emergency Medical Dispatch (EMD) program to include Pre-Arrival Instruction (PAI). The EMD program has been implemented in jurisdictions nationwide and has resulted in dramatic improvements to medical outcomes.
- In August 2019, the Solano EMS Agency sent a group representing the local Hospital Preparedness Program to Anniston, Alabama, to attend the Office of Domestic Preparedness' Healthcare Coalition Response Leadership program. In attendance were representatives of hospitals, EMS, Public Health, and Skilled Nursing.

Public Health

- Responsibility for oversight of the Whole Person Care Program was transferred to Public Health in 2018. In 2019, Solano Public Health worked with the Behavioral Health Division and Department of Information Technology to begin development of a Health & Social Services Integrated Data System. This new system will integrate data and allow H&SS divisions serving the same clients to share pertinent data and coordinate client services.
- In 2019, 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) was successfully received from the county's five hospitals and the Family Health Services Clinics, and data was 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 accurate data transmission.
- In 2019, Health Promotion and Community Wellness alliance, *VibeSolano*, launched a campaign on alcohol and party hosting, targeting parents of underage youth. The campaign was designed to educate parents that they are responsible for who has access to alcohol at parties they host. The campaign appeared on billboards, in movie theaters, on the VibeSolano.com website and social media, and in newspapers.
- In FY2019/20, Health Promotion and Community Wellness alliance, *VibeSolano*, in partnership with the Greater Vallejo Recreation District (GVRD), Congregation B'nai Israel, Community Presbyterian Church Vallejo, and with the support of GVRD and Yocha Dehe Wintun Nation funding, designed and constructed a concrete walking meditative labyrinth at Grant Mahony Park in Vallejo. The labyrinth transforms an unused section of the park into a healing place for physical activity, stress reduction, peace, and community cohesion.
- In 2019, the Public Health Laboratory improved capacity to test for communicable diseases and onboarded molecular tests for the detection of enteroviruses and pathogenic enteric bacteria, including *Salmonella*, *Shigella*, Shiga toxin-producing

E. coli, *Campylobacter*, and *Vibrio* species. The verification of these tests is anticipated to aid in the rapid evaluation of meningitis and gastrointestinal outbreaks.

- 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 80.9% in 2017, and to 81.8% in 2018, exceeding the Healthy People 2020 goal of 77.9%. The overall rate of early prenatal care primarily improved because pregnant women with Medi-Cal had early prenatal care rates that significantly improved, increasing from below 50% in 2006 to 72.4% in 2018 (an all-time high for Solano County).
- In 2019, the Black Infant Health program enhanced its services and included the evidenced based program Healthy Families America. Black Infant Health has added intensive case management services through home visitation to the existing Black Infant Health model of group sessions. Additionally, Black Infant Health will provide group sessions to their clients at the First 5 Center in Vallejo.
- The Solano County HIV Prevention Program’s mobile testing van was upgraded in 2019 with new state-of-the-art testing modalities and continues to work within the community on increasing access to testing and counseling for high-risk communities.
- In 2019, SolanoCares.org underwent a website overhaul to modernize the website and make it mobile-friendly for consumers to access. Two additional resource portals—Children, Families & Adults and Public Health—were created. Representatives from various Solano County Health and Social Services divisions and local agencies worked together to add and review several resources to the website. SolanoCares.org also serves as a landing page for the Adverse Childhood Experiences (ACEs) work that Solano Public Health, First 5 Solano and Solano Kids Thrive are spearheading.
- On June 3, 2019, the Solano Women Infants and Children Supplemental Nutrition Program (WIC) went live as a pilot agency for the statewide implementation of the new e-WIC card and the new information system known as WIC Information System Exchange (WIC WISE).
- In FY2019/20, the Childhood Lead Poisoning Prevention Program coordinated with Environmental Health to utilize Lead Settlement funds and develop a plan for identifying older homes and providing home lead abatement.
- In FY2019/20, California provided additional funds to expand evidence-based home visiting programs to moms and babies, including Healthy Families Solano and Nurse Family Partnership.
- In 2020, the Communicable Disease Program, the Emergency Services Bureau, Public Health Lab and the Epidemiology Unit responded to coronavirus disease 2019 (COVID-19) and worked with federal, State and local partners to coordinate health services for repatriates transported to Travis Air Force Base and ongoing services to the community.

WORKLOAD INDICATORS

Family Health Services

- In 2019, FHS provided primary care and dental health services to 22,698 patients, a reduction of 2,000 patients from 2018, reflecting the increased presence of other non-County FQHCs. There was a total of 77,260 patient visits.
- In 2019, 45% of FHS patients lived below 100% of the Federal Poverty Line (FPL) and 83% of FHS patients had Medi-Cal Managed Care as their primary insurance. Uninsured patients represented 8% of patients and the remaining 9% were Medicare enrolled or enrolled with a private insurer.

Emergency Services

- In 2019, 335 Emergency Medical Technicians were certified, recertified and/or registered in Solano County. Of the 335 individuals processed, 97 were initial certifications, 186 were recertifications, and 52 were registrations.
- A total of 133 Paramedics were newly accredited or recertified in Solano County for 2019.

Public Health

- The Maternal, Child and Adolescent Health Bureau launched the Strive2BeHealthy (S2BH) Program in 2018, a new prevention-focused initiative that combines community-level activities (such as increased outreach to seniors and

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implementation of fall prevention classes and social activities at senior centers) with home-based, direct services targeting medically fragile older adults. S2BH saw a three-fold increase in referrals to the program (25 to 96 referrals) and served 65 clients in FY2018/19.

- As of December 2019, WIC has a total caseload of 8,440 clients using the new WIC WISE system. WIC continues to see significant drops in enrollment numbers from 10,750 total caseload in December 2018 to 8,440 in December 2019 (a drop of 2,310 clients in one year).
- In FY2019/20, the Health Promotion and Community Wellness Bureau worked with St. Dominic's in Benicia to install a water station with bottle filler, and with Dixon Unified School District to begin the installation of six (6) new water stations with bottle fillers for their district which will provide much improved access to drinking water for the students with the goal of reducing intake of sugary beverages. The Bureau also distributed over 9,000 reusable water bottles to students in need.
- In 2019, the Health Promotion and Community Wellness Bureau's *VibeSolano* and the Solano County Library System continued their partnership to provide blood pressure self-monitoring kits throughout the Solano County Library System; the kits have been borrowed 106 times during the year by community members at no cost.
- In FY2019/20, the Health Promotion and Community Wellness Bureau Injury Prevention Unit partnered with six organizations to hold fourteen car seat classes, distributing 316 gift cards to 67 parents to purchase car seats for their children nine years of age and younger. The Bureau also distributed 1,154 bicycle helmets to children and youth through its Bicycle Helmet Safety Program in partnership with four cities and two organizations.
- In 2019, 804 children received an application of fluoride varnish and more than 2,000 children received oral health education and a free toothbrush and cover to take home.
- In FY2019/20, 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 FY2018/19, the Public Health Laboratory performed or referred 22,774 tests for infectious diseases and water quality monitoring, including over 8,200 tests for active and latent tuberculosis (TB); 2,506 tests for childhood blood lead levels; 1,544 tests for sexually-transmitted diseases; 476 tests for animal rabies; 67 tests for measles virus; and 4,777 water quality tests on drinking water, wells, recreational water, and wastewater systems for providers, agencies and the public.
- In FY2018/19, the Maternal, Child and Adolescent Health Bureau's Central Referral Line (implemented in 2015) received and processed 1,678 referrals to various home visiting programs and other services, including no/low-cost health insurance.
- In FY2018/19, the Mothers and Babies Perinatal Depression Prevention program in Maternal, Child and Adolescent Health, in collaboration with the Behavioral Health Division, conducted eighteen (18), 6-week sessions for program participants. Three out of four participants showed decreases in perceived stress levels and in depression levels, as evidenced by the Perceived Stress Scale and Edinburgh Scale, respectively.
- In FY2018/19, nearly 1,193 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 community services. In addition, Healthy Families Solano served 62 high-risk families; 530 home visits were made by staff in the Nurse-Family Partnership Program (serving 88 clients); and 66 clients were served by the Black Infant Health Program.
- In 2019, the California Children's Services Program, which serves medically fragile children, authorized 1,648 Service Authorization Requests, and the Medical Therapy Program provided physical and occupational therapy to nearly 200 children.
- In 2019, the student health center at Solano Community College in Fairfield, staffed by the Maternal, Child and Adolescent Health Bureau, served 2,078 students, faculty and staff with a variety of screening, assessment, counseling, education, consultation, vaccination and other health-related services.
- In FY2018/19, the Sexually-Transmitted Diseases unit of the Communicable Disease Program received 2,667 Chlamydia, 765 Gonorrhea and 224 new Syphilis case reports. The program provides education and follow-up for all untreated youth, untreated prenatal women and all Syphilis cases.

- In 2019, the Tuberculosis (TB) Control Program evaluated more than 500 County residents for TB disease and provided intensive nurse case management to 31 patients with active TB disease.
- The Vital Statistics Unit provided 24,380 death permits, death certificates and birth certificates in 2019.

DIVISION BUDGET SUMMARY

The Preliminary Recommended Budget represents an increase of \$6,730,462 or 8.4% in revenues and an increase of \$3,156,143 or 3.9% in appropriations when compared to the FY2019/20 Adopted Budget. The Recommended Budget includes \$4,112,447 in Public Health appropriations, \$1,395,498 for the H&SS Reorganization, and \$84,254 in Social Services appropriations that will be funded with prior year Public Health-Intergovernmental Transfer (IGT) (see glossary for definition) restricted funds. The Net County Contribution decreased by \$10,426.

Primary Funding Sources

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

FQHC reimbursement is based on a site-specific encounter rate with an interim encounter rate established during a designated rate setting year. The Department of Health Care Services (DHCS) conducts an audit of the interim rate at a much later date in order to set a permanent rate. H&SS has already received permanent rates for 355 and 365 Tuolumne in Vallejo, 2101 and 2201 Courage in Fairfield, 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 Healthcare for the Homeless 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, 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 FY2020/21 Preliminary Recommended Budget for Health Services includes a \$6,730,462 or 8.4% net increase in revenues compared to the FY2019/20 Adopted Budget. The County Contribution of \$2,249,471 has decreased by \$10,426 or 0.5%. The net increase in revenue is primarily due to the following:

- Decrease of \$2,601,289 in 1991 PH Realignment to cover transitional care and additional overhead in Medical Services, one-time and ongoing operational costs in FHS that are not funded by FQHC revenues, and Public Health expenditures now covered by State/Federal funds rather than PH Realignment. These decreases are partially offset by an increase in funding for Public Health needed to cover a local match for the Whole Person Care grant, as well as due to the use of IGT funds to cover the bridge transition year for IGT funding and to be used for Public Health eligible expenditures.
- Decrease of \$726,303 in Federal Aid primarily due to decreases in federal funding for the Nurse Family Partnership program and the Emergency Preparedness and Response allocation, which are offset by increases in State funding for these programs; a decrease in the Nutrition Education and Obesity Prevention allocation; and a decrease in the California Children’s Services (CCS) allocation due to State program changes under the Whole Child Model.
- An increase of \$737,056 in State funding due to increases in the Nurse Family Partnership and Emergency Preparedness and Response programs, which are partially offset by decreases in federal aid; an increase in the communicable diseases’

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allocation; and an increase in the childhood lead and poisoning prevention allocation. This is combined with year-to-year fluctuations in awards and changes in timing of claim reimbursements.

- Increase of \$9,894,852 in IGT Revenues based on estimates submitted to DHCS for FY2019/20 rate year. Increase is due to FY2019/20 rate year being a transition from fiscal year to calendar year and including 18 months instead of 12 months.
- Decrease of \$1,714,244 in Grant Revenue due primarily to the Whole Person Care grant expiring in December 2020, expiration of the Medication Assisted Treatment grant, and expiration of the Office of Child Abuse Prevention grant to fund one Public Health Nurse in providing case management services to high risk youth.
- Decrease of \$187,948 in Admin Services Fees due to lower expenditures in the Emergency Services program for services supporting the Solano Emergency Medical Services Cooperative due to diverting a portion of those personnel to Emergency Preparedness and Response.
- Decrease of \$134,175 in FQHC revenues due to reduced encounters due to provider vacancies.
- Net increase of \$1,666,433 in Other Revenue primarily due to an increase in the draw from of prior year revenues for the whole Person Care grant, and an increase in Quality Improvement Plan (QIP) payments from Partnership HealthPlan (PHP); combined with decreases in the CMSP grant and Yocha Dehe donation due to the grant/donation expiring.
- Decrease of \$99,999 in County General Fund due to cancellation of funding for the Adolescent Intervention Modality (AIM) program.

Primary Costs

Primary costs for Health Services are \$39,673,606 for Salaries and Employee Benefits, \$13,709,916 for Services and Supplies, \$25,005,475 for Other Charges which include \$4,430,179 in contracted direct services; \$84,100 in Fixed Assets; \$461,127 for Other Financing Uses, and \$4,965,998 for Intrafund Transfers.

The primary programs in Health Services are Public Health (BU 7800) with appropriations of \$45,513,396; Medical Services (BU 7588) with appropriations of \$7,931,745 and Family Health Services (BU 7580) with appropriations of \$30,455,081.

