

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:	
FY2020/21 Midyear Projection:	355,992,819
FY2021/22 Recommended:	376,299,484
County General Fund Contribution:	23,892,508
Percent County General Fund Supported:	6.4%
Total Employees (FTEs):	1,314.65

FUNCTION AND RESPONSIBILITIES

H&SS is divided into seven financial divisions for budget reporting purposes: Administration, Behavioral Health, Social Services, In-Home Supportive Services (IHSS) – Public Authority, Public Assistance Programs, Family Health Services 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, authorization, and treatment services through a subcontract with the Partnership HealthPlan of California (PHC) under a federally-approved Organized Delivery Services (ODS) regional model. Substance Abuse also provides case management and sober living housing for clients under the Proposition 47 grant program set to expire in September 2021.

Social Services Budget (BU 7680) includes Employment and Eligibility Services, Welfare Administration, Child Welfare Services, and Older and Disabled Adult Services, 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.

Older and Disabled Adult Services (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 Area Agency on Aging (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.

Family Health Services Budget (BU 7580) includes operations of the Federally Qualified Health Center (FQHC) medical and dental clinics in Fairfield, Vacaville, and Vallejo. These are comprised of 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. 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.

Health Services Budget (BU 7880) includes Public Health 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). 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**

DETAIL BY REVENUE AND APPROPRIATION FUNCTIONAL AREA	2019/20 ACTUALS	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
ADMINISTRATION DIVISION	4,419,766	3,554,290	3,907,647	353,357	9.9%
BEHAVIORAL HEALTH DIVISION	93,330,499	106,985,132	109,558,320	2,573,188	2.4%
SOCIAL SERVICES DIVISION	103,130,107	118,972,040	124,005,470	5,033,430	4.2%
IHSS - PA ADMINISTRATION	825,167	925,673	855,338	(70,335)	(7.6%)
PUBLIC ASSISTANCE PROGRAMS	53,929,888	57,116,116	58,317,470	1,201,354	2.1%
FAMILY HEALTH SERVICES DIVISION	28,185,877	30,758,925	30,898,653	139,728	0.5%
HEALTH SERVICES DIVISION	46,978,868	59,474,012	43,413,820	(16,060,192)	(27.0%)
TOTAL REVENUES	330,800,172	377,786,188	370,956,718	(6,829,470)	(1.8%)
APPROPRIATIONS					
ADMINISTRATION DIVISION	4,420,595	3,554,291	3,907,647	353,356	9.9%
BEHAVIORAL HEALTH DIVISION	93,330,007	106,985,132	109,558,320	2,573,188	2.4%
SOCIAL SERVICES DIVISION	103,131,626	118,972,040	124,005,470	5,033,430	4.2%
IHSS - PA ADMINISTRATION	825,167	925,673	855,338	(70,335)	(7.6%)
PUBLIC ASSISTANCE PROGRAMS	53,929,888	57,116,116	58,317,470	1,201,354	2.1%
FAMILY HEALTH SERVICES DIVISION	28,185,877	30,758,925	30,898,653	139,728	0.5%
HEALTH SERVICES DIVISION	43,175,394	56,755,603	48,756,586	(7,999,017)	(14.1%)
TOTAL APPROPRIATIONS	326,998,554	375,067,780	376,299,484	1,231,704	0.3%
NET CHANGE	(3,801,618)	(2,718,408)	5,342,766	8,061,174	(296.5%)

STAFFING					
ADMINISTRATION DIVISION	106.00	106.00	106.00	0.00	0.0%
BEHAVIORAL HEALTH DIVISION	216.25	216.25	216.25	0.00	0.0%
SOCIAL SERVICES DIVISION	651.75	656.00	666.00	10.00	1.5%
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%
FAMILY HEALTH SERVICES DIVISION	178.15	170.15	153.40	(16.75)	(9.8%)
HEALTH SERVICES DIVISION	156.50	161.25	168.00	6.75	4.2%
TOTAL STAFFING	1,313.65	1,314.65	1,314.65	0.00	0.0%

Primary Funding Sources

The primary funding sources for H&SS are federal and State Program revenues of approximately \$187.4 million (50.5% of total); 1991 Realignment (see glossary for definition) a Statewide (sales tax based) revenue - \$55.8 million; 2011 Public Safety Realignment (see glossary for definition) a Statewide (VLF and sales tax based) revenue - \$40.9 million; and Charges for Services estimated at \$25.8 million in reimbursements for services. The County General Fund Contribution of \$23.9 million represents 6.4% 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 FY2021/22, direct charges from other County departments plus Countywide Administrative

Overhead total \$24.7 million of which 93.7%, or approximately \$23 million in federal, State and realignment funds are used to offset the County General Fund costs for various County central service departments that provide services to H&SS programs.

COVID-19 Related One-Time Funds

The FY2021/22 Recommended Budget reflects a decrease of \$20,606,762 in COVID-19 related one-time funds that expired in FY2020/21, as follows:

Decrease in Federal CARES Act funds	\$13,275,498
Decrease in COVID-19 Federal direct grants	\$1,614,607
Decrease in one-time State general fund Realignment backfill	\$5,716,657

The decrease of \$20.6 million is partially offset by a \$4.4 million increase in COVID-19 State Pass Through funds for the Epidemiology and Laboratory Capacity (ELC) grant to support Health Services' (Public Health) ongoing COVID-19 response and expansion efforts.

H&SS was also notified of additional State pass-through and federal direct grant awards for Health Services and Family Health Services Divisions. The Department is in the process of developing spending plans for these awards and will return to the Board for approval as part of the Supplemental Budget.

Realignment Revenue

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.

1991 Realignment

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 FY2021/22 Recommended Budget includes \$55.8 million in 1991 Realignment funds that will be drawn down and recognized as revenues.

1991 Realignment funds are allocated to three main areas:

- Health Services – a portion of the Health Realignment funding (approximately \$6.87 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.

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- 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 §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 in 2010, 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 in funds (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. Health and Mental Health lost funding of \$613,283 in FY2017/18 and \$509,458 in FY2018/19 as a result of the redirected growth funds. If the MOE structure had continued, the VLF base for Health and Mental Health would not have shared in any general growth funds until FY2020/21. However, 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

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 \$40.9 million in 2011 Realignment funds for FY2021/22. These funds are dedicated to Child Welfare Services, Foster Care, Mental Health, and Substance Abuse programs. Previously, under the 1991 Realignment, counties were required to fund a certain percentage of the program costs; starting in 2011, counties are fully responsible for funding the non-federal share of these programs using the 2011 Realignment revenue.

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

County General Fund Contribution

The FY2021/22 Recommended Budget includes a County General Fund Contribution in the amount of \$23,892,508, an increase of \$2,772,205 when compared to the FY2020/21 Adopted Budget. The above amount excludes \$124,975, a decrease of \$367,221 from FY2020/21 Adopted Budget, in additional transfers to H&SS – Administration, Public Health, and Social Services, representing the General Fund Contribution to Non-County Agencies contracted through H&SS.

The increase is comprised of the following:

- \$321,174 decrease in Social Services due to reduced spending in CalFresh and CalWORKs administration, Public Guardian, and SSI Advocacy program offset by increased spending in the administration of Medi-Cal and General Assistance, CalWIN and In-Home Supportive Services.
- \$809,548 increase in Health Services reflects the annual CMSP participation fee, which was waived in FY2020/21.
- \$2,283,831 increase in Assistance due to increased contribution in the County share of cost of Foster Care and Adoptions Assistance.

The County General Fund Contribution of \$23,892,508 is appropriated with \$5,830,970 funding the Assistance Programs, and \$18,061,538 funding the following operations in H&SS:

- \$2,844,528 for required Maintenance of Efforts for Public Health, California Children's Services, Mental Health, and CalWORKs Administration.
- \$809,548 for the required CMSP participation fee.
- \$2,861,608 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.
- \$3,384,578 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.
- \$921,944 for administrative costs that are non-claimable.
- \$1,534,767 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 \$3,907,647 in appropriations which recovers most costs through Administrative Overhead Intrafund Transfers.
- Social Services (BU 7680) includes \$124,005,470 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 \$855,338 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 \$109,558,320 in appropriations which includes Mental Health and Substance Abuse.
- Family Health Services (BU 7580) includes \$30,898,653 in appropriations which includes primary and dental care clinics, including mobile vans.
- Health Services (BU 7880) includes \$48,756,586 in appropriations which includes Public Health and Medical Services.
- Assistance Programs (BU 7900) includes \$58,317,470 in appropriations which includes above referenced assistance programs.

Other Administered Budgets not part of Fund 902 include \$19,956,210 for the IHSS Public Authority (Fund 152 - BU 1520), \$931,514 for Tobacco Prevention and Education (Fund 390 - BU 7950), \$3,572,602 Napa/Solano Area Agency on Aging (Fund 216 – BU 2160) and a Transfers-Out of \$31,912,218 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.

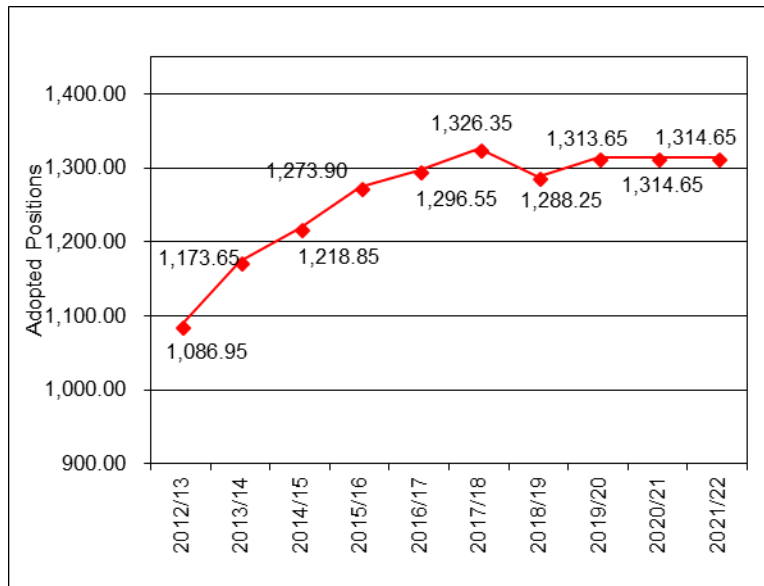
DEPARTMENT COMMENTS

None.

SUMMARY OF POSITION CHANGES

Details on position changes are described in each H&SS Division in the subsequent pages of the budget section writeup.

STAFFING TREND



PENDING ISSUES AND POLICY CONSIDERATIONS

COVID-19 – The Recommended Budget was prepared during the continued response to the COVID-19 pandemic emergency. At this time, it is unclear if the FY2021/22 Budget will be additionally impacted by COVID-19. Department staff will continue to monitor and evaluate COVID-19 impacts and will provide necessary revisions when verified.

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

DEPARTMENTAL PURPOSE

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

FUNCTION AND RESPONSIBILITIES

The Administration Division provides managerial leadership and support to the six H&SS divisions in various program areas. The Administration Division includes 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 \$79 million in federal expenditures. The FY2019/20 Single Audit noted no findings.
- During FY2020/21, in addition to standard operational duties, the Administrative Support Bureau (ASB) served as an integral team in the H&SS COVID-19 pandemic response for public and staff safety. COVID-19 response related duties included: sourcing and purchasing limited Personal Protective Equipment (PPE) supplies and disinfection items for

distribution to the Department's programs and building reception and common areas; supporting the large volumes of PPE received by the Emergency Management Services (EMS) team from the State; facilitating additional loaner vehicles from Fleet Operations to allow field workers to have individually assigned vehicles and arranging for PPE and disinfection items placed in vehicles; leading the effort to produce and post signage recommended by the Centers for Disease Control (CDC) and California Department of Public Health (CDPH), County specific messaging, and State and Cal/OSHA signage in H&SS occupied buildings; ensuring social distancing measures were implemented including determining room occupancy limits, and reducing lobby seating and directing foot traffic by installing floor markers; identifying the locations for sneeze guard installations and standing hand sanitizer stations placement in H&SS occupied buildings; coordinating with the Department of Information Technology for the purchase of computer equipment and peripherals needed to enable employees to telework effectively; and augmenting Public Health Laboratory couriers' route in transporting COVID-19 test samples during identified gaps in services.

- The Compliance & Quality Assurance Unit participated in weekly collaboration meetings with H&SS management and the Department of Information Technology (DoIT) to address COVID-19 related business requirements and processes; participated in the Public Health COVID Data Exchange, Validation and Case Reporting Project and developed and implemented the Multi-agency Release of Information as part of the Integrated Data System (IDS) project.
- The Budget and Financial Management Unit in coordination with Contracts Unit, Compliance & Quality Assurance, completed subrecipient monitoring site visits for 23 contracts during FY2020/21.
- Contracts Unit, in coordination with Compliance & Quality Assurance, updated 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 refine the process for reviewing contractors' compliance with the County's insurance requirements. The unit held a series of kick-off meetings in November 2020 and January 2021 to review these changes.
- During FY2020/21, Employee Services provided critical COVID-19 support to H&SS operations. This included processing telework agreements and supporting Public Health in the coordination of contact tracing volunteers. In addition, the unit was successful in converting some in-person trainings to online versions to accommodate the varying work locations of staff due to COVID-19.

WORKLOAD INDICATORS

- Administrative Support Bureau (ASB) facilitated over 3,600 purchase transactions (through purchase orders, credit cards, office depot) with expenditures totaling approximately \$9.5 million across the Department, including COVID-19 expenditures of \$4.3 million.
- ASB completed the annual physical inventory of approximately 7,685 fixed assets assigned to H&SS.
- Budget and Financial Management Unit managed approximately \$553 million in funds including COVID-19 direct and State pass-thru funds: \$386 million including Assistance and In-Home Supportive Services Program for provider wages, benefits and Public Authority Administration and Napa/Solano Area Agency on Aging administration; \$99 million in client benefits paid by the State; \$19 million in client assets; and \$49 million in other funds (including restricted trust funds).
- The Billing and Collections Unit processed approximately \$34 million in Medi-Cal, Medicare, and private insurance claims.
- Accounts Payable and Contracts Units processed approximately 17,887 vendor claims totaling \$103 million.
- The Employee Services Unit processed 696 telework agreements during the first round of approvals and 765 agreements during the second round; processed over 100 telework amendments; and 335 Leave of Absence requests for the Families First Coronavirus Response Act; and scheduled Live Scans, organized trainings, and completed forms for over 250 employees countywide volunteering to support contact tracing efforts.
- The Employee Services Unit coordinated the processing of 51 FTE new hires, 16 FTE retirements and 55 separations, 30 FTE promotions, and 20 FTE transfers; prepared and processed 3,148 personnel action requests (ePARs); and monitored and troubleshooted the timecard reporting of approximately 1,164 employees in the IntelliTime payroll system. Workload data covers the period July 1, 2020 to February 6, 2021.

DIVISION BUDGET SUMMARY

The Recommended Budget represents increases of \$353,357 or 9.9% in revenues and \$356,356 or 9.9% in appropriations when compared to the FY2020/21 Adopted Budget. The County General Fund Contribution in the Recommended Budget remains unchanged.

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, Operating Transfers-In and General Fund Contribution to fund Board approved contributions to non-County agencies and non-reimbursable costs, and grant revenues with department-wide benefit or impact.

The FY2021/22 Recommended Budget includes a \$353,357 or 9.9% net increase in revenues primarily due to the following:

- Increase of \$237,908 in Intergovernmental Revenues due to the COVID-19 Emergency Response Grant (CERG) unspent carryforward funds of \$1 million and offset by a decrease of \$749,392 in one-time Federal CARES Act funds received in FY2020/21 to fund eligible costs in responding to the COVID-19 pandemic emergency.
- Increase of \$146,534 in Miscellaneous Revenues due to the Kresge Foundation unspent carryforward funds to support the Department's integration efforts.
- Decrease of \$30,221 in Other Financing Sources as funding will not be provided to the Senior Coalition as the Board declassified them as an advisory committee on March 2, 2021.

Primary Costs

The FY2021/22 Recommended Budget includes a \$353,356 or 9.9% net increase in appropriations primarily due to the following:

- Increase of \$1,496,627 or 11.2% in Salaries and Employee Benefits primarily due to negotiated and approved labor contracts resulting in increases in wage, CalPERS retirement costs, health insurance and worker's compensation costs and a decrease in budgeted salary savings.
- Decrease of \$248,800 in Services and Supplies due to a decrease in one-time COVID-19 expenditures funded with CARES Act funds offset by increases in DoIT and central data processing charges, other professional services, and property insurance.
- Increase of \$983,063 in Other Charges due to increases in contracted direct services funded with CERG carryforward funds and interfund charges from General Services and other departments offset by a decrease in Countywide Administrative Overhead.
- Increase of \$9,567 in Other Financing Uses due to an increase in pension obligation bond costs.
- Increase of \$1,887,101 in offsetting Intrafund Transfers due to an increase in net claimable H&SS administration costs transferred to program divisions and an increase in intergovernmental transfer (IGT) revenues from Public Health to fund H&SS reorganization costs.

Contracts

The FY2021/22 Recommended Budget includes a total of \$2,189,360 or 9.4% in contracted services. H&SS will return to the Board in June 2021 with a master list of contracts for the Board's consideration.

Fixed Assets

None.

DEPARTMENT COMMENTS

None.

Summary of Division Budget

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

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	1,621,893	1,017,402	1,017,402	0	0.0%
INTERGOVERNMENTAL REV FEDERAL	1,067,183	788,592	1,026,500	237,908	30.2%
CHARGES FOR SERVICES	15,609	864	0	(864)	(100.0%)
MISC REVENUE	42,518	153,466	300,000	146,534	95.5%
OTHER FINANCING SOURCES	185,042	155,196	124,975	(30,221)	(19.5%)
GENERAL FUND CONTRIBUTION	1,487,520	1,438,770	1,438,770	0	0.0%
TOTAL REVENUES	4,419,766	3,554,290	3,907,647	353,357	9.9%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	11,128,731	13,351,588	14,848,215	1,496,627	11.2%
SERVICES AND SUPPLIES	3,547,384	4,770,519	4,521,719	(248,800)	(5.2%)
OTHER CHARGES	3,821,947	2,739,248	3,722,311	983,063	35.9%
OTHER FINANCING USES	261,608	124,272	133,839	9,567	7.7%
INTRA-FUND TRANSFERS	(14,339,075)	(17,431,336)	(19,318,437)	(1,887,101)	10.8%
TOTAL APPROPRIATIONS	4,420,595	3,554,291	3,907,647	353,356	9.9%
NET CHANGE	830	1	0	(1)	(100.0%)

STAFFING					
ADMINISTRATION DIVISION	106	106	106	0	0.0%
TOTAL STAFFING	106	106	106	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in the position allocations since the adoption of the FY2020/21 Budget are provided below.

On March 9, 2021, the Midyear Report included:

- Deletion 1.0 FTE Public Health Nurse.
- Added 1.0 FTE Social Worker II.

PENDING ISSUES AND POLICY CONSIDERATIONS

COVID-19 – The Recommended Budget was prepared during the continued response to the COVID-19 pandemic emergency. At this time, it is unclear in the FY2021/22 Budget will be additionally impacted by COVID-19. Department staff will continue to monitor and evaluate COVID-19 impacts and will provide necessary revisions when verified.

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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 §11750-11997.

The Mental Health Division provides a continuum of care across the age span for those individuals qualify for specialty mental health services, which include individuals with moderate to high mental health disorders, as defined under the Medi-Cal Mental Health Plan (MHP), and the indigent and uninsured. 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 Behavioral Health 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 funding 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 Integrated Care Clinic (ICC) sites at the Fairfield, Vacaville and Vallejo campuses. 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.
- Community-Based Multidisciplinary service teams, or Full Service Partnerships (FSP), can include psychiatrists, nurse practitioners (NP), physician assistants (PA), nurses, mental health clinicians, specialists, and peers in recovery; these programs serve the entire county region but operate out of the Fairfield campus for county administered programs and out of Vallejo and Fairfield through CBOs. Programs 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.
 - Intensive community-based services to adults, older adults, forensic, homeless adults, transition age youth, commercially sexually exploited youth, and other children and families.
 - Outreach, supportive housing/homeless services, peer support, and employment services offer linkage, psychiatric rehabilitation, recovery planning, 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 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.

- Along with implementing the Drug Medi-Cal Organized Delivery System (ODS), the Division implemented a co-occurring integrated model for care through reassignment of substance use disorder staff as liaisons to each of the three Adult outpatient Integrated Care Clinics and various youth/adult FSP programs to provide American Society of Addiction Medicine (ASAM) assessments and link clients to Drug Medi-Cal ODS services while maintaining mental health services as needed with the goal of treating both mental health and substance use disorders concurrently. Data from the first half of 2020 showed that out of a total of 3,777 adult client with mental health diagnoses, 1,755 or 47% of the clients also had a

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co-occurring substance use disorder, which often affects their ability to fully engage in mental health treatment. Training continues for staff and community partners for better coordination of care.

- Reorganized staffing to develop two focus areas to address emerging behavioral health needs in a comprehensive and collaborative manner: Forensic Triage Team to address mental health needs for justice involved clients and the Community Integration Team to focus on the housing and supportive service needs of clients.
- The Mental Health diversion program received 45 referrals in the first three months of operation and the Laura's Law/Assisted Outpatient Program received 29 referrals in the initial two-year pilot period. The programs continue due to the success of engaging clients into treatment and lowering recidivism rates.
- Affordable supportive housing is critical to the service continuum and several grants were awarded to address this need:
 - The Division has been awarded two No Place Like Home (NPLH) grants in coordination with housing developers and the cities, which will bring affordable housing units dedicated to mental health clients in both Fairfield (Fair Haven Commons with 34 NPLH units) and Vallejo (Sacramento Street Apartments with 23 NPLH units) 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.
 - The Division is working with the Department of State Hospitals to implement a felony diversion grant which provides \$3.2 million to provide intensive services, including housing, to 23 high need diversion clients.
 - The Homeless Housing, Assistance and Prevention (HHAP) grant was awarded to support the development of the board and care site on the Beck Campus. A second HHAP grant is pending award and is anticipated to be used for permanent supportive housing expansion as required for the NPLH units. The facility is in final design and will be constructed in FY2020/21.
- Services relied heavily on telehealth in order to minimize the potential for COVID-19 transmission during the pandemic. Behavioral Health has a history of providing reimbursable services through telehealth for psychiatry and easily transitioned to telehealth across other programs. However, the largest challenge was for clients without or with a weak internet connection as well as lack of familiarity with navigating through the telehealth software. Telehealth was less useful for young children but quite engaging for teens and younger adults. The pandemic also impacted the Division's ability to provide services in inpatient and subacute congregate care settings as these settings generally did not allow visitors due to potential risk of a facility outbreak and telehealth connections were difficult in these settings as well.
- The continued lack of sufficient board and care and community housing (locally and regionally) poses a challenge for care providers (emergency rooms, hospitals, facilities) to transition people needing lower levels of services to live independently in the community. Not only does this negatively affect client recovery goals but it also creates a financial burden when people stay longer in high cost services 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 and the Division continues to look for options with the support of the Board of Supervisors.
- There is an increasing need for a specialized medical case management community team as the number of people receiving services that have high complex medical needs is increasing as the population ages. Many clients are remaining on case management caseloads but would benefit from a program that is community-based with more emphasis on complex medical concerns. Other models that have existed previously (e.g. Whole Person Care program) and the care coordination through Partnership HealthPlan (telephonic care coordination) do not adequately address co-occurring moderate/severe mental health and medical complications. This creates a potential opportunity for service integration within Health and Social Services across Behavioral Health and Public Health Divisions that is being discussed.

Substance Use Disorders

- Beginning July 1, 2020, the County, along with six other counties and Partnership HealthPlan (PHP), implemented the Organized Delivery System (ODS) State waiver for Drug Medi-Cal services. The ODS represents an expanded substance use disorder (SUD) service benefit, and the County subcontracts the oversight of the service network and quality management to PHP. The County continues to provide for services to the uninsured and reimburses providers for services

through the PHP-provider contracts. The County maintains the contract with DHCS and is responsible to oversee the activities completed by PHP.

- Four staff were repurposed to serve as SUD liaisons in County behavioral health programs, bringing much needed expertise to strengthen co-occurring service capability for the County’s mental health clients who also have substance use disorder issues. These staff were authorized to assess and refer clients directly to appropriate providers within the service network to provide simultaneous efforts and reduce client barriers.
- Community agencies have been impacted by decreasing numbers of referrals over the past several years as fewer drug crimes are prosecuted, and within those, treatment is provided through the Probation Department’s day reporting centers. Developing relationships with the Probation Department, including authorizing Probation’s licensed clinicians to directly refer parties to the network of community agencies, should help mitigate some of the caseload decreases. There remains no outpatient provider in Vacaville since Caminar closed its Healthy Partnerships program there in May 2019 due to low client volume and the leased site was repurposed by the owner. COVID-19 impacted the Division’s ability to work on this in FY2020/21.