The FY2020/21 Preliminary Recommended Budget for Health Services projects a \$3,156,143 or 3.9% net increase in appropriations compared to the FY2019/20 Adopted Budget. The net increase in appropriations is due to the following:

- Net decrease of \$2,062,699 in Salaries and Employee Benefits due to increases in salary savings of \$4,093,724 to reflect average staffing vacancy trend and anticipating delay in filling positions in Family Health Services.
- Net increase of \$85,132 in Services and Supplies primarily due to increases in County information technology costs and Special Departmental Expense, which includes an increase for the IGT transfer fee paid to the State due to FY2020/21 being a transition year of 18 months as the State transitions from a fiscal year to a calendar year for IGT, which are partially offset by decreases in contracts for training and technical support, computer refresh due to refresh of majority of PH computers in FY2019/20, and decreases in software maintenance and support due to completing the bulk of projects for Whole Person Care and the Public Health Lab in FY2019/20.
- Net increase of \$5,252,863 in Other Charges primarily due to increases in IGT charges and contracted direct services. The increase in the IGT charge is due primarily to this being a bridge year of 18 months as the state converts from a fiscal year to a calendar year. The increase in contracted direct services is primarily due to an increase in the Whole Person Care contract for housing funds.
- Increase of \$74,100 in Fixed Assets due to requests for fixed assets in FY2020/21.
- Increase of \$32,682 in Other Financing Uses due to an increase in the charge for Pension Obligation Bonds.
- Net decrease of \$225,935 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 other divisions, an increase in reimbursement for Substance Abuse Prevention and Treatment (SAPT) funding for the Reducing Rates Initiative, and an increase in reimbursement from Social Services for the California Work Opportunity and Responsibility to Kids (CalWORKs) program Home Visiting Initiative.

Summary of Division Budget

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Contracts

The FY2020/21 Recommended Budget for Health Services includes a total of \$5,680,330 or 6.77% in contracted services for the provision of services to Family Health Services and Public Health. H&SS will return to the Board after the FY2020/21 Budget Hearings with a master list of contracts for the Board’s consideration.

Fixed Assets

The FY2020/21 Recommended Budget includes \$84,100 in requests for the following fixed assets:

- \$47,100 in WIC for Capitol Project Requests, including a remodel of the front desk area to improve safety and efficiency and the addition of a plexi-glass window glazing to reception window to improve confidentiality.
- \$9,000 in the Public Health Lab for a refrigerator.
- \$9,000 in the Public Health Lab for microscope parts.
- \$19,000 in Fairfield Dental for Dexis Dental x-ray equipment.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2018/19 ACTUAL	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
LICENSES, PERMITS & FRANCHISE	22,852	26,500	24,000	(2,500)	(9.4%)
FINES, FORFEITURES, & PENALTY	340,549	266,500	269,000	2,500	0.9%
INTERGOVERNMENTAL REV STATE	31,734,339	34,475,719	42,506,338	8,030,619	23.3%
INTERGOVERNMENTAL REV FEDERAL	9,341,890	13,237,110	10,732,687	(2,504,423)	(18.9%)
INTERGOVERNMENTAL REV OTHER	774,037	739,128	757,493	18,365	2.5%
CHARGES FOR SERVICES	23,888,361	25,211,222	24,778,115	(433,107)	(1.7%)
MISC REVENUE	2,594,226	3,503,736	5,233,169	1,729,433	49.4%
OTHER FINANCING SOURCES	495,499	436,999	337,000	(99,999)	(22.9%)
GENERAL FUND CONTRIBUTION	1,451,454	2,259,897	2,249,471	(10,426)	(0.5%)
TOTAL REVENUES	70,643,208	80,156,811	86,887,273	6,730,462	8.4%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	36,615,226	41,736,305	39,673,606	(2,062,699)	(4.9%)
SERVICES AND SUPPLIES	9,629,189	13,624,784	13,709,916	85,132	0.6%
OTHER CHARGES	16,223,030	19,752,612	25,005,475	5,252,863	26.6%
F/A BLDGS AND IMPRMTS	0	0	47,100	47,100	0.0%
F/A EQUIPMENT	38,999	10,000	37,000	27,000	270.0%
OTHER FINANCING USES	519,121	428,445	461,127	32,682	7.6%
INTRA-FUND TRANSFERS	4,158,048	5,191,933	4,965,998	(225,935)	(4.4%)
TOTAL APPROPRIATIONS	67,183,613	80,744,079	83,900,222	3,156,143	3.9%
NET CHANGE	(3,459,595)	587,268	(2,987,051)	(3,574,319)	(608.6%)
STAFFING					
HEALTH SERVICES	329.50	334.65	341.40	6.75	2.0%
TOTAL STAFFING	329.50	334.65	341.40	6.75	2.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

- In December 2019, H&SS received grant funding of \$1,603,828 from the Department of Health Care Services for one-time funds for the Whole Person Care Pilot program to invest in long-term or short-term housing for Medi-Cal beneficiaries who are mentally ill and are experiencing or at risk of homelessness. These funds will not be expended in FY2019/20; but are expected to be expended in FY2020/21.
- The Whole Person Care Pilot Program is scheduled to expire on December 2020, so grant revenue for this program (excluding the housing funds) is expected to be \$1,479,829 less than FY2019/20.

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- The Preliminary Recommended Budget includes a budgeted increase of \$9,894,852 in revenues and appropriations associated with the IGT transfer to DHCS for FY2019/20 rate year. This is expected to go to the Board of Supervisors for approval on April 28, 2020. This rate year is a transition from a fiscal year to a calendar year and includes the period from 7/1/2019 to 12/31/2020.

SUMMARY OF POSITION CHANGES

Changes in the position allocations since the adoption of the FY2019/20 Budget are provided below.

In February 2020, 1.0 FTE Nurse Practitioner/Physician's Assistant moved to Family Health Services from the Behavioral Health Division.

On December 10, 2019, the following positions were added:

- Added 2.0 FTE Limited-Term project Communicable Disease Investigators through June 30, 2022 to provide additional communicable disease prevention services, funded with California Department of Public Health to expand STD prevention in targeted populations.
- Added 2.0 FTE Limited-Term Health Assistants through June 30, 2020 and 0.5 FTE Public Health Nurse to administer services in the California Work Opportunity and Responsibility to Kids Home Visiting Program, funded with California Department of Social Services.

On March 10, 2020, the Midyear Report included the following position changes:

Family Health Services

- Extended 1.0 FTE Limited-Term Medical Assistant through June 30, 2021 to provide medical services to the community, funded by FQHC and 1991 Public Health Realignment funds.
- Extended 1.0 FTE Limited-Term Mental Health Clinician (Lic) through June 30, 2021 to provide behavioral health services to the community, funded by FQHC and 1991 Public Health Realignment funds.
- Reclassified 5.0 FTE Office Assistant I to 5.0 FTE Office Assistant II, as recommended by HR, to align the classification with the duties being performed.
- Concurred with change in status for 1.0 FTE Limited-Term project Public Health Nurse to 1.0 FTE Limited-Term (regular) Public Health Nurse and extended through June 30, 2021 to provide care coordination for clients requiring medical services, social services and chronic disease management or other health and social services support, funded with FQHC and 1991 Public Health Realignment funds.
- Extended 2.0 FTE Limited-Term Dental Assistant (Registered) through June 30, 2021 to assist in the provision of dental services to the community, funded by FQHC and 1991 Public Health Realignment funds.
- Extended 1.0 FTE Limited-Term Clinic Registered Nurse through June 30, 2021 to assist in the provision of medical services to the community, funded by FQHC and 1991 Public Health Realignment funds.
- Extended 1.0 FTE Limited-Term Medical Assistant through June 30, 2021 to provide medical services to the community, funded by FQHC and 1991 Public Health Realignment revenues.

Public Health Services

- Added 1.0 FTE Limited-Term Public Health Nurse (bilingual Spanish) in the Nurse Family Partnership program through June 30, 2022 to expand program capacity, funded with State General Fund.
- Increased 0.75 FTE to 1.0 FTE Public Health Nurse in the Nurse Family Partnership program to expand program capacity, funded with State General Fund.
- Concurred with change in status for 1.0 FTE Limited-Term project Epidemiologist to 1.0 FTE limited-term (regular) Epidemiologist and extended through June 30, 2022 in the Research and Planning unit to support emergency preparedness and the whole person care project, funded by 1991 Public Health Realignment.

- Concurred with change in status for 1.0 FTE Limited-Term Health Services Manager to 1.0 FTE Health Services Manager in the Health Promotion and Education program, to manage three programs as follows: Tobacco Control and Prevention, Substance Abuse Prevention and Treatment and the Solano Transportation Authority, funded by SABG, proposition 56 and Solano Transportation Authority funds.
- Extended 1.0 FTE Limited-Term Project Manager in the Health Promotion and Education program through June 30, 2022 to manage contract and budgets with various funding agencies, funded with 1991 Public Health Realignment funds.
- Extended 2.0 FTE Limited-Term Health Education Specialists through June 30, 2022 in the Health Promotion and Education program to assist with chronic disease prevention, Solano Transportation Authority program and community health issues with community partners, funded by 1991 Public Health Realignment funds.
- Extended 1.0 FTE Limited-Term Public Health Nurse (Senior) through June 30, 2022 to provide critical services to older adults, including chronic disease prevention, and to the perinatal population served by the Maternal Child and Adolescent Health program, funded by IGT funds.
- Extended 1.0 FTE limited-term Mental Health Clinician (Licensed) through June 30, 2022 to provide assessment, diagnosis and treatment to high-risk elderly population, funded by IGT funds.
- Extended 2.0 FTE limited-term Health Assistants through June 30, 2022 in CalWORKs Home Visiting program to support the expansion of services in this program, funded by State CalWORKs Home Visiting allocation.

PENDING ISSUES AND POLICY CONSIDERATIONS

Family Health Services

Physician vacancies, particularly adult primary care physicians, continue to be an ongoing challenge to recruit and retain. The County, in conjunction with Partnership HealthPlan of California (PHP), is continuing to provide incentives and moving allowances to eligible providers. Additionally, the County developed a provider productivity incentive program for primary care physicians, pediatricians and dentists. The purpose of the program is to help in recruiting, retention and the generation of new encounters (revenue) through productivity. The County continues to utilize State and federal student loan reimbursement programs for eligible physicians and advanced practice providers. The County also participates in the student loan repayment program offered through the County Medical Services Program (CMSP). With the nationwide shortage of primary care physicians, the competition to hire them remains high and continued efforts to enhance compensation for physicians will be important to maintain current gains and fill the few remaining vacancies.

Challenges remain in streamlining processes within NextGen, the Electronic Medical Record system, which is key to gaining productivity improvements. Efforts to overcome these challenges include care teams that have been created within the health centers to map current processes and find opportunities for improvement.

Historically, FHS clinics have relied on 1991 PH Realignment to provide public health services (i.e., Tuberculosis surveillance, reporting, treatment, Communicable Diseases, W&I Code section 17000, other PH initiatives) within the health centers and to cover the funding gap between clinic revenues and expenditures. While provider recruitment, productivity and efficiency improvements are aimed at reducing the need for 1991 Realignment, there is a possibility that FHS may need additional County General Fund support if 1991 PH Realignment is redirected to fund the State’s 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 PH 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 has reached the ten-year anniversary, any successful attempt to repeal the ACA will 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

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Control and Prevention, including funds directed to the State and local levels for immunizations, Tuberculosis control and other Communicable Disease programs.

Public Health

California Department of Health Care Services has proposed the California Advancing and Innovating Medi-Cal (CalAIM) as a framework for the upcoming waiver renewals that will be proposed to Centers for Medicare and Medicaid Services (CMS). The proposal encompasses a broader delivery system, program and payment reform across the Medi-Cal program. The proposal is providing health care services in such a way that it recognizes non-clinical interventions focused on the Whole Person Care approach via Medi-Cal that targets social determinants of health and reduces health disparities and inequities. The CalAIM proposal also aims to build upon past successes, including Whole Person Care, and improve the entire continuum of care through the managed care system and by engaging the behavioral health system in treating the whole person. DHCS has indicated it is postponing CalAIM implementation timelines due to current efforts to combat COVID-19 in our communities.

DHCS plans to engage stakeholders and the federal government in both an extension of the existing 1115 waiver and the 1915b Special Mental Health waiver. In parallel, DHCS will continue to seek approval of the County's CalAIM proposals for a later date.

The federal government's current immigration policies and the Public Charge Executive Order by the Administration that went into place February 24, 2020 has 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 and a reduction in nutrition services to children.

Childhood Lead Poisoning Prevention Program will continue to collaborate with Environmental Health to address and develop a plan for home abatement of lead using the Lead Settlement funds.

Pending Issues on COVID-19

The Recommended Budget does not reflect the impact of coronavirus disease 2019 (COVID-19) or the likelihood of the economy slowing or even entering a recession and will require adjustments to meet these challenges. The Department's Supplemental Budget will address necessary budgetary adjustments, including anticipated additional funding for critical programs to combat the pandemic, reductions in funding streams reliant on sales tax and other revenues, interest income/expense adjustments due to the Federal Reserve's emergency actions to reduce interest rates to try to offset the impact to the economy resulting from the COVID-19 national emergency, and compounded by sharply rising wage and benefit costs. COVID-19 aid should be speedy, with Public Health and Family Health Services being awarded funds that will be included the Department's Supplemental Budget; however, it remains to be seen whether normal invoicing will be slowed both by existing County workforce available and able to submit invoices to the State and personnel at the State being available and able to process the claims in a timely manner. The review will also include recent federal and State legislation enacted to address the pandemic and the Governor's May Revise. Please refer to the H&SS Department Summary for information on anticipated impacts to the Department.

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 (or healthy, safe, and stable lives) 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 (APS), 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 24-hours a day, 7-days a week, Hotline and Emergency Response Services, Family Maintenance and Family Reunification Services, Transition to Permanency, including Adoption Services, 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, 7-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 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 healthy, safe and stable lives, including financial self-sufficiency. Specific programs include CalFresh (see glossary for definition), Medi-Cal, California Work Opportunity and Responsibility to Kids (CalWORKs), and General Assistance. These benefits have a significant impact on the County's economy. In 2019, 134,777 Solano County residents, or 30% of the county population, participated in at least one public assistance benefit program. This was a 1% decrease from the 136,052 unduplicated program recipients in 2018.

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 CalWORKs 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 CalWORKs information Network (CalWIN) 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) and is available 24-hours a day, 7-days a week.

The Napa/Solano AAA manages a wide array of federal and State funded services that help 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 includes 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 BU 1520 and H&SS Social Services' IHSS Public Authority Administration Bureau in BU 7690.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

Child Welfare Services

- Bringing Families Home (BFH), a grant funded program, was implemented in Solano County in May 2017, and housed 39 families during the first two program years. CWS submitted an application for additional funding during a competitive statewide application process and was awarded an additional \$524,719 for three years. The program will continue to assist families with obtaining permanent housing, facilitating reunification of children in foster care.
- CWS launched Quality Parenting Initiative (QPI) on March 6, 2019. Over the past year, the initiative has strengthened relationships with community partners and enhanced supports for resource families.