WORKLOAD INDICATORS

The following workload indicators cover calendar year 2020:

- Solano County Behavioral Health provided mental health services to approximately 5,549 severely mentally ill adults and youth through County programs, contract programs and the Managed Care Provider Network. The County adult outpatient clinic services served 3,938 adults, a 14% increase over 2019. In addition, 722 adults were enrolled in County or contract provider therapy, case management, or FSP programs in addition to psychiatry services. Programs served 1,611 youth, many served in both contractor and County programs, as youth often receive case management and therapy services from a contractor and their psychiatric medication services, if needed, from a County provider. The demand for children’s services has been largely stable over the last four years, though significantly lower compared to 2015 when the mild/moderate benefit was added to managed care plans for children.
- Private therapists in contract with Solano County continue to provide fewer services to Medi-Cal beneficiaries. In 2020, 72 clients were served in the network for an average of 15 sessions each. This is 19% fewer clients than in 2019 and 41% lower than 2018. For comparison with 2014, before the provider network entered into contracts with the managed care plans (namely Partnership HealthPlan locally) to provide mild-moderate mental health services (there previously had been no such benefit), changing the client to severely mentally ill. Previously, the client base was 675 clients served in the provider network. This is a decrease in caseload by 89% over the seven-year time frame, with decreases in clients served each year. Despite continued efforts to bring on more providers, the impact of the network of about 20 therapists provides minimal but necessary service impact for the system.
- Fewer adults were referred to inpatient hospitals and long-term care settings. In 2020, there were 22 new admissions to locked Institutes for Mental Disease (IMD), less than half of 2019. Additionally, more clients were discharged than were admitted, both resulting in fewer IMD days and lower costs to the County, as IMDs are generally not reimbursable by Medi-Cal. Individuals transitioning from IMDs have successfully stepped down to lower levels of care which include group homes such as Augmented Board and Cares (ABCs), Board and Cares, Room and Boards, reunited with family and/or other community supportive housing options.
- Solano received placement of fewer foster/probation youth than were transferred to placement in other counties under Presumptive Transfer (PT). There were 72 youth transferred into the County for placement and treatment and 120 were transferred to other counties where they were placed. This pattern may reverse itself with two former group homes pending licensure as Short-Term Residential Treatment Programs (STRTP) in Solano County; the Division is required to enter into a contract with all STRTPs in the County.
- The CalWORKs clinical team served 262 clients for substance use disorders, averaging 24 services per client.
- There were 118 clients served in the Proposition 47 case management program where they received supportive services and sober living in coordination with their outpatient or residential substance use disorder treatment. In 2020, 22 clients dropped out and 17 clients successfully completed the program by completing treatment and obtaining independent housing or moving to a lower level of supportive housing. Others remain in the program and in treatment.

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- In the first half of 2020, prior to the County transition to the Organized Delivery System (ODS):
 - 151 unduplicated clients were served in detox, averaging 7 days per client (some required more than one admission).
 - 626 clients received Narcotic Treatment, averaging 137 services per client.
 - 335 clients received outpatient SUD treatment, averaging 22 services per client.
 - 90 clients received residential treatment, averaging 50 days of residential care each.

DIVISION BUDGET SUMMARY

The Recommended Budget represents increases of \$2,573,188 or 2.4% in both revenues and appropriations when compared to the FY2020/21 Adopted Budget. The County General Fund Contribution of \$6,453,674 remains unchanged.

Primary Funding Sources

COVID-19 Modified Funding

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%. As part of the Coronavirus Aid, Relief and Economic Security (CARES) Act, federal reimbursement for traditional Medi-Cal recipients was enhanced by 6.2% effective January 2020. The increase will be in effect until the public health emergency ends. 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, services that are not Medi-Cal billable are funded with a federal Substance Abuse Block Grant (SABG) (previously referred to as Substance Abuse Prevention and Treatment or SAPT).

Billing for Mental Health 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. During the public health emergency, counties were given flexibility on setting the interim reimbursement rate. All interim rates are cost settled to actual costs. 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.

New Funding in FY2020/21

The Drug Medi-Cal Organized Delivery System (DMC-ODS) was implemented July 1, 2020. Partnership HealthPlan administers the Drug Medi-Cal services on behalf of the County. The County pays Partnership HealthPlan an interim per utilizer per month rate. Federal and State reimbursement is provided after the County pays Partnership HealthPlan. A reconciliation process to actual allowable costs between the County, Partnership HealthPlan, and the Department of Healthcare Services (DHCS) will occur yearly starting Midyear FY2021/22.

Existing Funding

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. 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 FY2021/22 Recommended Budget includes a \$2,573,188 or 2.4% net increase in revenues primarily due to the following:

- Increase of \$2,748,049 in the use of 2011 Realignment primarily due to a decrease of \$1,783,196 in one-time State General Fund Backfill for realignment in FY2020/21 and increases for non-DMC substance abuse expenses not covered by SABG allocations. The FY2021/22 Recommended Budget includes prior year 2011 Realignment anticipated rollover and projected FY2021/22 receipts to fund ongoing operations.
- Increase in MHSA funding of \$1,610,801 primarily due to a projected increase in the use of MHSA revenues to fund a Mobile Crisis program.
- Increase of \$1,464,799 in the use of 1991 Realignment due to higher inpatient costs and more bed days and rate increases for clients in Augmented Board and Care facilities. The FY2020/21 Recommended Budget includes prior year 1991 Realignment anticipated rollover and projected FY2021/22 receipts to fund ongoing operations.
- Increase of \$296,712 in Federal Short Doyle Administration revenue primarily due to the 15% cap on Medi-Cal billable services increased to 30% during the public health emergency. The Recommended Budget assumes that two prior year quarters and two current year quarters will be received in FY2021/22.
- Increase of \$179,820 in federal SABG funding due to budgeting available Discretionary and Prevention SABG allocations. The Recommended Budget assumes two prior year quarters and two current year quarters will be received in FY2021/22.
- Increase of \$77,348 in Federal Other revenues primarily due to an increase in expenses for the Substance Abuse Mental Health Services Administration (SAMHSA) block grant.
- Decrease of \$1,045,176 in grant revenues primarily due to the Proposition 47 grant ending September 30, 2021. Funding for these services in FY2021/22 is SABG or 2011 Realignment.
- Decrease of \$459,911 in Prior Year Revenue for State and Others primarily due to the Proposition 47 grant ending September 30, 2021, and partially offset with an increase in prior year State General Fund from prior year DMC services where the revenues will be received in FY2021/22.
- Decrease of \$181,804 in Federal CARES Act revenue due to costs reimbursed through December 30, 2020.
- Decrease of \$143,094 in Federal/State Short Doyle Medi-Cal revenues primarily due to decreases in billable adult and children's contracted services. The Recommended Budget includes the 6.2% federal enhancement through December 2021.
- Decrease of \$118,844 in Charges for Services primarily due to fewer Medicare revenues projected.
- Decrease of \$43,035 in State 2011 Realignment revenues (AB 109) due to a reduction in substance abuse treatment costs as the services are now provided under the DMC-ODS.
- Decrease of \$17,705 in Federal Quality Assurance revenues due to fewer costs claimable to this revenue source. The Recommended Budget assumes that two prior year quarters and two current year quarters will be received in FY2021/22.
- Decrease of \$11,576 in Forfeitures and Penalties due to fewer fees projected to be received from Probation for drug and alcohol offenses.

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Primary Costs

Primary costs for Behavioral Health are: \$32,681,791 for Salaries and Employee Benefits; \$6,275,926 for Services and Supplies; \$67,003,273 for Other Charges; \$384,582 for Other Financing Uses; and \$3,212,748 for Intrafund Transfers.

The recommended appropriations for the Behavioral Health Division include \$96,478,795 for Mental Health (BU 7700) and \$13,079,525 for Substance Abuse (BU 7560).

The FY2021/22 Preliminary Recommended Budget includes \$2,573,188 or 2.4% net increase in appropriations primarily due to the following:

- Increase of \$2,511,278 or 8.3% in Salary and Benefits primarily due to negotiated and approved labor contracts resulting in increases in wages, increases in CalPERS retirement, health insurance and worker's compensation costs, and a decrease in budgeted salary savings.
- Decrease of \$934,238 in Services and Supplies primarily due to decreases in costs for County IT support staff, reductions in contracted services for substance abuse prevention and services related to Proposition 47, consulting services, technical assistance for Mental Health Services Act (MHSA) programs, education and training, program advertising and marketing; and partially offset with an increase in central data processing services.
- Increase of \$1,080,419 in Other Charges due to a net increase of \$254,122 in IMD State Hospital due to more inpatient bed days at fee for service inpatient facilities offset with a decrease in the use of state hospital beds, an increase of \$146,848 in Institutions for Mental Disease (IMD) due to a legislated 5% rate increase, a net increase of \$865,205 in Contracted Direct Services due to increases in DMC-ODS costs, rates for inpatient facilities, augmented board and care costs and implementation of a Mobile Crisis program, an increase of \$359,310 in Housing for mental health clients due to rate increases and an increased need for this type of placement, and a net increase of \$10,202 for miscellaneous costs. These are partially offset by a decrease of \$126,020 in Interfund Services due to a decrease in the MOU with First Five for community education and services to children 0-5, and a \$429,248 decrease in Countywide Administrative Overhead.
- Increase of \$47,671 in Other Financing Uses primarily due to one vehicle to be purchased in FY2021/22.
- Decrease of \$131,942 in Intrafund Transfers due to a net reduction of \$316,720 due to a change in budgeting for SABG Prevention contracts, staffing adjustments for staff providing services for Child Welfare Services and Substance Abuse Prevention, and revenue from Child Welfare Services to support Family Urgent Responses System (FURS) services offset with an increase of \$184,778 in departmental administration overhead charges.

Contracts

The recommended appropriations for Behavioral Health include \$60,781,481 or 56% in contracted services for the provision of an array of substance abuse and mental health services. The list of contracts is submitted separately to the Board for approval.

Fixed Assets

The FY2021/22 Recommended Budget includes the following fixed asset:

- \$30,500 for a vehicle to support the Forensics Triage Team and funded with Mental Health Services Act revenue.

DIVISION COMMENTS

None.

Summary of Division Budget

**7780 – Fund 902-Behavioral Health
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DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
FINES, FORFEITURES, & PENALTY	35,888	37,984	26,408	(11,576)	(30.5%)
INTERGOVERNMENTAL REV STATE	29,872,344	37,089,660	38,470,896	1,381,236	3.7%
INTERGOVERNMENTAL REV FEDERAL	33,369,836	32,420,128	32,131,699	(288,429)	(0.9%)
CHARGES FOR SERVICES	750,810	682,269	563,425	(118,844)	(17.4%)
MISC REVENUE	781,912	0	0	0	0.0%
OTHER FINANCING SOURCES	22,066,035	30,301,417	31,912,218	1,610,801	5.3%
GENERAL FUND CONTRIBUTION	6,453,674	6,453,674	6,453,674	0	0.0%
TOTAL REVENUES	93,330,499	106,985,132	109,558,320	2,573,188	2.4%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	27,236,580	30,170,513	32,681,791	2,511,278	8.3%
SERVICES AND SUPPLIES	5,413,133	7,210,164	6,275,926	(934,238)	(13.0%)
OTHER CHARGES	56,683,113	65,922,854	67,003,273	1,080,419	1.6%
OTHER FINANCING USES	1,627,240	336,911	384,582	47,671	14.1%
INTRA-FUND TRANSFERS	2,369,942	3,344,690	3,212,748	(131,942)	(3.9%)
TOTAL APPROPRIATIONS	93,330,007	106,985,132	109,558,320	2,573,188	2.4%
NET CHANGE	(492)	0	0	0	0.0%

STAFFING					
BEHAVIORIAL HEALTH	216.25	216.25	216.25	0.00	0.0%
TOTAL STAFFING	216.25	216.25	216.25	0.00	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

On March 9, 2021, as part of the FY2020/21 Midyear Report, the Board approved the following position changes:

- Extended 1.0 FTE Limited-Term project Mental Health Specialist II through June 30, 2022 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, Substance Abuse Block grant and 2011 Realignment.