Employment and Eligibility Services

- In 2019, E&ES approved \$58.7 million in CalFresh benefits for 57,614 unduplicated individuals, \$28.1 million in CalWORKs cash benefits for 5,417 unduplicated families, \$657,079 in supportive services to promote work readiness for 3,242 unduplicated individuals, \$1.2 million in housing support for 231 unduplicated families, \$1.05 million in childcare for 329 families, and \$2.2 million in general cash assistance for 1,535 indigent adults, for a total economic contribution to the Solano County economy of \$91.9 million. Additionally, E&ES approved medical insurance for 124,673 unduplicated individuals.
- In 2019, the employee turnover rate for E&ES was 25% (101 individuals resigned). Over the course of the year, one out of every four employees are new, and most spend six months in the public benefits induction training. An additional one out of every four employees are only in their second year of work and still ramping up to full productivity, leaving only 50% of the workforce experienced and fully productive. To foster growth and advancement, E&ES is engaged in a five-year strategic initiative to devote resources to maximize employee retention and productivity. In FY2020/21, E&ES will engage in a workload study to understand the impact of the turnover rate and numerous policy and regulatory changes on productivity.
- E&ES staff often interact with clients eliciting disruptive verbal and physical behavior. E&ES is redesigning cubicle utilization to provide dedicated interview cubicles for client interactions near reception areas and consolidating staff-occupied cubicles towards the rear of the allocated work area. Client interviews will only be conducted in interview cubicles thus limiting client access to staff performing other work functions and improving staff safety within allocated work spaces.
- In 2019, H&SS launched a Service Navigator Initiative to improve the ease by which Solano County residents access multiple H&SS services. E&ES hosts the Tier 1 "application and eligibility determination" component, and Public Health hosts the Tier 2 "care management" component. With Tier 1, a dedicated E&ES navigator provides short-term case management (30-60 days) for residents that appear to be eligible for multiple H&SS services. The goal is to assist residents in identifying all services from which they may benefit, successfully completing the application for these services, and reducing confusion and repetitive questions asked in multiple H&SS eligibility applications.
- E&ES processed 4,209 open enrollment health insurance applications under the Affordable Care Act (October to January) compared to 2,285 during the same period in FY2018/19 – an 84% increase. This is likely due to the new California individual mandate for insurance and the State's expanded open enrollment period which continues to be open in response to the economic impact of the COVID-19 response.
- E&ES received and processed over 300 applications for replacement benefits for food that CalFresh recipients lost during PG&E Public Safety Power Shutdowns (PSPS), representing over \$26,000 in direct economic benefit to individuals.

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- Solano County consistently maintains one of the lowest active error rates for the CalFresh program in the State. In 2019, Solano County's error rate was 4.76% compared to the California State average of 8.25% and Solano County exceeded the State average timely determination rates for expedited CalFresh applications (92% compared to 89%).

Welfare Administration

- In 2019, the Special Investigations Bureau conducted 2,210 welfare fraud investigations. This has resulted in \$7.1 million in cost savings in CalWORKs and CalFresh programs.

Older and Disabled Adult Services:

- Adult Protective Services continues to participate in the CalOES Victim Services Program Unit Elder Abuse (XE) program. This program partners Adult Protective Services with the Long-Term Care Ombudsman and community providers. Through an interdisciplinary team approach, cases or potential cases are reviewed to create a larger safety net for victims of crime or reduce the potential for individuals to become victims with early intervention and connection to resources. The application to continue this program was submitted to CalOES in November of 2019.
- Public Guardian / Public Conservator cases continue to grow in complexity, requiring more time, attention and collaboration with Behavioral Health and community partners to meet client needs, especially related to housing and behavioral health treatment goals. Caseloads have grown to approximately 72 cases per staff. ODAS is working to automate electronic improvements in the bill payment processes and case management services. These enhancements will assist to correct slowness in workflow and contribute to program efficiency.
- On September 24, 2019, the Solano County Board of Supervisors honored 54 centenarians. Centenarians are remarkable examples of healthy aging. They hold the keys to longevity and quality of life. Centenarians serve as a guiding light and example of aging with dignity. Their contributions to the understanding of the aging process and how to age with self-respect and pride are laudable and worthy of recognition. While genetics play a role in longevity with 20-30% of longevity attributed to genetic factors, environmental factors (e.g., lifestyle choices) account for 70-80% of longevity. Most centenarians are women coming from all walks of life. They have different educational, socioeconomic, and religious backgrounds and they are of different ethnicities and live throughout our county. This sentinel event was possible with the partnership between the Solano County Board of Supervisors, the Senior Coalition of Solano County and Public Health staff.

WORKLOAD INDICATORS

Child Welfare Services

- In 2019, CWS received 4,379 reports for allegations of child abuse and neglect, which were evaluated and assessed. Of the 4,379 reports, 2,132 led to investigations. These investigations led to the out of home placement of 183 children and family maintenance petitions filed for 81 children. During this same period, 146 children were returned home and 98 achieved guardianship or adoption.
- As of December 2019, CWS had 394 children and youth in out of home placement. Of the 394 children in out of home placements, 106 were with a relative or non-relative extended family member; 20 in Group Homes or Short Term Residential Therapeutic Placements (STRTP's) (7 in County/13 out of County); 25 in Non-relative Solano County Resource Family/Foster homes; 150 in Foster Family Agency Certified Homes; 19 young adults in Supervised Independent Living placements; 83 youth in Guardianship placements, and 1 regional center youth.

Employment and Eligibility Services

In calendar year 2019:

- Clerical Bureau processed 159,412 client (and their accompanying children and other family members) applications for enrollment to benefits and services, a 7% increase over 2018; answered 43,905 phone calls; opened and processed 71,324 pieces of mail, imaged 476,241 documents; ordered 8,903 reports from the statewide Income and Eligibility Verification System (IEVS); registered 43,124 applications; assigned 184,275 tasks to eligibility workers; and mailed 8,768 benefits renewal packets and appointment letters.
- Multi-Program Intake Bureau processed 27,749 applications with 87% completed within State and federal timeframe mandates.

- Benefits Action Call Center answered 60,609 phone calls (a 4% or 2,216 increase over 2018); and completed 141 tasks to ensure continuing eligibility for clients.
- Older and Disabled Adults Service Unit processed 7,657 applications, including 4,091 Supplemental Security Income (SSI) Expansion applications.
- General Assistance Unit processed 3,851 applications and 128 SSI referrals.
- Employment Services Bureau renewed 1,344 CalWORKs cases, and closed or transferred 2,163 CalWORKs cases to the Benefit Action Center for continued CalFresh and Medi-Cal eligibility.
- Hiring and Training Bureau trained 25 new employees in the six-month benefits eligibility induction program and conducted 181 additional trainings for staff.
- Program Support Bureau answered 5,842 calls to the CalWIN helpline (an average of 22 per day) and developed procedures and trained E&ES staff on 44 State and federal policy changes.
- Fiscal and Reporting Bureau processed and distributed 7,438 payments for client supports and produced 372 management reports for daily operational coordination.
- CalFresh benefits increased from 17,541 in December 2018 to 19,451 cases in December 2019, and with 4,316 SSI recipients provided CalFresh benefits.

Welfare Administration

- The Special Investigations Bureau Overpayment Recovery Unit computed 936 overpayments/over issuances totaling over \$2.1 million in the CalWORKs and CalFresh programs. This is 130% increase in overpayments/over issuances computed and 100% increase in the dollar amount of the computations. This increase is due to staffing levels and personnel changes.
- The Appeals Unit had 1,463 requests for hearings, a less than 1% decrease from the previous year.
- At the request of H&SS fiscal administration, the Auditor-Controller conducted an internal review of the SIB accounts receivables resulting in a write-off policy for uncollectable debts.

Older and Disabled Services

In calendar year 2019:

- Adult Protective Services investigated 1,822 reports of elderly adult and dependent adult abuse.
- Public Guardian / Public Conservator had 359 open cases and closed 6 cases.
- Public Administrator had 36 open cases and closed 4 cases.
- IHSS received 2,023 applications for services, an increase of 451 or 29% over the prior year. Of this total, 1,304 applications were assigned for intake assessments and 719 were denied due to program eligibility criteria not being met.
- The IHSS Enrollment Team provided orientation to 1,383 individuals, provided phone and walk-in assistance to over 1,900 individuals, and assisted 4 providers in filing worker's compensation claims.

DIVISION BUDGET SUMMARY

The Preliminary Recommended Budget represents increases of \$1,069,229 or 0.9% in both revenues and appropriations when compared to the FY2019/20 Adopted Budget. The County General Fund Contribution of \$8,240,797 reflects an increase of \$1,360,613 or 19.8%, primarily to fund increased costs in the administration of CalFresh, Medi-Cal and CalWORKs 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

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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 IIIE 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 Continuum of Care Reform (CCR). In the FY2020/21 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 \$19.2 million in Realignment revenues in FY2020/21. The estimated Realignment receipts are projected at the same level as FY2019/20 base receipts. Realignment revenues, both 1991 and 2011, are funded through sales tax and Vehicle License Fees (VLF). Although H&SS is projecting that there will be sufficient combined 1991 and 2011 Realignment revenues to cover projected expenditures in FY2020/21, 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 economic decline.

The Governor's January Proposed Budget projects a \$41.4 million or 2.82% net decrease in the administration of CalWORKs Single Allocation (SA) which includes the following components: Eligibility, Employment Services and Cal Learn. The Child Care (Stage 1) component of CalWORKs SA is set to be removed from the block grant beginning FY2020/21. The Child Care budget increased by \$10.7 million or 3.3% in FY2020/21. This means that counties will not have flexibility to use unspent Child Care allocations for the other components of CalWORKs SA or vice versa. The proposed budget also projects increases in base administration of CalFresh and IHSS of \$24.7 million or 4.54% and \$15.5 million or 5.15%, respectively. The FY2020/21 Recommended Budget uses the Statewide percentages of increase or decrease and applied to Solano County's FY2019/20 allocations to project revenues for next fiscal year. State funding for Foster Parent Recruitment, Retention and Support (FPRS) and Resource Family Approval will sunset in FY2019/20.

The County has a required share of cost for the administration of most Social Services programs, except for ILP, Providing Safe and Stable Families (PSSF), Medi-Cal, and County Medical Services Program (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 of FY2019/20. The County is now required to pay 100% of its share of the nonfederal costs that are above the CalWORKs/Cal Fresh MOE. 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 above the County MOE for FY2018/19, payable in FY2020/21, is \$542,533 and is funded with local funds. It is estimated that the County match requirement above the County MOE for FY2019/20 is \$917,471 and will be an additional County General Fund cost in FY2021/22.

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 FY2020/21 Preliminary Recommended Budget for Social Services includes a \$1,069,229 or 0.9% net increase in revenues compared to the FY2019/20 Adopted Budget.

- Increase of \$2,092,914 in combined State and federal revenues primarily due to an increase in Medi-Cal, CalWORKs and IHSS, administration allocations and federal and State reimbursements for various CWS programs offset by decrease in revenues to cover CalWIN data processing and contracted costs which is now assigned to San Bernardino County through a California Statewide Automated Welfare System (CalSAWS) Joint Powers Authority (JPA). San Bernardino County will act as fiscal agent, paying and claiming all contract costs in behalf of counties.

Summary of Division Budget

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- Decrease of \$717,387 in combined 1991 and 2011 Realignment revenues representing the amount of Realignment revenue needed to cover projected program costs.
- Decrease of \$1,951,370 in prior year State and federal revenues due to lower FY2019/20 revenues estimated at Midyear for the administration of CalWORKs and CWS programs when compared to FY2019/20 Adopted Budget.
- Increase of \$85,371 in Operating Transfers-In from Fund 216 – Napa/Solano AAA representing reimbursement for program management and administrative support costs.
- Increase of \$1,360,613 in County General Fund Contribution primarily to fund increased costs in the administration of CalFresh, Medi-Cal and CalWORKs programs.
- Increase of \$199,088 in other revenues primarily representing a drawdown from the Wraparound Reinvestment Fund to cover the match requirement for Bringing Families Home program.

Primary Costs

Child Welfare Services (BU 7600) With recommended appropriations of \$28,025,516, 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 \$61,466,629, 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 \$7,494,010, 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 \$14,738,478, 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 \$2,760,549, 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 \$572,628, Napa/Solano AAA includes the costs of staff dedicated to Napa/Solano AAA.

Social Services Support (BU 7670) With recommended appropriations of \$1,266 representing Countywide Administrative Overhead cost changes.

Contracts

- The preliminary recommended appropriations for Social Services include \$4,283,826 or 3.7% 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 FY2020/21 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	2018/19 ACTUAL	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	0	200	200	0	0.0%
INTERGOVERNMENTAL REV STATE	33,571,847	42,030,035	40,754,614	(1,275,421)	(3.0%)
INTERGOVERNMENTAL REV FEDERAL	58,717,443	63,693,909	64,393,487	699,578	1.1%
CHARGES FOR SERVICES	827,117	808,062	776,574	(31,488)	(3.9%)
MISC REVENUE	322,061	90,200	320,776	230,576	255.6%
OTHER FINANCING SOURCES	272,605	487,257	572,628	85,371	17.5%
GENERAL FUND CONTRIBUTION	5,809,976	6,880,184	8,240,797	1,360,613	19.8%
TOTAL REVENUES	99,521,049	113,989,847	115,059,076	1,069,229	0.9%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	66,624,446	74,307,750	75,714,467	1,406,717	1.9%
SERVICES AND SUPPLIES	11,506,250	13,479,912	11,652,623	(1,827,289)	(13.6%)
OTHER CHARGES	12,713,320	16,140,433	17,187,338	1,046,905	6.5%
F/A EQUIPMENT	18,992	0	0	0	0.0%
OTHER FINANCING USES	717,677	754,760	799,265	44,505	5.9%
INTRA-FUND TRANSFERS	7,941,268	9,306,992	9,705,383	398,391	4.3%
TOTAL APPROPRIATIONS	99,521,952	113,989,847	115,059,076	1,069,229	0.9%
NET CHANGE	903	0	0	0	0.0%
STAFFING					
SOCIAL SERVICES DIVISION	652.75	651.75	655.00	3.25	0.5%
TOTAL STAFFING	652.75	651.75	655.00	3.25	0.5%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in the Division’s position allocations since the adoption of the FY2019/20 Budget are provided below by program:

Child Welfare Services

- On January 12, 2020, HR with CAO concurrence, amended the Division’s position allocation to add 1.0 FTE Limited-Term medical backfill Eligibility Benefits Specialist III through September 5, 2020 in Child Welfare Services.

On March 10, 2020, the following position changes were included as part the Midyear Report:

Child Welfare Services

- Concurred with change in status for 2.0 FTE Limited-Term project Social Worker III to 2.0 FTE Limited-Term (regular) through June 30, 2021 for the CCR implementation. The positions are funded with 1991 and 2011 Realignment funds.

Older and Disabled Adult Services

- Reclassified 1.0 FTE Office Assistant III to 1.0 FTE Office Assistant II, as recommended by HR, to align the classification with the duties being performed.

Employment and Eligibility Services

- Increased 0.75 FTE to 1.0 FTE Project Manager to monitor, evaluate and support contract management, funded with federal and State revenues.
- Added 1.0 FTE Limited-Term project Program Analyst through June 30, 2023 to serve as the primary data and technical subject matter expert for the CalSAWS project, funded with new federal and State allocation funds.

- Added 1.0 Limited-Term Project Manager through June 30, 2023 to serve as the primary business process and policy analyst for the CalSAWS project, funded with new federal and State allocation funds.

Welfare Administration

- Reclassified 1.0 FTE Office Assistant III to 1.0 FTE Office Assistant II, as recommended by HR, to align the classification with the duties being performed.

The FY2020/21 Recommended Budget includes the following position changes.

Employment and Eligibility Services

- Reclassify 1.0 FTE Office Assistant III to 1.0 FTE Office Assistant II, as recommended by Human Resources, to align the classification with the duties being performed.

PENDING ISSUES AND POLICY CONSIDERATIONS

Child Welfare Services

Assembly Bill (AB) 403 Continuum of Care Reform (CCR) is in its fourth year and reforms continue to be launched from the California Department of Social Services (CDSS).

Additionally, Systems of Care work has been accelerated by the implementation of AB 2083 (Chapter 815, Statutes of 2018), which requires each county to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. The law also tasks the State to establish a joint interagency resolution team to develop guidance to local agencies with regard to developing the MOU, supporting the implementation of those MOUs, and providing technical assistance to identify and secure the appropriate level of services to meet the needs of children and youth in foster care who have experienced severe trauma. This endeavor continues to require high level leadership commitment and support.

Senate Bill 80 (section 15, June 27, 2019) requires the Behavioral Health Division to establish a statewide hotline, operational no sooner than January 1, 2021, as the entry point for a Family Urgent Response System to respond to calls from caregivers or current or former foster children or youth during moments of instability. The bill would require the hotline to include, among other things, referrals to a county-based mobile response system for further support and in-person response. The bill would require the Department to ensure that de-identified, aggregated data are collected regarding individuals served through the hotline and the county-based mobile response system and to publish a report on the Department's website by January 1, 2022, and annually thereafter, including specified information.

The Federal Administration for Children and Families (ACF) provided guidance to states promoting the use of Continuous Quality Assurance (CQI) including the use of case reviews. As a result of increased awareness of CQI principles and the guidance from ACF, California began the process of building a case review process for child welfare services. In August 2015, county child welfare services and probation agencies began conducting qualitative case reviews using dedicated case review and quality assurance staff. Solano County Child Welfare Services has been challenged to complete the 70 case reviews a year due to staffing resources. 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.

Employment and Eligibility Services

In the prior two fiscal years, positions have been held vacant to avoid exceeding State funding allocations for the administration of E&ES programs with the savings reflected in budgeted salary savings. To date, 22 of the 27 frozen positions have been released, leaving five positions remaining frozen in FY2020/21. At this staffing level, the current E&ES budget is still anticipated to overspend funding allocations in CalFresh, CalWORKs and Medi-Cal Administration; however, these unfilled positions provide future flexibility to the Division should revenue allocations and caseloads increase.

Effective October 1, 2019, all approved and ongoing CalWORKs participants are authorized for Stage 1 Child Care. Families are granted full-time child care regardless of engagement in Welfare to Work approved activities. Prior to this change, only parents engaged in work activities would receive child care for the hours they attended allowable work activities (employment, education programs, or community service). This childcare expansion reflects Governor Newsom's commitment to comprehensive early childhood interventions as a key strategy to interrupt inter-generational poverty. Child care costs associated with this

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authorization will rise, which translates in to more funds to support the County's collaboration with Solano County Family and Children's Services. With this change, the State will separate Stage 1 Child Care from the county single allocation block grant and transfer it to a new State early-childhood development department. It is not yet clear how this change will affect the Division's administrative functions.

Supplemental Security Income (SSI) Cash Out, AB 1811 (the FY2018/19 Human Services Omnibus Trailer Bill), reversed the CalFresh eligibility policy known as "cash-out" under which SSI and State Supplemental Payment (SSP) recipients were ineligible for CalFresh. In addition, AB 1811 created the SSI/SSP Cash-In Supplemental Nutrition Benefit (SNB) Program and the SSI/SSP Cash in Transitional Nutrition Benefit (TNB) Program and augmented the grant amount for the Cash Assistance Program for Immigrants (CAPI). Beginning June 1, 2019, individuals receiving or authorized to receive SSI/SSP were eligible for CalFresh, provided all other eligibility criteria were met.

Although SNAP regulations require that able-bodied adults without dependents (ABAWD) must meet work requirements or be limited to three months of CalFresh in a 36-month period, California has long had an exemption for this requirement for most counties, including Solano County. Effective December 5, 2019, California was to lose this exemption per the December 5, 2019 USDA Final Rule on time limits for ABAWDs. On March 13, 2020, a federal judge issued a preliminary injunction which temporarily blocked implementation of this change in the Final Rule. On March 18, 2020, the President signed the Families First Coronavirus Response Act (H.R. 6201) which temporarily suspends these Final Rule time limit changes through the end of the month subsequent to the month in which the national COVID-19 emergency declaration is lifted. As of this writing, 4,898 Solano County CalFresh recipients are ABAWDs (12% of CalFresh recipients) and may, for the first time, be subject to a work requirement. However, there are many individual exemptions to the work requirement and they include: over age 49, pregnant, attending school half-time, physically or mentally unable to work, receiving or having applied for unemployment insurance, and participating in a drug or alcohol treatment program. Counties that have previously lost the blanket ABAWD exemption report that they have been able to document an individual exemption for most ABAWD individuals. As of this writing, E&ES is contacting and screening all ABAWD CalFresh recipients. It is not yet known how many current or future ABAWD CalFresh recipients will be required to meet a work requirement.

Public Charge is an immigration rule that allows federal authorities to deny legal status to individuals dependent on the government for certain types of benefits. For decades, this rule considered only whether an immigrant would require cash benefits, such as TANF or CalWORKs in California, SSI, or government-funded long-term care. Effective, February 24, 2020, unless an injunction was granted, the United States Department of Homeland Security expanded the Public Charge rule to penalize immigrants for accessing non-cash health, nutrition and housing support programs designed to help families succeed and thrive in Solano County. The rule change could have a negative direct impact on the well-being of immigrant families in Solano County who lawfully receive this assistance.

Medi-Cal expansion – Effective January 1, 2020, undocumented children up to age 19 are converted to Full Scope Medi-Cal benefits (previously restricted to pregnancy and emergency room services). The Governor's proposed budget includes an expansion for eligible individuals up to age 26. An additional expansion is anticipated soon which would include ages 65 years and older. In total, these three phases of Medi-Cal expansion, represent California's commitment to ensuring health equity, regardless of citizenship status. Insured people receive more care and more timely care, leading to better health outcomes and avoiding conditions that become a financial burden for them, their families, and the community. However, the response to this expansion will likely be suppressed due to the changes in Public Charge (see above). An estimate of the number of potentially effected Solano County residents is not yet available.

A new state initiative, CalWORKs 2.0, is designed to revolutionize support to families whose lives are negatively affected by living in poverty. The initiative combines lessons learned over the past 20 years of CalWORKs with scientific evidence on how stress influences individual and collective behaviors. The primary goal with CalWORKs 2.0 goal is to disrupt poverty. Welfare to Work staff serve as coaches to help each work-eligible client and family develop and achieve personal goals. This new approach is substantially different from the strict and standardized regulations followed in the past. We are shifting from a "gatekeeper" role to an "engager" role. This approach also provides flexibility to tailor supports to specific needs of each family. California CalWORKs Outcomes and Accountability Review (Cal-OAR) is a data-driven management system that facilitates continuous improvement, modeled after the child welfare improvement plan and takes place over three-year cycles. It consists of four core components: public performance measures that went live in December 2019, a county self-assessment which includes community input and peer case review (due August 28, 2020); a system improvement plan (due February 19, 2021);

and a mid-cycle progress report (due March 31, 2022). E&ES was competitively selected as one of 13 counties to participate in a CalWORKs 2.0 implementation learning collaborative, funded by the State and led by Mathematica, that will pave the way for all California counties to successfully embrace these changes.

The federally mandated CalSAWS program, statewide automated welfare system to support public assistance programs in a cloud-based architecture and will replace CalWIN (the current system for 18 counties including Solano), C4 (the current system for 39 counties), and LEADER (the current Los Angeles County system). Solano County will migrate to CalSAWS in June 2023, one of the last counties to migrate. Los Angeles County is already in the process of migrating. All counties are already heavily involved in planning. E&ES has responded to 131 County Requests for Information (CRFIs) which are mechanisms by which we share our current business processes that CalSAWS will replicate. Solano County has staff involved in 32 CalSAWS committees (E&ES and DoIT) – each committee working on very specific functionality (e.g. CalFresh, Medi-Cal, imaging, county-specific General Assistance capability, etc.). Extensive State-funded technical assistance will be provided, and the E&ES Deputy Director is part of the committee reviewing the RFP responses for this support. As one metric of the statewide scope of this effort, the CalSAWS consortia projects 165,000 system development workhours, which does not include county, CDSS, or CWDA staff time. Beginning in FY2019/20, each medium sized county (including Solano) received three years of funding for two CalSAWS-dedicated staff (approved in the FY2019/20 Midyear Budget) to coordinate the change management necessary for this transition.

Older and Disabled Adult Services

In June 2019, Governor Newsom, recognizing California’s over-65 years old population is projected to grow to 8.6 million by 2030, signed an executive order calling for the creation of a Master Plan for Aging. The plan, anticipated to be released in October 2020, will serve as a blueprint to build healthy age friendly communities.

The Federal Older Americans Act expired on September 30, 2019. The Dignity in Aging Act of 2019 extended the Older Americans Act for five years and increased federal funding for FY2020/21 and for subsequent years 2021-2024. The Older Americans Act funds a wide range of senior services including Meals on Wheels, transportation services and services to reduce social isolation.

COVID-19 – The Recommended Budget does not reflect the economic impacts of coronavirus disease 2019 (COVID-19). The Department’s Supplemental Budget will address necessary budgetary adjustments, including anticipated additional funding for critical programs to combat the pandemic, reductions in funding streams reliant on sales tax and other revenues, interest income/expense adjustments due to the Federal Reserve’s emergency actions to reduce interest rates to try to offset the impact to the economy resulting from the COVID-19 national emergency, and compounded by sharply rising wage and benefit costs. The review will also include recent federal and State legislation enacted to address the pandemic and the Governor’s May Revise. Please refer to the H&SS Department Summary for information on anticipated impacts to the Department.

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 July 2019, the IHSS PA implemented First Aid/CPR trainings for IHSS providers in Fairfield and Vallejo. Between July and December 2019, a total of 120 individuals were scheduled for these classes, with 92 completing the class earning their certification.
- In 2019, the IHSS PA provided a monthly topic-based support group for IHSS providers in Fairfield and Vallejo. Topics included heart health, nutrition, stress management, dealing with memory loss, and coping with grief. Unfortunately, less than 12 individuals attended these sessions throughout the year. Going forward, the IHSS PA has changed the time of the Fairfield session to get more attendance and doubled outreach.
- In 2019, the average number of active providers on the Registry was 336, including 99 new providers, however over 53% (178) are already assigned to work for one or more consumers. The IHSS PA received 1,110 requests for caregivers in 2019, and due to the absence of available caregivers on the Registry, over 70% of IHSS consumers did not get matched.
- The three most pressing challenges in IHSS include enrolling 10,222 providers and recipients into the State mandated Electronic Services Portal (electronic timesheets) and Electronic Visit Verification system. Secondly, there are currently 978 overdue reassessments as of March 2020. Lastly, beginning July 2020, the State will begin monitoring how expediently new IHSS applicants are seen, with the goal being within 90 days of application.

WORKLOAD INDICATORS

In calendar year 2019:

- The IHSS PA maintained an average of 336 providers on the IHSS PA Provider Registry to serve an average of 396 IHSS consumers per month. These providers represent a subset of the 4,485 countywide IHSS paid providers as of December 2019.
- Processed 180 applications from individuals interested in being placed on the IHSS PA Provider Registry, resulting in 99 new providers added, a decrease of 75 new providers when compared to the prior year.
- Sent 1,110 provider lists to IHSS recipients who requested assistance in finding a provider. Of these lists, 150 were coded as urgent service requests indicating assistance was needed within 24 hours or the same day.
- Served 964 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 1,197 of intervention services including intake, information and assistance, mediation to resolve complex issues, and follow-up.

- IHSS PA staff administered health benefits to an average of 1,170 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 12 individual providers who requested them.

BUREAU BUDGET SUMMARY

The Preliminary Recommended Budget represents decreases of \$24,365 or 2.5% in both revenues and appropriations when compared to the FY2019/20 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.