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

PENDING ISSUES AND POLICY CONSIDERATIONS

California Advancing and Innovating in Medi-Cal (CalAIM):

The California State Department of Health Care Services (DHCS) plans to implement a new program, California Advancing and Innovating in Medi-Cal (CalAIM) as part of the State’s renewed federal Medicare waiver in January 2022. The CalAIM objective is to improve quality of life and health outcomes by implementing a statewide person-centered approach to providing services and payment reform for the Medi-Cal program. The State is seeking consistency across all 58 counties; unfortunately, part of the initiative fall out for Solano is transitioning current Kaiser Medi-Cal enrollees to Solano County for the provision of managed care specialty mental health services. The County could be fiscally and programmatically responsible for providing these services to an estimated 2,800 Kaiser Medi-Cal enrollees (although the actual numbers are still being defined as to who meets our level of care) as is already the case in all other counties except Solano and Sacramento.

**Gerald Huber, Director of Health & Social Services
Health & Public Assistance***Background on Solano County*

Prior to 2011 Realignment, specialty mental health services provided to Medi-Cal Managed Care enrollees in Solano County were considered carved-in services under the managed care plan agreement between the State and Partnership HealthPlan of California (PHC). PHC in turn subcontracted these services to Solano County and Kaiser. The subcontract with Kaiser was for Kaiser Medi-Cal enrollees only. When the State realigned managed care mental health services under the State approved 2011 Realignment Act, the subcontract between PHC and the County was terminated. The State allowed PHC to continue the existing arrangement with Kaiser as Kaiser did not have a system in place to bill under the federal funding for Short Doyle Medi-Cal system and meet other program and data reporting requirements.

The 2011 Realignment baseline amount for Solano County for the realigned managed care mental health services was estimated by the State based on PHC's costs in annual capitation payments made to both Solano and Kaiser. Under the Realignment model, after baseline amounts are established, fluctuations in realignment receipts, generally driven by sales tax do not reflect fluctuations in the actual cost of providing realigned services. Although 2011 Realignment Behavioral Health growth distributions or allocations are partially based on a methodology using the number of Medi-Cal enrollees, including Kaiser beneficiaries, each county's allocated share of the growth does not necessarily relate to increases in costs of providing services and caseload growth.

The 2011 Realignment baseline amounts were pre-Affordable Care Act (ACA). With the dramatic increase in the number of enrolled Medi-Cal individuals due to ACA, the steady increase in the cost of providing specialty mental health services, and the scarcity of mental health resources in terms of staffing and contracted services, H&SS anticipates that this transition will have very significant fiscal and programmatic impacts. It is still uncertain how significant these new costs will be to the County in both Realignment and General Fund dollars and how the County will serve this new client base with its current clinics. More information will be provided to the Board as the State continues to negotiate the new Medi-Cal (CalAIM) program with the federal government with a transition expected to happen by January 2022. At this time, it is not known what the January 2022 deadline entails but H&SS has started conversations with Kaiser, PHC, and the State and is gathering data to help analyze and quantify the impacts.

One of the goals of CalAIM is that service providers will be able to spend more time providing direct services and less time working on burdensome documentation. The major advantage would be the elimination of service by service "disallowances" due to inadequate documentation under the current rules, which were mostly the cause of the large payback the State and counties incurred following the Office of the Inspector General's audit findings reported in 2018.

Payment reform will significantly impact Medi-Cal reimbursement. The current CalAIM proposal changes reimbursement from a minute-based cost per unit to a fee for service based on Healthcare Common Procedure Coding System (HCPCS) codes. Reimbursement to counties will also be through an Intergovernmental Transfer (IGT) process. This change will require counties to pay the nonfederal share to the State DHCS where the current system does not. The current system requires counties to pay for expenditures prior to claiming the federal share. Matching revenues remain at the County. The proposed system would require counties to pay for expenditures, but also require the County to send payments to DHCS for the nonfederal share so the funds can be used for the IGT. Once DHCS is reimbursed the federal share, it is supposed to pay the County both the nonfederal and federal reimbursement per the current proposal. This change will impact cash flow for Behavioral Health and could change reimbursement as the State has been keeping an administrative share of IGT funding.

Other Pending Issues and Policy Considerations:

Several flexibilities remain due to the COVID-19 pandemic and it is currently unknown when the public health emergency will end. The Recommended Budget was prepared with the assumption that the 6.2% FFP enhancement will end December 30, 2021 based on the assumption in the Governor's Proposed Budget for FY2021/22. How long the pandemic will continue and if additional federal revenue is available for Behavioral Health is unknown. Prior year unspent rollover of 1991 Realignment, 2011 Realignment, and MHSA was used to balance the Behavioral Health Division's FY2021/22 Recommended Budget. These three revenue sources are affected by economic conditions, and fluctuations can occur. Concerns remain about the pace of revenue generation keeping up with program cost increases.

The regional Drug Medi-Cal Waiver (DMC-ODS), which includes Solano and six other Partnership HealthPlan counties, was implemented July 1, 2020. Counties and the Partnership HealthPlan continue to work together with DHCS to address implementation issues. Initial projections based on limited data suggest that the project may cost the County more than initially

projected and anticipated. However, until reconciliation occurs, the actual cost to the County will not be known. Reconciliation may occur a minimum of 18 months after the implementation date. While the County pays Partnership HealthPlan a per utilizer per month rate, DHCS provides the federal and State reimbursement to the County. Delays in establishing that process at DHCS has resulted in delays in receiving reimbursement to date. Cash flow may be impacted if the system continues to be delayed.

DIVISION PURPOSE

The mission of the Department of Health and Social Services – Family 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

The Family Health Services (FHS) Division 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 services, dental services, and limited mental health services. 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 §17000 for counties to serve.

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

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

- In March 2020, Solano County Family Health Services was significantly impacted by the COVID-19 pandemic with the shelter-at-home orders and clients reluctant for in-person visits. The Vacaville clinic was temporarily transitioned during the initial shelter-at-home order to be a telemedicine only clinic. The dental clinics were temporarily closed to all patients, with the exception of urgent dental care, for a month during March 2020-April 2020, and reopened when additional safety measures were implemented but with reduced patient flow to manage social distancing. The Vallejo and Fairfield medical clinics continued to offer to serve all patients in-person and provided telemedicine. After the initial shelter-at-home order was lifted, and as each clinic implemented COVID-19 additional safety measures, the Vacaville clinic re-opened to in-person visits and all clinics continue to serve patients through both telemedicine and in-person visits at reduced flow to allow for COVID-19 protocols. The decrease in patient visits during the first few months of the pandemic contributed substantially to the annual decrease in patient visits in FY2020/21.
- In FY2020/21, Solano Family Health Services was assigned 30,535 Medi-Cal enrollees through the PartnershipHealth Medi-Cal Managed Care Plan.
- Solano County Family Health Services Quality Improvement (QI) program saw a significant increase in payments from what was initially anticipated under COVID-19 due to achieving certain benchmarks on measures including: Asthma Medication Ratio, Controlling High Blood Pressure, Diabetes HbA1C Good Control, Colorectal Cancer Screening, and Well Child Checks for the first 15 Months of Life. This is due to Partnership HealthPlan shifting the QI benchmarks due to COVID-19 from the originally planned 2020 benchmarks, improvement in County processes, and availability of staffing during the COVID-19 pandemic.
- The COVID-19 pandemic and resulting economic downturn intensified local and national communities' food insecurity. The We're All Family! Mobile Food Pharmacy (MFP) Program, sponsored by the Yocha Dehe Wintun Nation, experienced this firsthand through an increased utilization of their program's healthy and nutritious food distribution. In comparison to the program period prior to the pandemic, the average number of households served increased by 158% and the average total pounds of produce increased by 204%. Since the official launch of the program, the MFP has provided more than 291,000 pounds of free and fresh produce.

WORKLOAD INDICATORS

- In 2020, FHS provided primary care and dental health services to 19,569 patients, a reduction of 3,129 patients from 2019, reflecting the impact of COVID-19 pandemic on the ability to see clients and their willingness to be seen, coupled with the increased presence of other non-County FQHCs in the county providing services. There was a total of 61,255 patient visits or a 21% decrease from the prior fiscal year.
- In 2020, 52% of FHS patients lived below 100% of the Federal Poverty Line (FPL) and 91% of FHS patients had Medi-Cal Managed Care as their primary insurance or are dually enrolled in Medicare and Medi-Cal. Uninsured patients represented 8% of patients and the remaining 1% were enrolled with a private insurer.

Summary of Division Budget

**7580 – Fund 902-Family Health Services
Gerald Huber, Director of Health & Social Services
Health & Public Assistance**

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	5,946,116	3,704,322	5,390,686	1,686,364	45.5%
INTERGOVERNMENTAL REV FEDERAL	3,306,119	3,976,079	1,967,999	(2,008,080)	(50.5%)
CHARGES FOR SERVICES	17,616,815	22,410,291	22,361,488	(48,803)	(0.2%)
MISC REVENUE	1,316,827	668,233	1,178,480	510,247	76.4%
TOTAL REVENUES	28,185,877	30,758,925	30,898,653	139,728	0.5%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	19,065,474	19,649,977	19,879,025	229,048	1.2%
SERVICES AND SUPPLIES	4,390,850	5,885,760	5,287,974	(597,786)	(10.2%)
OTHER CHARGES	2,463,797	3,044,769	3,009,268	(35,501)	(1.2%)
F/A EQUIPMENT	24,241	19,000	20,000	1,000	5.3%
OTHER FINANCING USES	175,647	231,502	216,437	(15,065)	(6.5%)
INTRA-FUND TRANSFERS	2,065,868	1,927,917	2,485,949	558,032	28.9%
TOTAL APPROPRIATIONS	28,185,877	30,758,925	30,898,653	139,728	0.5%
NET CHANGE	0	0	0	0	0.0%

STAFFING					
FAMILY HEALTH SVS	178.15	170.15	153.40	(16.75)	-9.8%
TOTAL STAFFING	178.15	170.15	153.40	(16.75)	-9.8%

DIVISION BUDGET SUMMARY

The Recommended Budget represents increases of \$139,728 or 0.5% in revenues and appropriations when compared to the FY2020/21 Adopted Budget. There is no County General Fund contribution to this budget.

Primary Funding Sources

The primary funding source for the Family Health Services Division is the Federally Qualified Health Center (FQHC) funds and reimbursements for eligible clients. 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 Federal 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 365 Tuolumne in Vallejo in FY2010/11, 2101 Courage in Fairfield in FY2005/06, 2201 Courage in Fairfield in FY2010/11, 1119 E. Monte Vista in Vacaville in FY2013/14, and the dental van FY2012/13. An interim rate was established for the Primary Care Van in FY2016/17. Other important funding sources for Family Health Services include the Healthcare for the Homeless Grant and the Ryan White (HIV/AIDS) Grant.

Family Health Services continues to experience operating losses due to insufficient FQHC revenues partly caused by circumstances beyond the clinics' control such as unanticipated leaves of absence of the staff providing the medical services in the County clinics, reduced face-to-face visits to comply with COVID-19 social distancing requirements, and currently established reimbursement rates not keeping up with rising costs to operate the clinics. H&SS has recommended and used State 1991 Public Health Realignment to cover the funding gap, which is a key funding source for the County to provide all Public Health services.

The FY2021/22 Recommended Budget for Family Health Services includes a \$139,728 or 0.5% net increase in revenues compared to the FY2020/21 Adopted Budget primarily due to the following:

- Decrease of \$321,716 in Intergovernmental Revenues due to decreases in one-time funds comprised of \$716,152 in Federal CARES Act revenues, \$1,260,797 in COVID-19 Federal Direct grants awarded to FHS both of which addressed repurposing of staff during COVID-19 and revenue losses as a result of the pandemic, and \$64,935 in Medication Assisted Treatment grant. A projected increase of \$1,686,364 in the use 1991 Public Health Realignment is needed to partially offset the loss of these one-time funds. The FY2021/22 use of 1991 Public Health Realignment is projected at \$5,390,686 compared to \$3,704,322 in FY2020/21, as a result of no increases in projected encounters along with reimbursements on keeping up with operational costs.
- Decrease of \$48,803 in FQHC revenues under Charges for Services to reflect slight variations in payer mix. Overall projections for billable encounters remain flat.
- Increase of \$510,247 in Miscellaneous Revenues due to an increase in quality incentive revenues from Partnership HealthPlan.

Primary Costs

The FY2021/22 Recommended Budget includes \$30,898,653 in appropriations, an increase of \$139,728 or 0.5%. Primary costs are \$19,879,025 for Salaries and Employee Benefits, \$5,287,974 for Services and Supplies, \$3,009,268 for Other Charges; \$20,000 in Fixed Assets; \$216,437 for Other Financing Uses, and \$2,485,949 for Intrafund Transfers.

The \$139,728 or 0.5% net increase in appropriations is primarily due to the following:

- Increase of \$229,048 or 1.2% in Salaries and Employee Benefits due to negotiated and approved labor contracts resulting in increases in wages, retirement, and health insurance costs offset by a decrease in the costs of positions transferred to Health Services Division.
- Decrease of \$597,786 in Services and Supplies due to decreases in controlled assets – computer related based on lower number of refresh computers, contracted services due to removal of placeholders for coding and pharmacy consultants, Department of Information Technology (DoIT) costs, and special departmental expense offset by increases in malpractice insurance, building maintenance, drugs, pharmaceuticals, and dental supplies.
- Decrease of \$35,501 in Other Charges due to increases in contracted direct services with Touro University and a placeholder for locum tenens for provider coverage and interfund charges from General Services. These are offset by a decrease in Countywide Administration Overhead.
- Decrease of \$15,065 in Other Financing Uses due to the pension obligation bond costs associated with the positions transferred to Health Services Division.
- Increase of \$558,032 in Intrafund Transfer primarily due to the permanent transfer of allocated positions performing Public Health functions to the Health Services Division.

Contracts

The FY2021/22 Recommended Budget for Family Health Services includes a total of \$1,329,000 or 4.3% in contracted services. H&SS will return to the Board in June 2021 with a master list of contracts for the Board's consideration.

Fixed Assets

The FY2021/22 Recommended Budget includes \$20,000 for the purchase of a Dexis Dental X-Ray for the Fairfield Dental Clinic.

DEPARTMENT COMMENTS

None.

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in the position allocations since the adoption of the FY2020/21 Budget are provided below.

As part of an ongoing effort to mitigate Family Health Services' structural deficit, which relies on 1991 Public Health Realignment to cover the funding gap, Family Health Services is making some operational changes to reduce the deficit on a gradual and sustained basis, including changes in positions. As part of the operational changes, the following positions were transferred to Health Services during the fiscal year:

- 1.0 FTE Clinic Physician (Board Certified)
- 1.0 FTE Clinic Registered Nurse (Senior)
- 0.75 FTE Health Assistant
- 1.0 FTE Health Education Specialist
- 2.0 FTE Medical Assistant
- 1.0 FTE Project Manager

On October 6, 2020, as part of the H&SS proposed reorganization to create a more effective organizational structure and strengthen leadership to support client/population-centric service delivery, the Board adopted a resolution to:

- Delete 1.0 FTE Health Services Administrator
- Add 1.0 FTE Clinic Operations Officer

On March 9, 2021, as part of the Midyear Report, the Board approved the following position changes:

- Extended 1.0 FTE Dental Assistant (Registered) Limited-Term through June 30, 2022. The position assists in providing dental services to the community and is funded with FQHC payer revenues.
- Extended 2.0 FTE Medical Assistants Limited-Term through June 30, 2022. The positions provide medical services to the community and are funded with FQHC payer revenues and 1991 Health Realignment.
- Extended 1.0 FTE Mental Health Clinician (Licensed) Limited-Term through June 30, 2022. The position provides behavioral health services to the community and is funded with FQHC payer revenues and 1991 Health Realignment.

The FY2021/22 Recommended Budget includes the deletion of the following vacant positions:

- Delete 1.0 FTE Accountant
- Delete 1.0 FTE Accounting Clerk II
- Delete 1.0 FTE Clinic Registered Nurse Limited-Term, expiring on June 30, 2021. The position is not recommended for extension.
- Delete 1.0 FTE H&SS Planning Analyst
- Delete 1.0 FTE Health Education Specialist
- Delete 3.0 FTE Office Assistant II
- Delete 1.0 FTE Office Assistant III
- Delete 1.0 FTE Public Health Nurse

PENDING ISSUES AND POLICY CONSIDERATIONS

Family Health Services received a \$3,789,500 in American Rescue Plan Act (ARPA) Funds notice of award from the Health Resources and Services Administration on April 1, 2021 as a direct allocation from the federal ARPA legislation. These are one-time funds for a two-year period beginning April 1, 2021 through March 31, 2023. The funds may be used to support a wide range of activities in the following categories: COVID-19 Vaccination Capacity, COVID-19 Response and Treatment Capacity, Maintaining and Increasing Capacity, Recovery and Stabilization, Infrastructure (Minor Alteration/Renovation, Mobile Units, and

Vehicles). The Division is in the process of developing a proposed spending plan for HRSA approval. Staff are determining if some of the funds can be appropriately used to offset current operating costs which will reduce the use of 1991 Public Health Realignment. The required budget adjustments to incorporate the spending plan in FY2021/22 will be included in the Supplemental Budget.

Staff also continue to review and make operational changes to address Family Health Services structural deficit and monitor the budget. The Division will provide an update as part of the FY2021/22 Midyear Report.

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 improved performance and efficiencies.

The federal Affordable Care Act (ACA) 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 Welfare and Institutions Code section 17000. 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.

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

Emergency Services

The Emergency Medical Services (EMS) Agency is comprised of Emergency Medical Services, Emergency Preparedness and Response, and Immunization Programs, 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), Stroke Centers, 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. Under normal circumstances, the Agency coordinates and conducts the annual Statewide Medical and Health Exercise (SWMHE) designed to test the County’s medical partners’ ability to effectively respond to, and recover from, catastrophic events and/or disasters. Unfortunately, due to COVID-19 pandemic response activities, the SWMHE for 2020 was cancelled.

The key functional areas in Emergency Medical Services are emergency medical services, emergency preparedness and response, and immunization services.

Public Health

Public Health (PH) is responsible for monitoring, understanding, and helping to address health concerns facing the community. Public Health performs surveillance for communicable diseases, chronic diseases and injuries, 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

Emergency Services

- Beginning in December 2020, the Solano EMS Agency, with the County’s healthcare partners and Public Health Officer, began focusing on vaccinating Solano County’s population against COVID-19. The EMS team, comprised of hospital partners, Medic Ambulance, fire departments, Touro University of California, Partnership HealthPlan, and County staff, has provided life protecting vaccinations to individuals working in essential industries, residents and patients in congregate and senior living and medical facilities, eligible community members visiting community pop-up clinics and mass vaccination clinics, as well as homebound and homeless persons residing in Solano County. The multi-partner mass vaccination and community pop-up clinics have represented a unique and highly efficient model for vaccination. In addition to vaccination activities, the EMS Agency has obtained and distributed critical supplies of personal protective equipment, testing supplies and related materials throughout the pandemic to healthcare partners in the county.
- The EMS Agency established a countywide Stroke Program on November 1, 2020. Each of the hospitals situated in Solano County, including Kaiser Permanente, NorthBay Healthcare, and Sutter Health have applied for and received designation as a Stroke Receiving Center in Solano County. This allows the Agency to collect and monitor associated data, develop improvement plans, and track progress.

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- The Public Private Partnership (PPP) for non-transport medical services between Medic Ambulance and selected Advanced Life Support Fire Agencies was updated and revised during this reporting period. As a part of that revision, the franchise fee collected by the Agency was increased to better support the costs associated with services provided by the Solano Emergency Medical Services Cooperative (SEMSC), Joint Powers Authority (JPA). Also worthy of note is the fact that PPP payments are no longer managed by the County's Auditor Controller's Office; these functions are now managed by the City of Fairfield.

Public Health

COVID-19 Response:

- In 2020, Solano Public Health coordinated, communicated, and collaborated with a multitude of partners, stakeholders, and residents to respond to the COVID-19 pandemic. The Public Health staff across bureaus and programs were redirected to newly-formed teams with specific response strategies, such as communicating with health care providers and partners about the most recent State and national guidance; responding to outbreaks and providing support to businesses and facilities; ramping up drive-through and walk-in testing; conducting surveillance testing to quickly detect positive cases in high-risk settings; bolstering case investigation and contact tracing capacity; informing partners and the public about guidance, resources and updates; providing COVID-19 lab testing services to Solano County and three other counties; and COVID-19 screening at fire evacuation centers—all in an effort to protect community members and curb the spread of coronavirus in Solano County.
- In 2020, the Infection Prevention Team was developed to evaluate and train high-risk locations to decrease the spread of the coronavirus in their facilities and to date, the team has trained staff at 51 facilities, visiting several of these sites multiple times and protecting nearly 2,500 residents in congregate homes.
- In 2020, the Surveillance Testing Team conducted ongoing surveillance screening testing in an effort to identify positive cases before outbreaks occur. These teams have reached out to all 186 long-term care facilities in the county, three homeless shelters, and the county jails/juvenile detention facility.
- In 2020, the Case Investigation and Contact Tracing Team trained a workforce of more than 100 contact tracers/case investigators comprised of County employees, State employees, and Touro University students to investigate thousands of individuals diagnosed with COVID-19, trace their close contacts, and provide both cases and contacts with guidance and resources.
- In 2020, the Public Health Lab began to offer new tests for coronavirus. Between March and June of 2020, the laboratory expanded capacity from 100 specimens verified per day to more than 500 specimens per day. The U.S. National Guard, H&SS staff from Environmental Health and Administrative Support Bureau, and individual volunteers contributed to the laboratory's pandemic efforts, providing specimen accessioning, data entry, and courier support.
- In 2020, the Epidemiology Unit played a lead role in coordinating and providing technical assistance to healthcare providers, partner agencies and other stakeholders in preventing additional deaths and illnesses due to COVID-19. Additionally, the Outbreak Response Team in the Epidemiology Unit investigated close to 100 outbreaks in locations such as the prison/correctional setting, skilled nursing and other residential care facilities for the elderly, day cares, adult developmental facilities, warehouse/manufacturing/business establishments and more.
- The Public Information Team developed a communications outreach strategy to update Solano County residents about the COVID-19 pandemic. These efforts included: press releases, newsletters, social media posts, public service announcements, video updates, newspaper columns, public services announcements, and public health guidance documents. The team maintained the COVID-19 website and SolanoCares.org, which housed the list of COVID-19 related resources for the community. The team organized several townhall presentations with partner agencies and granted media interviews throughout the year. Media outreach focused on communities disproportionately affected by COVID-19 by providing information in English, Spanish and Tagalog through multiple media channels, including social media, television, radio, newspapers, and bus shelter advertising.
- In 2020, Public Health continued implementation of its Population and Public Health Hub (Solano Hub), a public health data health information exchange. Data relating to COVID-19, immunizations, electronic laboratory reports, and encounters (including syndrome surveillance) is received from the County's five hospitals and the Family Health Services Clinics, and

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 Sate required faxed data transmissions, resulting in more efficient and accurate data transmission.

Additional Highlights:

- CalFresh Healthy Living (CFHL) promoted health and wellness in Solano County during the COVID-19 pandemic. CFHL partnered with Fairfield-Suisun Unified School District Summer Meal Program to provide healthy eating, kid-friendly cookbooks. CFHL provided nutrition education materials at community drive-through events and CFHL funding was used to distribute vegetable plants for urban cultivation to families and youth.
- In December 2019, the Benicia City Council passed two tobacco control ordinances to expand protection of residents and visitors from exposure to secondhand smoke and to reduce access to flavored, menthol, and vaping products in their city; several partners, community members and the Tobacco Prevention and Education Program (TPEP) contributed to this effort. Benicia is the first city in Solano County to pass such a comprehensive package of updated smoke-free ordinances and joins just 20% of all California jurisdictions that will earn straight A’s on the American Lung Association’s report card for advanced protections to reduce tobacco use and exposure to secondhand smoke.
- In 2020, Solano Public Health facilitated a process with the H&SS Resilient Solano internal workgroup and community collaborative Solano Kids Thrive to partner with Trauma Transformed in offering opportunities focusing on real-time response to mass trauma and systems change. In May 2020, as a result of this collaboration, H&SS offered the first of many two-part virtual trainings entitled Trauma Informed Systems 101 (TIS 101): Transforming Stress and Trauma, and Resilient Organizations, to more than 100 participants throughout Solano County. The TIS 101 focuses on understanding how stress and trauma impact individuals, communities, organizations, and systems.
- In 2020, the HIV Prevention Program, in partnership with Mercury Pharmacies, successfully launched the initial phase of PrEP Navigation for the county. PrEP is pre-exposure prophylaxis to prevent new HIV transmissions in those with ongoing high risk of contracting HIV. The “getprepsolano.org” website provides information on where to get tested throughout the county, including via the County mobile testing van.
- In 2020, Solano Public Health notified the California Department of Health Care Services that Solano County will cease the Whole Person Care project concurrent with the expiration of Whole Person Care funding. Solano Public Health will continue to work with the Behavioral Health Division and Department of Information Technology to implement the Health and Social Services Integrated Data System started under the Whole Person Care project for case management automation. This new system integrates data and allows H&SS divisions serving the same clients to share pertinent data and coordinate client services.