Primary Funding Sources

IHSS PA Administration is primarily funded with an Operating Transfers-In of \$902,670 from the IHSS PA operating fund (Fund 152 - BU 1520) to reimburse H&SS for administrative support staff and operating costs.

The FY2020/21 Recommended Budget projects a \$24,365 or 2.5% decrease in revenues primarily due to the following:

- Increase of \$16,466 in Administration Overhead representing a one-time countywide administrative overhead credit due to changes made in the financial reporting structure for IHSS in FY2018/19.
- Decrease of \$40,831 in Operating Transfers-In due to lower reimbursement from Fund 152 due to an overall decrease in costs.

Primary Costs

Primary costs for IHSS PA Administration are: \$716,586 for Salary and Employee Benefits; \$116,476 for Services and Supplies; \$29,408 for Other Charges; \$7,047 for Other Financing Uses; and \$65,219 for Intrafund Transfers.

The FY2020/21 Preliminary Recommended Budget projects a \$24,365 or 2.5% decrease in appropriations primarily due to the following:

- Increase of \$56,367 in Salary and Employee Benefits primarily due to negotiated and approved labor contracts resulting in increases in wages and CalPERS retirement costs.
- Increase of \$10,858 in Services and Supplies due to increases in IT related costs, refresh computers, communication, postage, interpreters, and membership fees. These are offset by decreases in consulting services, printing costs, and liability insurance.
- Decrease of \$28,359 in Other Charges primarily due to a decrease in Countywide Administrative Overhead.
- Decrease of \$64,045 in Intrafund Transfer primarily due the transfer of IHSS-PA staff time study cost to the Older and Disabled Adult Services (ODAS) budget unit for staff support to the IHSS enrollment team allocated in ODAS.

Contracts

The FY2020/21 Preliminary Recommended Budget includes a total of \$53,948 in contracted services which includes the following significant contracts:

- \$20,348 for software licenses and maintenance services.
- \$18,600 for provider training and support services.
- \$15,000 for consulting services.

Fixed Assets

None.

DETAIL BY REVENUE					
CATEGORY AND APPROPRIATION CATEGORY	2018/19 ACTUAL	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
CHARGES FOR SERVICES	0	0	16,466	16,466	0.0%
MISC REVENUE	1,200	15,600	15,600	0	0.0%
OTHER FINANCING SOURCES	803,764	943,501	902,670	(40,831)	(4.3%)
TOTAL REVENUES	804,964	959,101	934,736	(24,365)	(2.5%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	569,296	660,219	716,586	56,367	8.5%
SERVICES AND SUPPLIES	71,640	105,618	116,476	10,858	10.3%
OTHER CHARGES	59,152	57,767	29,408	(28,359)	(49.1%)
OTHER FINANCING USES	6,047	6,233	7,047	814	13.1%
INTRA-FUND TRANSFERS	98,828	129,264	65,219	(64,045)	(49.5%)
TOTAL APPROPRIATIONS	804,964	959,101	934,736	(24,365)	(2.5%)
NET CHANGE	0	0	0	0	0.0%
STAFFING					
IHSS - PA ADMINISTRATION	5	5	5	0	0.0%
TOTAL STAFFING	5	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 July 2020, the IHSS PA anticipates an increase in the number of urgent service requests, similar to the increase seen in calendar year 2018 and 2019. There is not an incentive for a provider on the Registry list 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.

COVID-19 - The Recommended Budget was prepared during the COVID-19 emergency and Shelter at Home Order. At this time, it is unclear how COVID-19 will impact this budget. Staff will continue to evaluate COVID-19 impacts and will provide any necessary revisions to the Recommended Budget prior to final approval of the FY2020/21 Budget.

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 frequent changes in federal and State regulations for eligibility, duration and assistance program criteria, as well as court decisions and economic conditions. The projections are based on current trend in caseloads, prior to COVID-19 pandemic and various changes to program criteria. Adjustments are likely as part of Supplemental Budget.

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 Preliminary Recommended Budget represents increases of \$4,674,124 or 8.9% in both revenues and appropriations when compared to the FY2019/20 Adopted Budget. The County General Fund (CGF) Contribution of \$3,547,139 represents an anticipated decrease of \$244,335 or 6.4% prior to COVID-19 pandemic.

Primary Funding Sources

The primary funding sources are federal entitlement funds, State funds, 1991 and 2011 Realignment (see glossary for definition), and County General Fund. 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 also included in the 2011 Realignment that redirected sales tax revenues to counties to fund the State's share of these programs and shifted the financial responsibility to counties for 100% of the non-federal share of costs. The cost to the County General Fund will increase if sales tax revenues are not sufficient to cover costs.

CalWORKs Assistance was realigned from the State to counties 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 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 FY2020/21 January 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 FY2020/21 Preliminary Recommended Budget for Assistance Programs projects a \$4,674,124 or 8.9% net increase in revenues compared to the FY2019/20 Adopted Budget due to an increase in the projected number of payments issued for Aid to Adoption and for increases in CalWORKs grant. The changes are reflected in the following revenue sources:

- \$1,935,305 increase in State and federal revenues.
- \$3,065,586 increase in combined 1991 and 2011 Realignment revenues.
- \$244,335 decrease in CGF contribution.
- \$82,432 decrease in prior year State and federal revenue.

It should be noted that 1991 and 2011 Realignment revenues are statewide sales tax based and the COVID-19 pandemic emergency response and deferral of the collection of sales tax for a portion of FY2019/20 will likely impact the amount available from the State in FY2020/21, and will need to be addressed as part of the revised budget recommendations prior to adoption of a final budget for FY2020/21.

Primary Costs

The FY2020/21 Preliminary Recommended Budget for Assistance Programs projects a \$4,674,124 or 8.9% net increase in appropriations compared to the FY2019/20 Adopted Budget. The projected increase is primarily the result of the following:

Adoptions Assistance Program (BU 7901) – \$1,585,106 or 20.7% increase in appropriations due to increase in caseload from 6,777 in FY2019/20 Adopted Budget to 7,858 in FY2020/21 Recommended Budget.

Foster Care Assistance programs – \$680,140 or 5% net decrease in appropriations due to the following:

- Kin-GAP (BU 7902) – Costs are projected to increase by \$261,074 or 21.1% when compared to FY2019/20 Adopted Budget.
- Foster Care (BU 7903) – Costs are projected to decrease by \$799,115 or 6.7% when compared to FY2019/20 Adopted Budget due to decrease in projected paid cases based on trend.
- County Only Foster Care (BU 7908) – Costs are projected to decrease by \$142,099, or 19.7% when compared to FY2019/20 Adopted Budget.

CalWORKs Assistance (BU 7904) – \$4,160,096 or 14.8% increase in appropriations primarily due to increases in average grants.

Refugee Assistance (BU 7906) – \$1,584 or 21.0% net increase in appropriations due to increase in projected paid cases.

General Assistance (BU 7907) – \$234,476 or 9.5% net decrease in appropriations due to decrease in projected paid cases.

Approved Relative Caregiver (BU 7909) – \$113,184 or 31.7% decrease in appropriations due to decrease in projected paid cases.

Work Incentive Nutritional Supplement (WINS), State Utility Assistance Subsidy (SUAS) and Low Income Home Energy Assistance Program (LIHEAP (BU 7911) – \$44,862 or 14.2% decrease in appropriations.

Contracts

The recommended appropriations for Assistance Programs include \$1,228,934 in contracted direct services for the provision of Adoption and Foster Care Wraparound services and \$130,874 in Emergency Child Care Bridge Program for Foster Care. H&SS will return to the Board after the FY2020/21 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	2018/19 ACTUAL	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	35,714,562	36,431,591	39,904,555	3,472,964	9.5%
INTERGOVERNMENTAL REV FEDERAL	10,111,515	12,526,802	13,972,297	1,445,495	11.5%
CHARGES FOR SERVICES	89	0	0	0	0.0%
GENERAL FUND CONTRIBUTION	4,237,808	3,791,474	3,547,139	(244,335)	(6.4%)
TOTAL REVENUES	50,063,973	52,749,867	57,423,991	4,674,124	8.9%
APPROPRIATIONS					
OTHER CHARGES	48,934,282	52,749,867	57,423,991	4,674,124	8.9%
OTHER FINANCING USES	1,135,037	0	0	0	0.0%
TOTAL APPROPRIATIONS	50,069,319	52,749,867	57,423,991	4,674,124	8.9%
NET CHANGE	5,346	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

Effective February 1, 2018, the new Home-Based Family Care (HBFC) and Short Term Residential Therapeutic Program (STRTP) level of care (LOC) rates structure was implemented retroactive December 2017. The new rates impact only new and re-evaluated Foster Care cases. Foster Care cases prior to December 2017 which have not been re-evaluated will remain under the prior age-based rate structure. Therefore, until the remaining Foster Care cases prior to December 2017 are re-evaluated, the Foster Care rates will be based on two different rate structures- the prior age-based rate structure and the new LOC rate structure.

There are a number of upcoming changes previously approved as part of policy changes in CalWORKs such as the increases to the asset limits, earned income disregards and income reporting threshold effective June 1, 2020 that may result in a higher increase in CalWORKs caseloads and average grants.

COVID-19 – The Recommended Budget does not reflect the impact of coronavirus disease 2019 (COVID-19) or the likelihood of the economy slowing or even entering a recession and will require adjustments to meet these challenges. The Division’s Supplemental Budget will address necessary budgetary adjustments, including anticipated additional funding for critical programs to combat the pandemic, reductions in funding streams reliant on sales tax and other revenues, interest income/expense adjustments due to the Federal Reserve’s emergency actions to reduce interest rates to try to offset the impact to the economy resulting from the COVID-19 national emergency, and compounded by sharply rising wage and benefit costs. The review will also include recent federal and State legislation enacted to address the pandemic and the Governor’s May Revise. Please refer to the H&SS Department Summary for information on anticipated impacts to the Division.

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

Summary of Division Budget

DETAIL BY REVENUE AND APPROPRIATION OTHER ADMINISTERED BUDGETS	2018/19 ACTUAL	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	16,203,279	20,171,411	19,449,890	(721,521)	(3.6%)
9600 MHSA	20,343,752	20,919,206	23,441,872	2,522,666	12.1%
7950 TOBACCO PREVENTION & EDUCATION	441,787	801,423	823,487	22,064	2.8%
APPROPRIATIONS					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	16,170,500	20,171,411	19,449,890	(721,521)	(3.6%)
9600 MHSA	20,835,576	27,420,521	27,883,212	462,691	1.7%
7950 TOBACCO PREVENTION & EDUCATION	441,787	801,423	823,487	22,064	2.8%
NET CHANGE					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	(32,779)	0	0	0	0.0%
9600 MHSA	491,824	6,501,315	4,441,340	(2,059,975)	(31.7%)
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 Memorandum of Understanding (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 Maintenance of Effort (MOE) - Services (BU 1523). The required County General Fund Contribution for these functions is budgeted in this fund.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

In 2019, 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 2019 Spring Conference at the County Events Center with over 100 participants attending; and provided an annual update to the Board of Supervisors.

WORKLOAD INDICATORS

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

DEPARTMENTAL BUDGET SUMMARY

The Preliminary Recommended Budget represents decreases of \$721,521 or 3.6% in both revenues and appropriations when compared to the FY2019/20 Adopted Budget.

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 FY2020/21 Preliminary Recommended Budget projects a net decrease of \$721,521 or 3.6% in revenues primarily due to the following:

- Increase of \$417,748 in State revenues due to increases in State allocation for Public Authority-Administration costs under Senate Bill (SB) 80 and in the State share of cost of provider benefits.
- Increase of \$297,694 in federal revenues representing federal share of cost of provider benefits.
- Decrease of \$1,437,617 in County General Fund resulting from the rebasing of the IHSS MOE in FY2019/20 under SB 80.

Primary Costs

Primary costs for IHSS Public Authority are \$18,532,545 in Other Charges, and \$902,670 in Operating Transfer-Out and \$14,675 in Services and Supplies.

The FY2020/21 Preliminary Recommended Budget projects a net decrease of \$721,521 or 3.6% in appropriations primarily due to the following:

- Decrease of \$1,366,947 in IHSS MOE due to a change in the cost allocation, resulting in the rebasing of the IHSS MOE in FY2019/20 plus a 4% inflation factor as required by legislation under SB 80 (2019).
- Increase of \$621,952 in Individual Providers-IHSS representing the projected increase in health premium payments to Pan American Life Insurance due to a change in projection methodology based on projected provider hours multiplied by \$0.60

hourly approved benefit rate. The 2018/19 methodology was based on the number of enrolled providers multiplied by average monthly cost of \$207.83.

- Increase of \$64,205 in Countywide Administrative Overhead, a result of the changes made in the financial reporting structure for IHSS in FY2018/19.
- Decrease of \$40,831 in Operating Transfer-Out due to reduced costs reimbursed to H&SS for staff and operating support costs to administer the IHSS Public Authority program.

Contracts

The recommended appropriations include \$4,238,194 in estimated health plan costs.

Fixed Assets

None.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2018/19 ACTUAL	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	11,217	0	0	0	0.0%
INTERGOVERNMENTAL REV STATE	7,362,446	9,780,319	10,198,067	417,748	4.3%
INTERGOVERNMENTAL REV FEDERAL	1,996,975	2,407,672	2,705,366	297,694	12.4%
CHARGES FOR SERVICES	0	0	654	654	0.0%
GENERAL FUND CONTRIBUTION	6,832,641	7,983,420	6,545,803	(1,437,617)	(18.0%)
TOTAL REVENUES	16,203,279	20,171,411	19,449,890	(721,521)	(3.6%)
APPROPRIATIONS					
SERVICES AND SUPPLIES	11,527	14,575	14,675	100	0.7%
OTHER CHARGES	15,355,210	19,213,335	18,532,545	(680,790)	(3.5%)
OTHER FINANCING USES	803,764	943,501	902,670	(40,831)	(4.3%)
TOTAL APPROPRIATIONS	16,170,500	20,171,411	19,449,890	(721,521)	(3.6%)
NET CHANGE	(32,779)	0	0	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

The FY2020/21 Preliminary Recommended Budget reflects changes made under SB 80, enacted into law on July 1, 2019, as a direct response to the findings and recommendations of the State Department of Finance to create a more sustainable IHSS MOE structure. Below are some of the changes enacted under SB 80:

- Increased State general fund for IHSS.
- Lowered county IHSS MOE.
- Established new IHSS MOE for services starting FY2019/20.
- Excluded the cost for IHSS Administration and Public Authority (PA) Administration from the new IHSS MOE. State General Fund is provided to cover the total estimated nonfederal IHSS administration costs capped at an amount appropriated in annual State Budget Act.
- IHSS MOE inflation factor was reduced from 7% to 4% for FY2019/20 – FY2020/21.
- Ceased acceleration of payment of Social Services 1991 Realignment sales tax growth and returned to the original methodology for calculating caseload growth for IHSS.