WORKLOAD INDICATORS

Emergency Services

- In 2020, 339 Emergency Medical Technicians were certified, recertified, and/or registered in Solano County. Of the 339 individuals processed, 83 were initial certifications, 149 were recertifications, and 107 were registrations.
- A total of 74 Paramedics were newly accredited or recertified in Solano County for 2020.

Public Health

- The Women, Infants and Children (WIC) Program’s caseload significantly increased by 15% from 7,149 in April 2019 to 8,213 in June 2020, in part attributed to a short-term COVID-19 related program change. With WIC WISE, the State’s WIC Web Information System Exchange, staff can conveniently issue client benefits remotely and, due to the pandemic, the California Department of Public Health (CDPH)/WIC granted local agencies waivers allowing clients easier access to WIC. WIC is serving 97% of the funded caseload in Solano County.
- In 2020, Healthy Families Solano enrolled 42 new families, served a total of 82 families, and completed 997 home visits.
- In 2020, the Black Infant Health program, a total of 114 clients were served.

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- Nurse-Family Partnership served 108 clients in FY2019/20, reflecting an increase of 23% compared to FY2018/19. Additionally, 61 new clients were enrolled, and 40 infants were born during the last fiscal year, with 100% breastfed at birth.
- The Communicable Diseases Bureau tracked 1,342 cases of HIV and 2,082 sexually transmitted disease (STDs) cases, including 212 cases of syphilis. Of these 212 cases of syphilis, 12 were pregnant moms, requiring continued close follow-up to ensure treatment and prevent conversion.
- In 2020, the Tuberculosis team of the Communicable Diseases Bureau investigated 382 contacts from 42 cases, with 10 cases having some level of drug resistance, requiring extra care and follow-up.
- Prior to school closures in 2020, the Oral Health Education program visited 12 schools, and 116 students in transitional kindergarten and kindergarten classes. Through a grant from First 5 Solano, these students received free fluoride varnish applications, dental screenings, and oral health education.
- 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 implementation of fall prevention classes and social activities at senior centers) with home-based, direct services targeting medically fragile older adults. S2BH provided case management services to a combined caseload of 54 clients living throughout the county in 2020.
- In 2020, Solano Public Health coordinated COVID-19 testing sites across the county, including sites in Fairfield, Rio Vista, Suisun, Vacaville, and Vallejo. In Solano County, 217,892 tests were administered to 140,003 residents.
- In 2020, the Solano Epidemiologist Outbreak Team investigated an estimated 152 COVID-19 outbreaks at congregate living facilities and manufacturing settings.
- In FY2019/20, the Public Health Laboratory tested more than 30,000 patient and environmental specimens in Solano County (excluding water testing), the highest volume tests were: SARS-CoV-2 (33%), QuantiFERON TB Gold Plus (31%), blood lead level (17%), and TB smear/culture (11%).
- In 2020, District Public Health Nursing Program saw a significant decrease in referrals from 1,016 in FY2018/19 to 832 in FY2019/20 due to the impacts of COVID-19 shelter-at-home orders and State issued waivers for operations.
- In 2020, prior to the COVID-19 restrictions, the student health center at Solano Community College in Fairfield, staffed by the Maternal, Child and Adolescent Health Bureau, served 1,506 students, faculty, and staff with a variety of screening, assessment, counseling, education, consultation, vaccination, and other health-related services. Solano Community College notified Solano Public Health that they were exploring providing health services at the college in a different manner and the contract ended between Solano Community College and Solano County for Student Health Center services.
- In 2020, Solano Public Health, Vital Statistics Unit issued 2,108 birth certificates, 18,582 death certificates, and 4,560 death permits. The Vital Statistics Unit continues to work closely with hospitals, funeral homes, and Sheriff's Office to collect and report important health data for Solano County.

DIVISION BUDGET SUMMARY

The Recommended Budget represents a decrease of \$16,060,192 or 27.0% in revenues and a decrease of \$7,999,017 or 14.1% in appropriations when compared to the FY2020/21 Adopted Budget. The Recommended Budget includes appropriations of \$6,486,565 in Public Health, \$1,711,910 in Administration and \$212,964 in Social Services that will be funded with Public Health-Intergovernmental Transfer (IGT) (see glossary for definition) restricted funds. The Net County Contribution increased by \$809,548 which represents the annual participation fee for the County Medical Services Program that was waived in FY2020/21.

Primary Funding Sources

Funding sources for Public Health include various federal grants; fee-for-service; revenue contracts with 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, and Health Promotion and Community Wellness. 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, Forfeitures and Penalties, and County General Fund.

The FY2021/22 Recommended Budget for Health Services includes a \$16,060,192 or 27.0% net decrease compared to the FY2020/21 Adopted Budget. The net decrease in revenues is primarily due to the following:

- Decrease of \$11,579,304 in IGT Revenue due to last year’s transition of the IGT funding cycle from a fiscal year to a calendar year. FY2021/22 funding is based on 12 months while FY2020/21 was based on 18 months.
- Decrease of \$11,315,804 in one-time Federal CARES Act revenues to offset eligible expenditures, including Public Health staffing costs, through December 30, 2020.
- Decrease of \$1,387,148 in Other Revenue primarily due to one-time Whole Person Care housing grant of \$1,714,178 received in FY2020/21 and offset by Yocha Dehe donation of \$327,030 previously budgeted under Donations and Contributions. The Yocha Dehe donation covers expenditures only through December 2021.
- Decrease of \$1,142,993 in Grant Revenue due to the Whole Person Care grant expiring in December 2020.
- Decrease of \$353,841 in COVID-19 Federal Direct for one-time emergency preparedness COVID-19 grants in FY2020/21.
- Decrease of \$651,000 in Donations and Contributions due to Yocha Dehe funding now budgeted under Other Revenue.
- Decrease of \$394,006 in State funding due to a decrease of \$1,183,798 in one-time State General Fund backfill for 1991 Realignment in FY2020/21, offset by an increase in State allocations of \$789,792 for Tuberculosis Care, Communicable Diseases, Oral Health, and the California Home Visiting Program SGF Innovation Grant funding for Black Infant Health.
- Decrease of \$337,000 in Operating Transfers In due to cancellation of discretionary funding for Alcohol, Tobacco and Other Drugs (ATOD) prevention contracts and health access initiatives.
- Increase of \$4,416,568 in COVID-19 State Pass-Through for the Epidemiology and Laboratory Capacity (ELC) revenues to offset Public Health COVID-19 response and expansion efforts based on a State-approved spending plan.
- Increase of \$3,725,168 in 1991 PH Realignment primarily due to the receipt of one-time CARES funding in FY2020/21 for redirected resources in response to the COVID-19 pandemic.
- Increase of \$1,032,029 in Federal Aid primarily due to increased claiming for staff who were previously redirected to respond to COVID-19 and funded with Federal CARES Act revenues in FY2020/21.
- Increase of \$809,548 in County General Fund represents the annual participation fee for the County Medical Services Program (CMSP) which was waived in FY2020/21.
- Increase of \$657,869 in Admin Services Fees due to higher expenditures in the Emergency Services program for services supporting the Solano Emergency Medical Services Cooperative, which had been redirected and funded with Federal CARES Act revenues in FY2020/21.

Primary Costs

Primary costs for Health Services are \$23,463,641 for Salaries and Employee Benefits, \$9,617,015 for Services and Supplies, \$12,058,238 for Other Charges, \$15,000 in Fixed Assets, \$232,767 for Other Financing Uses, and \$3,369,925 for Intrafund Transfers.

The recommended appropriations for the Health Services Division include \$40,822,069 for Public Health (BU 7800) and \$7,934,517 for Medical Services (BU 7588).

The FY2021/22 Recommended Budget includes \$7,999,017 or 14.1% net decrease in appropriations primarily due to the following:

- Increase of \$4,164,377 in Salaries and Employee Benefits primarily due to negotiated and approved labor contracts resulting in increases in wages, retirement, and health insurance costs. The increase is also attributed to the transfer of positions from Family Health Services to Public Health and reduced salary savings.

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- Increase of \$190,233 in Services and Supplies due to increases in liability insurance, maintenance costs for laboratory equipment purchased with one-time federal CARES Act funds, pharmaceutical, medical and dental supplies, contracted services to support ELC strategies, software maintenance and support for the data integration project funded with IGT, and Department of Information Technology (DoIT) costs. These increases are offset by decreases in communication, laboratory supplies, ergonomic equipment, advertising and marketing, and the IGT State administration fee.
- Decrease of \$13,166,958 in Other Charges primarily due to decreases of \$7,381,423 in contracted direct services funded with one-time federal CARES Act and Whole Person Care grant funds both ending in December 2020 and \$6,256,353 in Other Charges – IGT due to the transition of the IGT funding cycle from fiscal year to calendar year.
- Decrease of \$68,000 in Fixed Assets due to only one request for fixed assets in FY2021/22. Equipment needed to address the COVID-19 pandemic were purchased with COVID-19 relief funds in FY2020/21.
- Increase of \$13,150 in Other Financing Uses due to increases in pension obligation bond costs.
- Increase of \$868,181 in Intrafund Transfers due primarily to an increase in the Division's share of H&SS Administration costs and an increase in IGT funds transferred to other divisions.

Contracts

The FY2021/22 Recommended Budget for Health Services includes a total of \$2,749,074 or 5.64% in contracted services for the provision of services to Public Health. H&SS will present to the Board prior in June 2021 with a master list of contracts for the Board's consideration.

Fixed Assets

The FY2021/22 Recommended Budget includes \$15,000 for the purchase of a Benchtop Centrifuge instrument for the Public Health Laboratory.

DEPARTMENT COMMENTS

None.

Summary of Division Budget

**7880 – Fund 902-Health Services
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DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
LICENSES, PERMITS & FRANCHISE	18,872	24,000	24,000	0	0.0%
FINES, FORFEITURES, & PENALTY	300,892	269,000	275,000	6,000	2.2%
REVENUE FROM USE OF MONEY/PROP	788,666	0	278,904	278,904	0.0%
INTERGOVERNMENTAL REV STATE	28,606,455	33,217,515	29,395,005	(3,822,510)	(11.5%)
INTERGOVERNMENTAL REV FEDERAL	11,139,192	19,456,840	7,676,262	(11,780,578)	(60.5%)
INTERGOVERNMENTAL REV OTHER	695,701	757,493	862,013	104,520	13.8%
CHARGES FOR SERVICES	2,095,017	1,585,063	2,304,135	719,072	45.4%
MISC REVENUE	637,176	2,387,178	349,030	(2,038,148)	(85.4%)
OTHER FINANCING SOURCES	436,999	337,000	0	(337,000)	(100.0%)
GENERAL FUND CONTRIBUTION	2,259,897	1,439,923	2,249,471	809,548	56.2%
TOTAL REVENUES	46,978,868	59,474,012	43,413,820	(16,060,192)	(27.0%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	19,386,128	19,299,264	23,463,641	4,164,377	21.6%
SERVICES AND SUPPLIES	6,391,225	9,426,782	9,617,015	190,233	2.0%
OTHER CHARGES	14,338,596	25,225,196	12,058,238	(13,166,958)	(52.2%)
F/A EQUIPMENT	104,167	83,000	15,000	(68,000)	(81.9%)
OTHER FINANCING USES	1,017,994	219,617	232,767	13,150	6.0%
INTRA-FUND TRANSFERS	1,937,285	2,501,744	3,369,925	868,181	34.7%
TOTAL APPROPRIATIONS	43,175,394	56,755,603	48,756,586	(7,999,017)	(14.1%)
NET CHANGE	(3,803,474)	(2,718,409)	5,342,766	8,061,175	(296.5%)

STAFFING					
HEALTH SERVICES	156.50	161.25	168.00	6.75	4.2%
TOTAL STAFFING	156.50	161.25	168.00	6.75	4.2%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

One-time federal CARES Act funds totaling \$11,315,804 covered Public Health expenditures through December 30, 2020. Public Health has been allocated additional COVID-19 relief funds through State Pass Through programs in the amount of \$4,416,568 for a net decrease in COVID-19 relief funds of \$6,899,236. Health Services staff continue to be redirected to COVID-19 activities; however, the Division anticipates receiving additional COVID-19 response relief funds and will continue to provide critical support to address the pandemic. Staff is in the process of preparing a plan and budget update as part of the Supplement Budget process. Refer to the Pending Issues section for additional details.