- Ceased the redirection of 1991 Realignment Vehicle License Fee (VLF) growth revenues from Health and Mental Health subaccounts to Social Services.
- Enacted changes to wages/benefits bargaining.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

IHSS PA and SEIU 2015 labor contract expires on June 30, 2020. As such, the outcome of the negotiations may require an adjustment to the MOE. Any negotiated changes in wages or benefits may result in increased costs and adjustments to the FY2020/21 Budget may be required.

Currently, the non-federal share of cost for negotiated wage and benefit increases in IHSS is 65% State and 35% County. In the FY2019/20 State budget, the State revised this formula to flip to 65% County and 35% State for negotiated provider increases once minimum wage equals \$15/hour which is currently scheduled for January 1, 2022. The change in sharing ratios may have an impact on the Department's FY2021/22 Budget.

COVID-19 - The Recommended Budget was prepared during the COVID-19 emergency and Shelter at Home Order. At this time, it is unclear how COVID-19 will impact this budget. Staff will continue to evaluate COVID-19 impacts and will provide any necessary revisions to the Recommended Budget prior to final approval of the FY2021/21 Budget.

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 Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS). Programs are based upon community specific needs—as identified through a comprehensive community program planning (CPP) process—and intended to address a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements necessary.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

- MHSA programs continue to set trends for community-oriented mental health prevention, outreach, and early intervention, as well as intensive population-focused service delivery. SB 1004 (September 27, 2018) modified Welfare and Institutions Code section 5840.7 to require the MHSOAC to increase the monitoring of Prevention and Early Intervention (PEI) programs and services, which will ultimately result in additional statewide outcome measures. Additionally, DHCS has initiated a separate triennial audit of MHSA programs and services, whereas previously, the Mental Health Plan (MHP) triennial audit included a section on MHSA. The audit of Solano County MHSA is anticipated in FY2020/21.
- The Full Service Partnerships continue to provide the most intensive outpatient level of care, with services provided to clients at least twice per week, and often more, as necessary. Child/Youth Full-Service Partnership (FSP) teams are receiving training to implement the Transitions in Care (TIP), an evidenced supported model developed to engage and support young people experiencing emotional and or behavioral struggles in their own futures planning process across five transition domains: education opportunities, living situation, employment and career, community life functioning, and personal effectiveness and wellbeing. The adult FSPs continue to implement the evidence-based Assertive Community Treatment an evidenced-based model that is an intensive interdisciplinary team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness. The team addresses all the needs of the consumer including mental health substance use, linking to employment services, etc. The coming year represents the third year of the MHSA Three Year Plan, and a new Three-Year Plan will be developed with community input.
- One of the current MHSA Innovation Projects, *Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)*, resulted in the development of ten quality improvement action plans focused on strategies to increase access to historically underserved communities. Compared to the FY2015/16 baseline, the MHP has shown increases in penetration rates of all under-represented groups receiving mental health services. During 2019, MHSA funds were used to begin implementing culturally responsive school wellness centers on school sites K-12 and adult education sites, including opening five pilot sites on three elementary school campuses, one at an alternative education site and one at an adult education site. It is anticipated that another 20-30 wellness centers will be opened in 2020.

WORKLOAD INDICATORS

- Adult FSP programs (County operated and through a contract with Caminar) served 304 adults in 2019, compared to 275 adults in 2018.
- More youth were served in FSPs (County operated and through a contract with Seneca), serving 288 in 2019 and 264 in 2018. Commercially sexually exploited youth are served in the Seneca FSP, where 22 such youth were served in 2019. In 2019 there were 35% more admissions to adult FSPs (191 in 2019 and 141 in 2018).

DEPARTMENTAL BUDGET SUMMARY

The Preliminary Recommended Budget represents an increase of \$2,522,666 or 12.1% in revenues and an increase of \$462,691 or 1.7% in appropriations when compared to the FY2019/20 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	2018/19 ACTUAL	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP INTERGOVERNMENTAL REV STATE	774,159 19,569,593	364,574 20,554,632	626,172 22,815,700	261,598 2,261,068	71.8% 11.0%
TOTAL REVENUES	20,343,752	20,919,206	23,441,872	2,522,666	12.1%
APPROPRIATIONS					
SERVICES AND SUPPLIES	4,205	0	0	0	0.0%
OTHER CHARGES	279	426	548	122	28.6%
OTHER FINANCING USES	20,831,091	27,420,095	27,882,664	462,569	1.7%
TOTAL APPROPRIATIONS	20,835,576	27,420,521	27,883,212	462,691	1.7%
CHANGE IN FUND BALANCE	491,824	6,501,315	4,441,340	(2,059,975)	(31.7%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

The increase of \$2,522,666 in revenues is primarily due to a projected increase in Statewide MHSA revenues and interest earned on the fund when compared to the FY2019/20 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 \$462,691 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 \$4,441,340.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

Several bills have been presented in the State Legislature that seek to increase the flexibility of how counties can use MHSA funds, as well as some bills that seek to divert MHSA funds to housing initiatives. This will be important to monitor as potential diversion of MHSA funds could put ongoing programs in jeopardy.

COVID-19 – The Recommended Budget was prepared during the COVID-19 emergency and Shelter at Home Order. At this time, it is unclear how COVID-19 will impact the Mental Health Services Act budget. Staff anticipate interest income/expense adjustments resulting from COVID-19 pandemic emergency actions taken by the State and federal governments impacting interest earnings in 2020. Department staff will continue to evaluate COVID-19 impacts and will provide any necessary revisions to the Recommended Budget prior to final approval of the FY2020/21 Budget.

It should be noted that as stated herein, the source of much of the funding is from high wage earners, and that revenues are allocated a few years after receipt. The impact of COVID-19 pandemic emergency on the earnings for high wage earners for 2020 may not be evident until 2021.

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.

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. The resulting funding increase resulted in an enhanced 2017-2021 TPEP scope of work including:

- Increase partnerships with non-traditional groups by linking Adverse Childhood Experiences (ACEs) to tobacco use. Since multiple ACEs are known to increase the risk of tobacco use, preventing ACEs helps prevent tobacco use.
- Decrease the density of tobacco retailers in the City of Dixon to address the fact that Dixon has the most children under 18 per capita of any Solano jurisdictions, and has the highest number of tobacco retailers per capita.
- Work with all eight Solano County jurisdictions to update their definitions of tobacco products to include e-cigarettes, so that tobacco restrictions would automatically include vaping products and use.
- Engage youth through building partnerships with youth-serving organizations, and train and support young people to help TPEP staff with their objectives. Youth benefit from this by learning skills of advocacy, public speaking, and helping their community, and the program benefits by learning from young people about the nicotine products in their environment, and creative ways to reach their peers.
- Identify and support jurisdictions in Solano County that are willing to consider a sales restriction on flavored and menthol products to help address the current teen vaping epidemic and the predatory marketing of these products to people of color, LGBTQ communities, and underage youth.
- Identify and support jurisdictions in Solano County that are willing to consider an ordinance to restrict tobacco use in multi-unit housing, to protect residents from secondhand smoke exposure.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

New data was gathered to help the State and County better understand the retail environment in stores that sell tobacco. There was also a renewed focus on teen vaping, due to the new lung illness identified by the Centers for Disease Control and Prevention throughout the country.

The most significant accomplishment in FY2019/20 was the passing of two comprehensive tobacco ordinances in the City of Benicia that greatly restrict where tobacco and vaping products can be sold, for how much, and where they can be used. TPEP staff supported this success by assisting with technical product information, sharing statewide jurisdictional approaches, and helping facilitate public meetings and surveys to gauge support. TPEP and Bureau staff provided public health information to the Benicia City Council at the first reading of the ordinance and continue to assist with implementation.

WORKLOAD INDICATORS

- In 2019, 252 local stores were surveyed for a third time (prior surveys occurred in 2013 and 2016) by staff and volunteers for the Healthy Stores for a Healthy Community project. The 2019 data will be released by the State in the Spring of 2020, and TPEP staff and partners will analyze it, and compare it to prior years to identify future projects.
- In December 2019, 367 surveys were completed for the Healthy Stores for a Healthy Community Public Opinion Poll. The surveys were collected from various community and youth members countywide and were designed to better understand residents' perceptions around the healthy and unhealthy offerings in their local convenience stores, and what, if anything, they think should be done to improve the environment. Results are expected in Spring 2020.
- In 2019, TPEP staff completed a total of ten (10) Key Informant Interviews with City officials from Benicia, Vacaville and Fairfield. Topics covered in the interviews were sales restrictions of flavored and menthol products, smoke free multi-unit housing, tobacco definitions updates and Healthy Stores for a Healthy Community.
- In 2019, there was a renewed emphasis on youth engagement. The TPEP staff worked with six different youth service partners to train high school youth in community engagement and advocacy. A total of four trainings, six meetings, three outreach events and two presentations to elected officials (Benicia City Council and Dixon School Board) were conducted. All engagements incorporated community education and advocacy for tobacco prevention policies.
- Also renewed in 2019 was a focus on diversifying and energizing the local coalition, now called Tobacco-Free Solano. Seven new Community Heroes (members) were welcomed in the last six months of the year, and staff held the first new member orientation in two years.
- In 2019, TPEP staff engaged with the Spanish speaking community by attending Spanish community meetings (Dixon Public Library, Fairfield Civic Center Library, Dixon Family Resource Center, and Café con Amigas). This outreach was an opportunity to provide educational material and resources and to address health equity in tobacco prevention. New partnerships were also formed with the Solano AIDS Coalition, Older and Disabled Adult Services, the Communicable Disease program, Travis Air Force Base, and Bay Area Community Resources. These new partnerships help the Tobacco-Free Solano become more diverse and engaged in reaching the TPEP goals.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents an increase of \$22,064 or 2.8% in both revenues and appropriations when compared to the FY2019/20 Adopted Budget. There is no County General Fund 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 FY2020/21 Recommended Budget includes \$22,064 or 2.8% net increase in revenues due to the rollover of prior year unspent funds.

Primary Costs

The FY2020/21 Recommended Budget includes \$22,064 or 2.8% net increase in appropriations primarily due to an overall increase in media campaigns for tobacco education.

Primary costs for TPEP are:

- \$249,856 for Salaries and Employee Benefits.
- \$381,439 in Services and Supplies including \$177,250 for contracted evaluation and community engagement services, and \$158,011 for advertising and marketing campaigns aimed at reducing and preventing tobacco use.
- \$189,831 in Other Charges including \$174,476 for Public Health personnel staff time for TPEP programs.

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

Summary of Other Administered Budgets

Contracts

The FY2020/21 Recommended Budget for Tobacco Prevention and Education includes a total of \$177,250 in contracted services for the youth coalition development for tobacco prevention, evaluation of tobacco prevention program objectives, consultants, a speaker on adverse childhood experiences, and maintenance of the tobacco free website.

Fixed Assets

None.

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

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2018/19 ACTUAL	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	0	2,500	5,000	2,500	100.0%
INTERGOVERNMENTAL REV STATE	439,656	793,923	818,487	24,564	3.1%
CHARGES FOR SERVICES	2,131	5,000	0	(5,000)	(100.0%)
TOTAL REVENUES	441,787	801,423	823,487	22,064	2.8%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	207,970	253,722	249,856	(3,866)	(1.5%)
SERVICES AND SUPPLIES	78,553	228,152	381,439	153,287	67.2%
OTHER CHARGES	153,163	317,053	189,831	(127,222)	(40.1%)
OTHER FINANCING USES	2,101	2,496	2,361	(135)	(5.4%)
TOTAL APPROPRIATIONS	441,787	801,423	823,487	22,064	2.8%
CHANGE IN FUND BALANCE	0	0	0	0	0.0%

STAFFING					
TOBACCO PREVENTION & EDUCATION	2	2	2	0	0.0%
TOTAL STAFFING	2	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

The State legislature and the federal government are both currently considering various pieces of legislation that would restrict the sale or availability of flavored, menthol, and vaping products. Historically, these initiatives were not successful at those levels, and TPEP continues to work on similar restrictions locally. Due to the successful work with the City of Benicia, additional cities have indicated a desire to learn more about protections they can potentially take to improve the health of their communities. TPEP staff will continue to provide education and offer technical assistance.

PENDING ISSUES ON COVID-19

COVID-19 – The Recommended Budget was prepared during the COVID-19 emergency and Shelter at Home Order. At this time, it is unclear how COVID-19 will impact the Tobacco Prevention & Education budget. Department staff will continue to evaluate COVID-19 impacts and will provide any necessary revisions to the Recommended Budget prior to final approval of the FY2020/21 Budget.

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

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 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 calendar year 2019:

- In January 2019, Solano County officially assumed the role as the lead agency for the N/S AAA, Planning and Services Area 28. In January 2019, 3.0 FTE staff positions were filled, a Project Manager to provide program oversight, a Staff Analyst to provide fiscal oversight and to assist the Project Manager with program administration, and an Accountant to prepare fiscal documentation and overall accounting support. The emergency contracts initiated by the California Department of Aging in July 2018 with existing service providers were continued, distributing funds from the California Department of Aging Older Americans Act, CalFresh funds for seniors (60+) and disabled people and Supplemental Nutrition Assistance Program Education (SNAP-Ed) funds for FY2019/20.
- In April 2019, the N/S AAA completed updating the final year of the 2016 - 2020 Four-Year Area Plan for PSA 28. This update covers the period July 1, 2019 to June 30, 2020. The Area Plan update was developed using documents, reference tools and program-specific information in accordance with the Older Americans Act 2006 and the California Department of Aging. The forms and templates contained in the Area Plan describe relevant demographic trends and outline the major goals and objectives to be achieved through June 30, 2020 by the N/S AAA. To help define the needs of seniors, adults with disabilities and their caregivers, Solano County Public Health staff conducted a systematic needs assessment including focus groups and key informant interviews throughout Napa and Solano Counties.
- The N/S AAA Advisory Council was established in May 2019 as an advisory council to the N/S AAA Oversight Board. The Advisory Council is required by the federal Older Americans Act and the Older Californians Act. Members work with N/S AAA staff to develop, implement and monitor the Four-Year Plan and annual updates, hold public hearings and produce the annual report in accordance with the Older Californians Act. The duties of the advisory council include reviewing service providers, advocating on behalf of seniors, and recommending program enhancements.

WORKLOAD INDICATORS

- In October 2019, the N/S AAA issued Request for Proposals (RFP) for Older Americans Act services and is transitioning from previous emergency contracts for services to providers selected during the RFP process.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget includes \$3,174,136 in both revenues and appropriations. This Department is primarily comprised of contracted direct services and an Operating Transfer Out (Fund 902 – BU 7685, N/S AAA Administration budget) for the cost of Health and Social Services staff and operating expenditures allocated to the administration of the N/S AAA.

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

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, and 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, \$91,090 in contributions from Napa County, and \$252,516 in Solano County General Fund.

Primary Costs

The Recommended Budget includes \$3,174,136 in appropriations, an increase of \$107,133 or 3.5%. Primary costs include:

- \$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.
- \$21,762 in Countywide Administrative Overhead costs.
- \$572,628 in Operating Transfer Out to Fund 902, Bureau 7685, which represents \$525,518 for Salaries and Employee Benefits of staff and \$47,110 for other operating expenditures to administer the N/S AAA.

Contracts

The FY2020/21 Recommended Budget includes a total of \$2,579,746 or 81.3% 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		2019/20		FROM	
CATEGORY AND	2018/19	ADOPTED	2020/21	ADOPTED TO	PERCENT
APPROPRIATION CATEGORY	ACTUAL	BUDGET	RECOMMENDED	RECOMMENDED	CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	6,616	0	0	0	0.0%
INTERGOVERNMENTAL REV STATE	156,313	309,570	309,570	0	0.0%
INTERGOVERNMENTAL REV FEDERAL	1,598,338	2,520,960	2,520,960	0	0.0%
MISC REVENUE	14,110	63,102	91,090	27,988	44.4%
OTHER FINANCING SOURCES	32,547	173,371	252,516	79,145	45.7%
TOTAL REVENUES	1,807,924	3,067,003	3,174,136	107,133	3.5%
APPROPRIATIONS					
OTHER CHARGES	1,588,319	2,579,746	2,601,508	21,762	0.8%
OTHER FINANCING USES	219,605	487,257	572,628	85,371	17.5%
TOTAL APPROPRIATIONS	1,807,924	3,067,003	3,174,136	107,133	3.5%
NET COUNTY COST	(0)	0	0	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

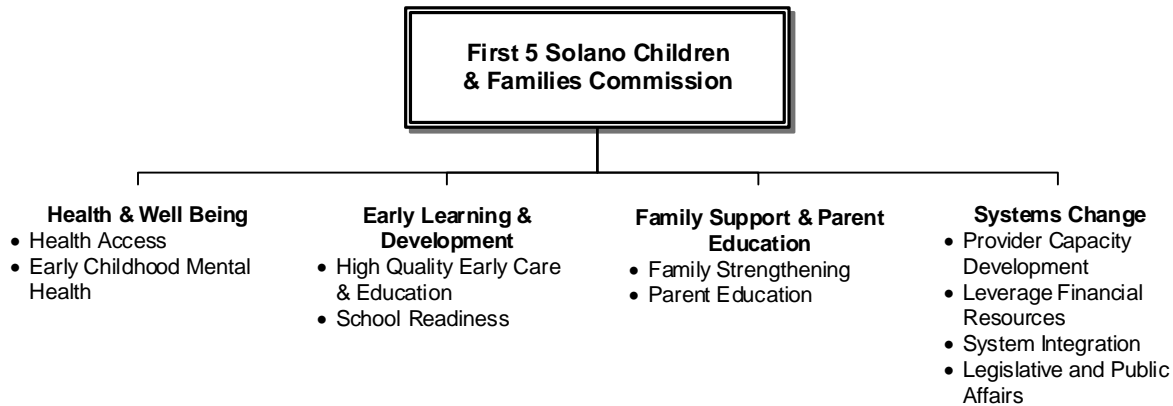
Summary of Other Administered Budgets 2160 – Fund 216-Napa/Solano Area Agency on Aging
Gerald Huber, Director of Health & Social Services
Health & Public Assistance

PENDING ISSUES AND POLICY CONSIDERATIONS

In June 2019, Governor Newsom signed an Executive Order to create a Master Plan for Aging to be developed by October 1, 2020. The N/S AAA was an active partner representing consumers, providers, advocates and caregivers at key stakeholder and public meetings. Five objectives and 37 specific recommendations are detailed in the March 2020 Progress Report. The report's recommendations represent immediate and long-term strategies. The N/S AAA is ready to work with community partners to advance the Master Plan for Aging.

COVID-19 - The Recommended Budget was prepared during the COVID-19 emergency and Shelter at Home Order. At this time, it is unclear how COVID-19 will impact the N/S AAA budget. Staff will continue to evaluate COVID-19 impacts and will provide any necessary revisions to the Recommended Budget prior to final approval of the FY2020/21 Budget.

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:	
FY2019/20 Midyear Projection:	5,598,308
FY2020/21 Recommended:	4,601,779
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 organizational capacity.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

- Provided services to over 8,000 Solano residents, including children, parents/caregivers and providers of services to young children.
- Opened the Vallejo First 5 Center. The First 5 Center is a hub for families with young children where they can participate in parent/caregiver and child classes to strengthen relationships, enhance development, and teach skills, such as healthy cooking and parent education. In addition, many county programs, such as WIC, Child Support Services, Employment and Eligibility, and community services, such as Workforce Development Board, will provide services at the Center to connect families to needed resources. The Grant Opening of the Center on February 13, 2020 attracted over 400 attendees, including funders, policy makers, community partners, and most importantly families!
- Implemented the second year of the Commission's 2018-2023 Program Investment Plan to support young children and their families in the community, including:
 - Assisted approximately 2,000 children and parents/caregivers through the Help Me Grow Solano call center—a national model to connect young children and families to needed services in their community. In addition, Help Me Grow Solano implemented electronic developmental screenings expanding access to this service.
 - Partnered with Solano County Office of Education to provide 76 early care and education providers coaching and professional development as part of the IMPACT quality improvement program.
 - Provided over 300 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.
 - Provided Triple P Positive Parenting Program through eight community partners, including workshops, brief intervention, targeted intervention and groups.
 - Provided a second year of Annual Grants to provide funding in the community to address gaps, pilot a new or innovative idea and/or address a time-sensitive community need. In FY2019/20, ten grants were awarded to community partners for activities such as improving the playground at the Fairfield Adult School for their preschool program, bilingual art and literacy classes, and trauma informed nutrition classes.
- Other significant activities included:
 - Received a grant from Kaiser Community Benefits to conduct a media campaign focusing on Adverse Childhood Experiences.
 - Introduced January 2020 ad Positive Parenting Awareness month with resolution adopted by the Board of Supervisors, Vallejo City Unified School District, First 5 Solano Children and Families Commission and the California State Legislature.

WORKLOAD INDICATORS

- During the period of July 1, 2019 – June 30, 2020, 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	2018/19 ACTUAL	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
FIRST 5 SOLANO	4,880,606	4,447,036	4,184,175	(262,861)	(5.9%)
TOTAL REVENUES	4,880,606	4,447,036	4,184,175	(262,861)	(5.9%)
APPROPRIATIONS					
FIRST 5 SOLANO	3,479,182	5,251,263	4,601,779	(649,484)	(12.4%)
TOTAL APPROPRIATIONS	3,479,182	5,251,263	4,601,779	(649,484)	(12.4%)
CHANGE IN FUND BALANCE					
FIRST 5 SOLANO	(1,401,424)	804,227	417,604	(386,623)	(48.1%)
CHANGE IN FUND BALANCE	(1,401,424)	804,227	417,604	(386,623)	(48.1%)
STAFFING					
FIRST 5 SOLANO	7	7	7	0	0.0%
TOTAL STAFFING	7	7	7	0	0.0%

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents an overall decrease of \$649,484 12.4% in expenditures and an overall decrease of \$262,861 5.9% in revenues when compared to FY2019/20 Adopted Budget, resulting in a decrease of \$417,604 in Fund Balance.

The FY2020/21 Recommended Budget implements the third 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 projected decrease in revenue of by \$262,861 5.9% from FY2019/20 Adopted Budget. This projected decrease is due to a slight decrease in Proposition 10 tobacco tax, a decrease in a First 5 California matching grant, and the end of a one-time grant received from Kaiser in FY2019/20.

Primary Costs

The FY2020/21 Recommended Budget includes an overall decrease of \$649,484 or 12.4% 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 FY2020/21 Recommended Budget includes \$2,700,000 in contracted services. This includes the following significant contracts:

- \$750,000 - Family Strengthening Services at the Vallejo First 5 Center and Rio Vista CARE
- \$450,000 - Triple P Parent Education
- \$250,000 - Quality Early Care and Education Services
- \$300,000 - 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

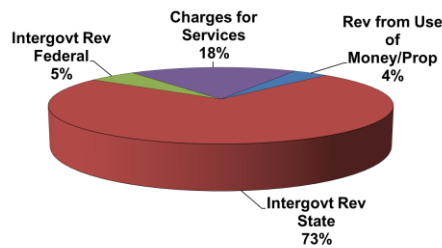
None.

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

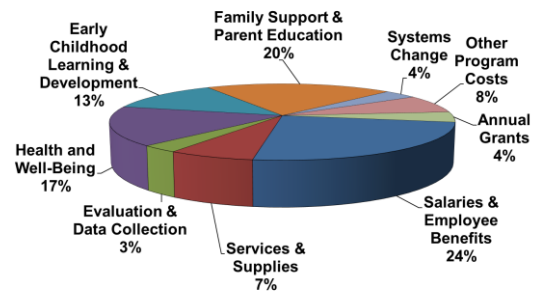
DEPARTMENTS COMMENTS

None.

SOURCE OF FUNDS



USE OF FUNDS



DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2018/19 ACTUAL	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	174,281	163,122	161,085	(2,037)	(1.2%)
INTERGOVERNMENTAL REV STATE	3,284,486	3,038,986	3,027,292	(11,694)	(0.4%)
INTERGOVERNMENTAL REV FEDERAL	345,432	347,157	221,402	(125,755)	(36.2%)
CHARGES FOR SERVICES	454,418	802,771	769,396	(33,375)	(4.2%)
MISC REVENUE	421,990	95,000	5,000	(90,000)	(94.7%)
GENERAL FUND CONTRIBUTION	200,000	0	0	0	0.0%
TOTAL REVENUES	4,880,606	4,447,036	4,184,175	(262,861)	(5.9%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	935,917	1,035,587	1,129,347	93,760	9.1%
SERVICES AND SUPPLIES	310,060	586,032	319,174	(266,858)	(45.5%)
OTHER CHARGES	2,223,791	3,619,577	3,142,184	(477,393)	(13.2%)
OTHER FINANCING USES	9,414	10,067	11,074	1,007	10.0%
TOTAL APPROPRIATIONS	3,479,182	5,251,263	4,601,779	(649,484)	(12.4%)
CHANGE IN FUND BALANCE	(1,401,424)	804,227	417,604	(386,623)	(48.1%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

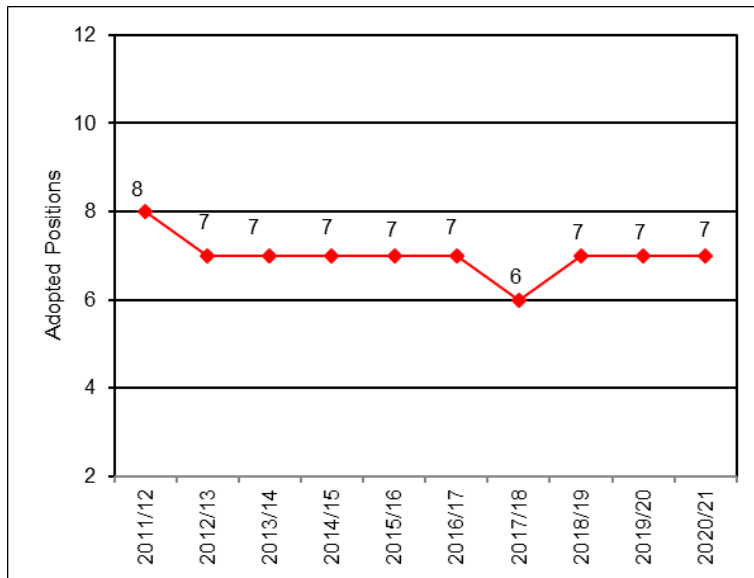
The net decrease of \$649,484 in expenditure is primarily attributable to one-time expenditure related to the tenant improvements at the Vallejo First 5 Center.

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

COVID-19 – The Recommended Budget was prepared and submitted prior to COVID-19 emergency and Shelter at Home Order. At this time, it is unclear how COVID-19 will impact the First 5 Solano Children & Families Commission budget. Department staff will continue to evaluate COVID-19 impacts and will provide any necessary revisions to the Recommended Budget prior to final approval of the FY2020/21 Budget.

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	2018/19 ACTUAL	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
1570 GRANTS/PROGRAMS ADMIN	1,152,315	746,560	1,836,250	1,089,690	146.0%
APPROPRIATIONS					
1570 GRANTS/PROGRAMS ADMIN	1,090,005	746,560	1,886,251	1,139,691	152.7%
NET CHANGE					
1570 GRANTS/PROGRAMS ADMIN	(62,310)	0	50,001	50,001	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.