SUMMARY OF POSITION CHANGES

The following positions transferred from FHS to Health Services during the fiscal year as part of an ongoing effort to mitigate the structural deficit in Family Health Services:

- 1.0 FTE Clinic Physician (Board Certified)
- 1.0 FTE Clinic Registered Nurse (Senior)
- 0.75 FTE Health Assistant
- 1.0 FTE Health Education Specialist
- 2.0 FTE Medical Assistant
- 1.0 FTE Project Manager

PENDING ISSUES AND POLICY CONSIDERATIONSPublic Health

The Recommended Budget does not reflect the continued impact of COVID-19 and may 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, specifically the ELC Enhancing Detection Expansion funds in the amount of \$16,415,577 covering the period of January 15, 2021 through July 31, 2023. This allocation is to augment the funding received in FY2020/21 in the amount of \$4,893,927. Public Health also received notice from the California Department of Public Health (CDPH) Immunization Branch that Solano County will be allocated COVID-19 supplemental funding of \$2,045,440 through June 30, 2022. The increase in relief funds may impact normal program invoicing due to the redirection of County workforce to combat the effects of the pandemic resulting in a decrease in the use or draw of State/federal allocations and realignment funds.

The redirection of Public Health resources to COVID-19 activities provides temporary relief on the Division's need to draw 1991 Realignment to fund its operations. The uncertainty of the effects of the pandemic on the economy may impact this funding stream. As a proactive measure, Public Health continues to monitor vacant positions and move positions between programs within the Division to maximize funding as appropriate. The Department will continue to monitor the Health Services budget and will provide an update as part of the FY2021/22 Midyear Budget Report update to the Board.

Pending Board approval, it is anticipated that the Public Health Laboratory's Joint Exercise of Powers Agreement (JPA) between Napa, Solano, Yolo, and Marin Counties for regional public health lab services will be expanded to include Mendocino County. This will result in a five-county regional public health laboratory, with an additional initial annual revenue of \$100,000.

Current waivers permitting the WIC Program and the Division's home visiting programs to engage clients through telehealth visits are expected to expire in the coming months. It is unclear to what extent such telehealth visits will be permitted to continue for clients preferring this modality of service once the waivers expire, but many clients have expressed concerns about resuming in-home visits in the near future; this may impact client loads in the affected programs.

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. E&ES promotes 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 financial self-sufficiency. Specifically, E&ES administers CalFresh (see glossary for definition), Medi-Cal, California Work Opportunity and Responsibility to Kids (CalWORKs), and General Assistance.

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

- CWS partnered with Advancing California's Trauma-Informed System (ACTS) to implement trauma informed system change in Solano County CWS workforce and practice. ACTS assisted Solano County Child Welfare towards implementing and sustaining trauma informed practices. The project's focus was secondary traumatic stress (STS) and its impact on the workforce. This past calendar year (2020), provided many opportunities to utilize the structured mechanisms to identify and reduce the impact of STS on the workforce and improve staff well-being and safety. Anticipated changes to the work culture include: 1) Reduction in staff turnover, 2) Improved morale, 3) Improved client outcomes, and 4) Improved staff satisfaction.
- A Child and Family Team meeting (CFT) is a gathering of family members, friends, and other invested stakeholders who join together to strengthen a family and provide an inclusive and coordinated case plan for the child to achieve safety, permanency, and well-being. Solano County CWS noticed a significant increase in family, friends and other stakeholders participating in virtual CFT meetings during this pandemic year. This trend signaled an awareness of increased engagement and addressed other barriers such as travel, geographic location, and/or the sheer comfort of connecting remotely from the privacy of their home environment. This notable trend has been a tremendous success and has improved how the Division plans to continue engagements with the flexibility of using technology with families. This engagement has demonstrated better outcomes for children and families.

Employment and Eligibility Services

- Public Assistance Access through COVID-19: In March 2020, E&ES closed reception windows to limit face-to-face interactions between employees and community members; however, E&ES continued to provide face-to-face services through a lobby triage service which, from March through December 2020, served 69,531 community members (56% less than the clients served in lobbies in 2019). In February 2021, the California Department of Social Services recognized and appreciated E&ES for maintaining in-person program access during COVID-19.
- Economic Impact: In 2020, E&ES approved \$120.0 million in public assistance benefits, 32% more than in 2019 and an important economic support to individuals, families, and businesses through COVID-19. This included \$85.0 million in CalFresh, \$30.2 million in CalWORKs, \$2.5 million in CalWORKs supportive services (includes permanently housing 123 families), \$2.6 million in childcare (148% more than 2019 and reflecting the 2019 regulatory change to provide full-time childcare for all CalWORKs families), and \$1.6 million in General Assistance.
- Workload and Timeliness: In 2020, the E&ES overall workload increased by 11% and E&ES struggled to meet timeliness mandates. By improving case processing procedures, employing "all hands-on-deck" assignments during COVID-19-related workload spikes, and offering overtime, E&ES was achieving all timeliness mandates by December.
- Accuracy: Solano County consistently maintains one of the lowest CalFresh error rates. In Federal Fiscal Year 2020, Solano County's error rate was 3.99% compared to the California State average rate of 8.50%. However, to maintain accuracy, E&ES should be completing approximately 12,000 case reviews per year. In FY2021/22, E&ES will consolidate all case reviews in a Quality Assurance unit to aggregate results and provide Just-In-Time training for identified deficiencies.
- H&SS Integration: In 2019, H&SS launched a navigator service to improve the ease by which Solano County residents access multiple H&SS services. During COVID-19, the navigators were deployed to Project RoomKey sites to ensure that residents received the full range of H&SS services for which they were eligible. After the public health emergency, the navigators will expand their services to families.
- Interview Cubicles: Prior to the COVID-19 pandemic, E&ES staff interviewed clients in their own cubicles. During COVID-19, the State waived the face-to-face interview requirement. E&ES used this opportunity to reconfigure cubicle

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assignments to provide clusters of dedicated interview cubicles for client interactions near reception areas and consolidated staff-occupied cubicles towards the rear of work areas. When client interviews resume, they will only be conducted in interview cubicles thus reducing disruption in employee work areas.

- **Telework:** In 2020, E&ES implemented a COVID-19 emergency telework program. Sixty-eight percent of staff requested and were approved to telework a few days per week. To date, telework has not negatively impacted E&ES productivity. E&ES is evaluating the feasibility of telework beyond the public health emergency.
- **New Employee Training:** Seventy-three percent of E&ES positions are in the eligibility classification series. All employees in this series start with a six-month, full-time training program. To increase the frequency with which new eligibility workers are trained and available to serve the community, E&ES has increased the number of trainings from one in 2017, to two in 2019, three in 2020, and four in 2021.
- **New graduate internship program:** In FY2019/20, E&ES launched a new internship program and hosted two interns from Brandman University. This program offers an integrated health and social services field practicum with field learning, supervision, and networking opportunities for up to 500 hours. Students engage individuals and families in matters of unemployment, homelessness, and poverty.

Welfare Administration

- In 2020, the Special Investigations Bureau conducted 2,399 welfare fraud investigations resulting in \$4.6 million in cost savings in CalWORKs and CalFresh programs.

Older and Disabled Adult Services:

- Adult Protective Services reports of abuse have increased over 20% this year. Financial abuse, housing and mental health issues are common reports and are increasingly more complex, requiring staff to provide more long-term case management to resolve matters. The current staffing is not set up for long term case management, but rather for short term interventions and the ability to move on to the next investigation. APS continues to participate in the CalOES Victim Services Program Unit Elder Abuse (XE) program which is a multidisciplinary community agency meeting to create a larger safety net for victims of crime and connect victims to resources.
- Public Guardian / Public Conservator cases also 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. An electronic bill payment process was adopted to streamline client bill payment processes and case management services and this enhancement will assist with program efficiency.
- On October 6, 2020, the Solano County Board of Supervisors honored 44 centenarians, people aged 100 years or older. People are living longer as evidenced by the number of centenarians now with approximately 80,000 in the US, compared to approximately 70,000 in 2010. Remarkable examples of longevity and the meaning of quality of life, centenarians age with dignity and grace. 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. In our county, centenarians come from diverse ethnic, socioeconomic, religious, and educational backgrounds. 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.
- In 2020, Solano County assisted 10,243 IHSS recipients and providers to adopt an electronic timesheet method to record and approve caregiver time either in the Electronic Services Portal or the Telephone Timesheet System. In December 2020, Solano County became a “paperless county,” converting providers and recipients to an electronic timesheet method at provider orientation or when the IHSS recipient is approved for services.

WORKLOAD INDICATORS

Child Welfare Services

- In 2020, CWS received 4,047 reports, as compared to 4,370 reports in 2019, for allegations of child abuse and neglect, which were evaluated and assessed. Of the 4,047 reports, 1,810 led to investigations. These investigations led to 185 children being placed in out of home care. During this period, 85 children were returned home and 42 achieved guardianship or adoption.
- As of December 2020, CWS had 431 children and youth in out of home placement, as compared to 394 in December 2019. Of the 431 children in out of home placements, 112 were with a relative or non-relative extended family member; 14 in Group Homes or Short Term Residential Therapeutic Placements (STRTP's) (5 in County/9 out of County); 35 in Non-relative Solano County Resource Family/Foster homes; 170 in Foster Family Agency Certified Homes; 17 young adults in Supervised Independent Living placements; 66 youth in non-dependent Legal Guardianship placements; 14 dependent youth in Guardianship placements; and 3 youth in other placement types (court ordered or specialty homes).

Employment and Eligibility Services

- In FY2020/21, through February, E&ES served an average of 123,944 unduplicated county residents each month representing 28% of the county population, a 12% increase over the monthly average of 111,122 in FY2019/20.
- In 2020, the Clerical Bureau received 51,442 calls (5% increase over 2019), processed 71,655 pieces of mail (4% increase), received 55,363 new applications (32% increase), and imaged 443,752 documents (7% decrease). During COVID-19, E&ES actively promoted online application options. In January 2020, 44% of applications were submitted online increasing to 72% by December. Online applications are more efficient for E&ES because documents are already imaged.
- Four Bureaus provide eligibility services. The Multiprogram Intake Bureau determines eligibility for Medi-Cal and CalFresh applications. The H.E.L.P. Bureau provides all public assistance services for older and disabled adults, housing services for families, and General Assistance for indigent single adults. The Employment Services Bureau delivers CalWORKs and Welfare-to-Work services. And, the Benefits Action Call Center maintains active Medi-Cal and CalFresh cases. In 2020, the E&ES workload was characterized by intermittent large COVID-19 caseload spikes. These four bureaus demonstrated agility as they shifted work between bureaus as necessary to provide timely services. Collectively, they processed 70,520 applications, increasing from 5,846 per month in January 2020 to 6,479 in January 2021, an 11% increase. They shared the maintenance of all active cases which increased from 81,328 in January 2020 to 90,461 in January 2021, an 11% increase.
- In 2020, the Program Support Bureau developed procedures related to 95 State and federal regulatory changes (116% more than 2019), processed and distributed 11,631 payments for supportive services (56% more than 2019) and produced 391 management reports for daily operational coordination (5% more than 2019).
- In 2020, the Hiring & Staff Development Bureau hired 82 new employees, of which 34% were internal promotions; delivered three six-month induction classes for 28 new eligibility workers; and delivered 722 hours of in-service training regarding regulatory changes.

Welfare Administration

- The Special Investigations Bureau Overpayment Recovery Unit computed 1,044 overpayments/over issuances totaling over \$2.2 million in the CalWORKs and CalFresh programs. This is an 11.5% increase in overpayments/over issuances computed and 4.75% increase in the dollar amount of the computations.
- The Appeals Unit had 1,226 requests for hearings, a 6.0% decrease from the previous year. This is most likely due to COVID-19 waivers which resulted in fewer negative actions being taken on cases, therefore, fewer hearing requests.
- A review of uncollectable General Assistance debts was done and submitted to H&SS administration for write-off.