FUNCTION AND RESPONSIBILITIES

In September 2018, the County Administrator's Office recommended, and the Board of Supervisors endorsed, the development of a formal process to utilize qualitative and quantitative data to identify the highest needs in the county. The goal of the 3-step process was to create a durable framework of desired outcomes with clearly defined indicators and use the findings to:

1. Guide decision-making during the budget process toward priority outcomes
2. Leverage other county resources.

In FY2018/19, the Human Services Needs Assessment (HSNA) process was conducted by Applied Survey Research, a Bay Area research and evaluation firm, and was guided by a planning team that consisted of two Board of Supervisor members, Department Heads that engage in service delivery as part of their role, and the County Administrator. During FY2019/20, the work has continued to implement the HSNA through a planning team. The planning team reviewed extensive community data, conducted key informant interviews and considered data results from a community survey before recommending that the Board of Supervisors establish a Community Investment Fund to address the top human services needs in Solano County.

The top community needs that were identified in this process were:

- Priority Need 1: Mental Health – Increase access to Solano County's mental health system of care with dual strategies of increasing community understanding of how to access mental health services and increasing provider understanding of how to respond to residents with mental health needs.
- Priority Need 2: Affordable Housing – Work with cities to increase the supply of affordable housing under the community goal of "reducing homelessness."
- Priority Need 3: Homelessness – Reduce homelessness with dual strategies strengthening capacity to address homelessness and increasing community and provider understanding of how to connect to available resources.
- Priority Needs 4-6: Early Education, Youth Development, Safe and Stable Environments for Children – While mental health, housing, and homelessness rose to the top priorities, early education, youth development, and safe and stable environments for children were also highly ranked in the prioritization.

Community Investment Fund:

In June 2019, the Board of Supervisors approved the recommendation from the planning team to create a Community Investment Fund (CIF). The CIF is a 3-pronged approach which includes:

1. Legacy Programs—3-year commitment to sustain programs funded by the Board to serve specific populations that are identified as high need/risk by funding the support staff who provide the services.
2. Deep Programming—3-year commitment to address the top 3 priority needs. Community partners will be selected following the County's Purchasing Policy, including competitive Request for Proposals process, to implement strategies that were selected as part of an outcomes framework to evaluate progress toward the selected needs over time.
3. One-Time Investments—Smaller annual grants to address the top 6 priority needs. Community partners will be selected by a competitive Request for Proposals process.

During the Board of Supervisors discussion, the Board requested the recommended Legacy Programs make presentations to the Board. The six Legacy Programs are:

1. Children's Alliance
2. Senior Coalition
3. Court-Appointed Special Advocates (CASA)

4. Food Bank of Contra Costa and Solano
5. Veteran's Court Case Manager
6. North-Bay Stand Down

This budget contains \$1,300,000 to implement deep programming, \$250,000 to implement one-time investments, and \$118,751 to continue the Children's Alliance Legacy Program. The other Legacy programs will continue through the departments they are currently funded.

Deep Programs: The Board of Supervisors designated \$1.3 million to address the top 3 needs in the county starting in FY2020/21:

1. *Mental Health* – Mental Health was ranked the highest need in Solano County. In particular, local experts shared that Solano County should clarify the existing System of Care and access points for mental health services and then widely share that information via a community engagement campaign. Secondly, Solano County should help to increase provider understanding of how to respond to residents with mental health needs; one way is by sharing the System of Care and another way is to train providers on Mental Health First Aid to better connect clients to mental health services.

To implement these strategies, staff have engaged with Touro University's Public Health Department to assist in the mapping of the mental health System of Care and community engagement campaign. Additionally, a Request for Proposals was released to identify contractors that can provide Mental Health First Aid training. These two mental health strategies comprise \$700,000 of the \$1.3 million designated for deep investments and recommended to be funded annually for three years commencing FY2020/21 - 2023.

2. *Housing* – Housing was ranked the second highest need in Solano County. While there are many aspects to "housing," housing affordability for lower income residents who are spending the majority of their income on housing was the main thread. The Board expressed interest in addressing affordable housing as it relates to reducing homelessness. To that end, the County Administrator's Office has hired staff with housing expertise. \$200,000 per year for three years has been designated for this staff person to assist in their work with cities to sustain and increase the supply of affordable housing.
3. *Homelessness* – Homelessness was ranked the third highest need in Solano County. Experts cited the lack of coordination efforts and resources between entities trying to address homeless, as well as the lack of provider/community understanding of how to respond to persons who are homeless/at risk of homelessness as the problem to be addressed. A Request for Proposals will identify contractors to provide innovative ideas to create solutions to address homelessness in Solano. These ideas could establish an additional homelessness initiative, provision of technical assistance to providers to increase coordination of care, pursuit of external funding, or could also be a complement to an existing effort to address homelessness. Approximately \$500,000 per year for three years will be dedicated to this area, via multiple grants to community partners.

One-Time Grants: The one-time grants are designated to address any of the top 6 needs in the county:

1. Mental Health
2. Housing
3. Homelessness
4. Early Education
5. Youth Development
6. Safe and stable environments for children

These one-time grants are to be funded up to \$50,000 per proposal for a one-year commitment beginning in FY2020/21, with \$250,000 designated annually. The proposals will be selected via a competitive Request for Proposal (RFP) process. Additionally, the RFP process will establish an eligibility list, so other worthy proposals will be ranked and may be funded should funding become available.

Michele Harris, Executive Director
Health & Public Assistance

Legacy Programs: Programs funded by the Board to serve a specific population. The six Legacy Programs are:

1. Solano Children’s Alliance (included in this budget unit)
2. Senior Coalition (included in another BU)
3. Court-Appointed Special Advocates (CASA) (included in another BU)
4. Food Bank of Contra Costa and Solano (included in another BU)
5. Veteran’s Court Case Manager (included in another BU)
6. North-Bay Stand Down (included in another BU)

Lastly, this budget unit also includes:

- \$12,500 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.
- \$50,000 re-budgeted for a grant from Yocha Dehe for basic needs which is active through December 2020.
- \$65,000 for First 5 Solano staff to manage Board funded contracts.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

- In FY2019/20, provided safety net services through Family Resource centers to over 500 at-risk families various services and assistance, including case management, financial planning, and parent education.

WORKLOAD INDICATORS

- Maintained eight direct service contracts.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents an increase of \$1,089,690 or 146% in revenues and an increase of \$1,139,691 or 152.7% in appropriations when compared to the FY2019/20 Adopted Budget, resulting in a decrease in Fund Balance of \$50,001. The Recommended Budget includes a General Fund Contribution of \$1,746,250, an increase of \$1,129,690 over the FY2019/20 Adopted Budget. This increase is offset by decreases in General Fund Contributions for noncounty agencies elsewhere in the overall County Budget to account for the transition of contracts managed through the Community Investment Fund.

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 supplemental budget.

Primary Funding Sources

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

Contracts

The FY2020/21 Recommended Budget includes a total of \$1,808,751 in contracted services which includes the following significant contracts:

- \$128,028 for contracts related to the Children’s Trust Fund and Yocha Dehe Basic Needs (contractors to be determined)
- \$130,723 for Children’s Network of Solano County for the Solano Children’s Alliance
- \$1,550,000 for the implementation of the Community Investment Fund in FY2020/21

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	2018/19 ACTUAL	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	10,763	0	0	0	0.0%
CHARGES FOR SERVICES	124,991	130,000	90,000	(40,000)	(30.8%)
MISC REVENUE	300,000	0	0	0	0.0%
GENERAL FUND CONTRIBUTION	716,560	616,560	1,746,250	1,129,690	183.2%
TOTAL REVENUES	1,152,315	746,560	1,836,250	1,089,690	146.0%
APPROPRIATIONS					
OTHER CHARGES	1,090,005	746,560	1,886,251	1,139,691	152.7%
TOTAL APPROPRIATIONS	1,090,005	746,560	1,886,251	1,139,691	152.7%
NET CHANGE	(62,310)	0	50,001	50,001	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

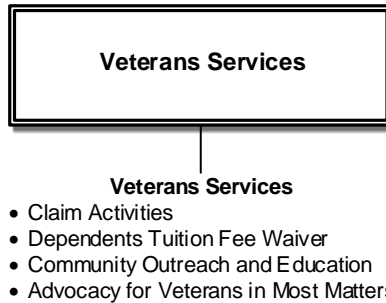
SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

COVID-19 – The Recommended Budget was prepared and submitted prior to COVID-19 emergency and Shelter at Home Order. At this time, it is unclear how COVID-19 will impact this budget. Department staff will continue to evaluate COVID-19 impacts and will provide any necessary revisions to the Recommended Budget prior to final approval of the FY2020/21 Budget.

Should the Board choose to alter the General Fund contribution, adjustments to this Budget Unit will need to be made.



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:	
FY2019/20 Midyear Projection:	765,732
FY2020/21 Recommended:	845,204
County General Fund Contribution:	515,204
Percent County General Fund Supported:	61.0%
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 35.7% of the veteran population when compared to a 28% 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 12,243 claims in FY2019/20 resulting in \$24.1 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 FY2019/20, projected to increase to an anticipated 65 veterans per day in FY2020/21. To serve this growing demand, the Board of Supervisors approved extending the Limited-Term Veterans Services Counselor position to June 30, 2021, 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	2018/19 ACTUAL	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
VETERANS SERVICES	337,905	310,000	330,000	20,000	6.5%
TOTAL REVENUES	337,905	310,000	330,000	0	6.5%
APPROPRIATIONS					
VETERANS SERVICES	754,426	790,537	845,204	54,667	6.9%
TOTAL APPROPRIATIONS	754,426	790,537	845,204	54,667	6.9%
NET COUNTY COST					
VETERANS SERVICES	416,521	480,537	515,204	34,667	7.2%
NET COUNTY COST	416,521	480,537	515,204	34,667	7.2%
STAFFING					
VETERANS SERVICES	6	6	6	0	0.0%
TOTAL STAFFING	6	6	6	0	0.0%

DEPARTMENTAL BUDGET SUMMARY

The Preliminary Recommended Budget represents an increase of \$20,000 or 6.5% in subvention revenues from the State to provide veteran services and an increase of \$54,667 or 6.9% in appropriations when compared to the FY2019/20 Adopted Budget.

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 \$330,000 in subvention funding.

Primary Costs

The increase in Salaries and Employee Benefits totaling \$45,829 or 7.5%, is primarily due to negotiated and approved labor contracts resulting in increases in wages and CalPERS retirement costs. The increase of \$7,573 or 8.9% in total Services and Supplies is due to an increase in Central Data Processing Services costs, offset by a reduction in travel and personal mileage expenses.

Contracts

None requiring Board approval.

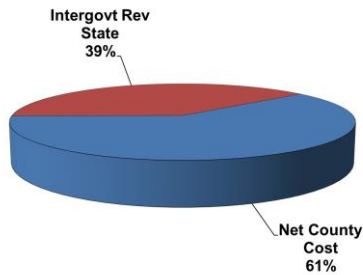
Fixed Assets

None.

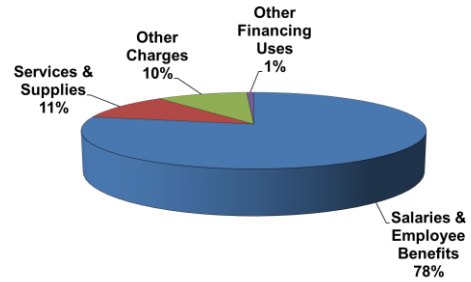
DEPARTMENT COMMENTS

None.

SOURCE OF FUNDS



USE OF FUNDS



DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2018/19 ACTUAL	2019/20 ADOPTED BUDGET	2020/21 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	337,905	310,000	330,000	20,000	6.5%
TOTAL REVENUES	337,905	310,000	330,000	20,000	6.5%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	590,682	612,026	657,855	45,829	7.5%
SERVICES AND SUPPLIES	80,639	84,825	92,398	7,573	8.9%
OTHER CHARGES	73,471	83,686	84,382	696	0.8%
OTHER FINANCING USES	5,909	6,000	6,569	569	9.5%
INTRA-FUND TRANSFERS	3,724	4,000	4,000	0	0.0%
TOTAL APPROPRIATIONS	754,426	790,537	845,204	54,667	6.9%
NET COUNTY COST	416,521	480,537	515,204	34,667	7.2%

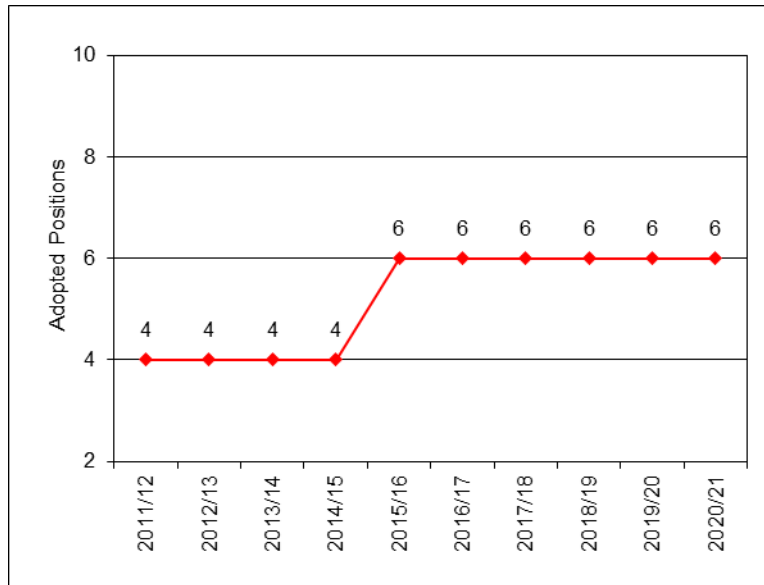
SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

There are no changes in position allocation.

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.

COVID-19 – The Recommended Budget was prepared and submitted prior to COVID-19 emergency and Shelter at Home Order. At this time, it is unclear how COVID-19 will impact the Veterans Services’ budget. Department staff will continue to evaluate COVID-19 impacts and will provide any necessary revisions to the Recommended Budget prior to final approval of the FY2020/21 Budget.

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