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Older and Disabled Services

In calendar year 2020:

- Adult Protective Services investigated 2,298 reports of elderly adult and dependent adult abuse. This is a 26% increase and challenging as clients require long-term case management to mitigate unsafe circumstances.
- Public Guardian / Public Conservator averaged 283 cases over the year based on monthly case reports. Caseloads fluctuate based on court orders, effective treatment of clients and restoration from grave disability back to the community.
- Public Administrator had 27 open cases and closed 19 cases.

DIVISION BUDGET SUMMARY

The Recommended Budget represents increases of \$5,033,430 or 4.2% in both revenues and appropriations when compared to the FY2020/21 Adopted Budget. The County General Fund Contribution of \$7,919,623 reflects a decrease of \$321,174 or 3.9%.

Primary Funding Sources

The primary funding sources for Social Services' 17 major programs are State allocations, federal funds, 2011 Realignment (see glossary for definition), and 1991 Realignment (see glossary for definition). Federal funding includes the following: Title IV-E for Adoptions, Commercially Sexually Exploited Children (CSEC) Program, Child Welfare Services, Independent Living Program (ILP) and Kinship Guardianship Assistance Payment Program (Kin-GAP); Title XIX for Medi-Cal and Health Related (CWS, IHSS and APS); Temporary Assistance for Needy Families (TANF – see glossary for definition) for CalWORKs and CWS Emergency Assistance; Title XX for Child Welfare Services; Title IV-B for Child Welfare Services and Promoting Safe and Stable Families (PSSF); Title IIIB, IIIB C1 and C2, and Title 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 include the implementation of Continuum of Care Reform (CCR). In the FY2021/22 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 \$26.8 million in Realignment revenues in FY2021/22. The estimated Realignment receipts are projected at the same level as FY2020/21 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 FY2021/22, 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% of the 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 2020 Proposed Budget for FY2021/22 projects a \$10.7 million or 0.56% 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) budget, which is projected to decrease by \$60.3 million or 12.53%, is no longer part of the CalWORKs SA beginning in FY2021/22; therefore, counties will not have flexibility to use unspent Child Care allocations for the other components of CalWORKs SA or vice versa. The Governor's Proposed Budget also projects increases in base administration of CalFresh and IHSS of \$178.5 million or 26.8% and \$19.7 million or 6.5%, respectively. The FY2021/22 Recommended Budget uses the Statewide percentages of increase or decrease and applied to Solano County's FY2020/21 allocations to project available revenues for next fiscal year.

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 Maintenance of Effort (MOE) for CalWORKs/CalFresh programs is \$1,870,052. The County is 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 FY2019/20, payable in FY2021/22, is \$796,479 and is funded with local funds. Due to COVID-19 pandemic, counties are given a temporary waiver of the county match requirement and will have access to their full allocation without being subject to the traditional county share of costs. A final county match waiver adjustment will occur during the FY2020/21 closeout process in FY2022/23.

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 FY2021/22 Recommended Budget for Social Services includes a \$5,033,430 or 4.2% net increase in revenues compared to the FY2020/21 Adopted Budget, primarily due to the following:

- Increase of \$15,453,671 in combined 1991 and 2011 Realignment revenues representing the amount of Realignment revenue needed to cover projected program costs.
- Increase of \$54,094 in Operating Transfers-In from Fund 216 – Napa/Solano AAA representing reimbursement for program management and administrative support costs.
- Decrease of \$5,949,991 in prior year State and federal revenues due to lower FY2020/21 revenues estimated at Midyear compared to the FY2020/21 Adopted Budget.
- Decrease of \$3,865,601 in combined State and federal revenues primarily due to an increase in Medi-Cal and in federal reimbursements for various CWS programs offset by decreases in CalFresh, CalWORKS, IHSS Administration, one-time Federal CARES Act revenues of \$312,346 and State Other. The decrease in State Other includes the one-time receipt of \$2.8 million in State General Fund in FY2020/21 to backfill the loss in realignment revenues due to COVID-19.
- Decrease of \$337,569 in other revenues primarily due to decreased collections in Public Guardian and Public Administrator fees and a reduced draw from the Wraparound Reinvestment Fund to cover the match requirement for Bringing Families Home program based on the spending plan submitted to the State for FY2021/22.
- Decrease of \$321,174 in County General Fund Contribution primarily due to reduced spending in the administration of CalFresh, CalWORKS, Public Guardian, and SSI advocacy offset by increases in the administration of Medi-Cal, General Assistance, CalWIN and In-Home Supportive Services.

Primary Costs

Child Welfare Services (BU 7600) – With recommended appropriations of \$29,925,620, 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 \$68,015,216, 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 \$7,858,365, 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.

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Older and Disabled Adult Services (BU 7640) – With recommended appropriations of \$14,495,301, 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 \$3,083,008, 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 \$626,760, Napa/Solano AAA includes the costs of staff dedicated to Napa/Solano AAA.

Social Services Support (BU 7670) – With recommended appropriations of \$1,200 which represents Countywide Administrative Overhead cost changes.

The FY2021/22 Recommended Budget includes a \$5,033,430 or 4.2% net increase in appropriations compared to the FY2020/21 Adopted Budget.

- Increase of \$3,778,661 in Salaries and Benefits due to negotiated and approved labor contracts resulting in increases in wages, retirement, and health insurance costs. The increase is also attributed to the addition of 12 additional FTEs in Employment & Eligibility Services and reduced salary savings.
- Increase of \$319,205 in Services and Supplies due to increases in liability insurance, household expense for anticipated increase in the janitorial services contract for Executive Court, computer component, ergonomic equipment, contracted services for CWS and E&ES employee training, Department of Information Technology (DoIT) charges, building rents and leases, and employee training. These are offset by decreases in various other line items such as communication, office expense, postage, fuels and lubricant, mileage and travel, and other professional services.
- Increase of \$173,715 in Other Charges due to increases in CalWORKs childcare, contracted services for the implementation of Family Urgent Response System (FURS), transitional housing placement including other emergency support services for foster care youth, and interfund charges from General Services and other departments. These are offset by decreases in Countywide Administrative Overhead, housing support and direct services to CalWORKs clients.
- Increase of \$44,900 in Fixed Assets primarily due to the purchase of hand-held radios for Welfare Administration as mandated by the Office of Emergency Services.
- Increase of \$41,390 in Other Financing Uses due to an increase in pension obligation bond rate costs.
- Increase of \$675,559 in Intrafund Transfers primarily due to an increase in the Division's share of H&SS Administration costs.

Contracts

The preliminary recommended appropriations for Social Services include \$4,959,457 or 4.0% in contracted direct services for the provision of services to CWS, E&ES and Transitional Housing. H&SS will return to the Board in June 2021 with a master list of contracts for the Board's consideration.

Fixed Assets

The FY2021/22 Recommended Budget includes the following fixed assets:

- \$48,000 for the purchase of hand-held radios for Welfare Administration as mandated by the Office of Emergency Services.
- \$69,600 re-budget from prior year for the purchase of 5 Compass self-scan kiosks in E&ES.

DEPARTMENT COMMENTS

None.

Summary of Division Budget

**7680 – Fund 902-Social Services
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DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	67,046	200	200	0	0.0%
INTERGOVERNMENTAL REV STATE	40,503,309	40,049,838	49,320,136	9,270,298	23.1%
INTERGOVERNMENTAL REV FEDERAL	54,356,477	68,978,195	65,345,976	(3,632,219)	(5.3%)
CHARGES FOR SERVICES	682,868	776,574	536,073	(240,501)	(31.0%)
MISC REVENUE	151,569	353,770	256,702	(97,068)	(27.4%)
OTHER FINANCING SOURCES	488,654	572,666	626,760	54,094	9.4%
GENERAL FUND CONTRIBUTION	6,880,184	8,240,797	7,919,623	(321,174)	(3.9%)
TOTAL REVENUES	103,130,107	118,972,040	124,005,470	5,033,430	4.2%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	69,358,723	78,890,745	82,669,406	3,778,661	4.8%
SERVICES AND SUPPLIES	10,937,040	11,907,260	12,226,465	319,205	2.7%
OTHER CHARGES	14,281,255	17,613,410	17,787,125	173,715	1.0%
F/A EQUIPMENT	0	72,700	117,600	44,900	61.8%
OTHER FINANCING USES	644,385	891,872	933,262	41,390	4.6%
INTRA-FUND TRANSFERS	7,910,223	9,596,053	10,271,612	675,559	7.0%
TOTAL APPROPRIATIONS	103,131,626	118,972,040	124,005,470	5,033,430	4.2%
NET CHANGE	1,519	0	0	0	0.0%

STAFFING					
SOCIAL SERVICES DIVISION	651.75	656.00	666.00	10.00	1.5%
TOTAL STAFFING	651.75	656.00	666.00	10.00	1.5%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in the Division’s position allocations since the adoption of the FY2020/21 Budget are provided below by program.

Child Welfare Services

On March 9, 2021, the following position changes were included as part of the Midyear Report:

Converted 2.0 FTE Social Worker III Limited-Term to 2.0 regular FTE for Continuum of Care Reform (CCR) implementation. As part of the family re-unification effort as outlined in the CCR, the positions conduct child/family team meetings and are funded with federal and State allocations, 1991 and 2011 Realignment.

On May 1, 2021, a Limited-Term Eligibility Benefits Specialist III position expired. The position was a medical backfill and was included in the FY2020/21 Adopted Budget allocation.

Employment and Eligibility Services

On March 9, 2021, the Midyear Report included reclassifying 1.0 FTE Office Assistant III to 1.0 FTE Office Assistant II to align the classification with duties performed. This position is funded with federal and State allocation funds.

The FY2021/22 Recommended Budget includes the following position changes:

- Delete 1.0 FTE Employment Resource Specialist II and add 1.0 FTE Social Services Supervisor to assist in the transition and implementation of CalWORKs 2.0.

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- Delete 1.0 FTE Employment Resources Specialist III and add 1.0 FTE Special Programs Supervisor to supervise staff development trainers and increase operational capacity for developing and conducting in-service trainings for employees.
- Add 1.0 FTE Project Manager to assist in the redesign, restructure, and maintenance of the internal document management and data storage site including updating data dashboards.
- Add 6.0 FTE Eligibility Benefits Specialist III as part of a Quality Assurance Unit to perform case reviews and ensure compliance with State and federal regulatory and programmatic changes.
- Add 4.0 FTE Staff Development Trainer to increase induction classes allowing E&ES to shorten the time for filling vacant positions and lower its vacancy rate as well as increase capacity for in-service training.

PENDING ISSUES AND POLICY CONSIDERATIONS

Child Welfare Services

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

Systems of Care (SOC) coordination has started in Solano County. The first convening was launched in March 2020 which was in-person and all subsequent meetings have been virtual. AB 2083 (Chapter 815, Statutes of 2018), 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 for 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 requires high level leadership commitment and support. The MOU is in progress with an anticipated completion date of June 2021.

Senate Bill 80 (section 15, June 27, 2019) established a statewide hotline which became operational on March 1, 2021. The Family Urgent Response System (FURS) was created to respond to calls from caregivers or current/former foster children or youth from both the Child Welfare and Probation systems during moments of instability. This legislation requires the hotline to include, among other things, referrals to a county-based mobile response system for further support and in-person response. It also requires the California Department of Social Services 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. Child Welfare has contracted with Seneca Family of Agencies to serve as the Solano County's mobile response. Behavioral Health will also contract with Seneca to provide EPSDT revenue for allowable services.

Employment and Eligibility

COVID-19 Regulatory Waivers: During COVID-19, State and federal agencies made many temporary regulatory waivers to ensure continuous provision of public assistance benefits for eligible community members, while limiting in-person contact to safeguard the community and staff. Ongoing waivers include the suspension of all face-to face interviews, acceptance of telephonic signatures, acceptance of self-attestation of verifications, relief from benefits time-limits, and increased benefit amounts. These waivers currently extend through June 30, 2021, or the end of the Public Health Emergency, with the exception of CalWorks which is June 15, 2021.

COVID-19 Medi-Cal Backlog: During COVID-19, to ensure that low-income individuals and families did not lose health coverage, the Department of Health Care Services (DHCS) suspended the processing of semi-annual and annual redeterminations, discontinuances, and negative actions for active Medi-Cal cases. As of March 2021, E&ES has a backlog of 23,662 Medi-Cal renewals, 13 months of work. DCHS has not yet decided how to process these renewals. It has convened a workgroup with representatives from each region to draft a plan. Solano County will represent the Bay Area region. Counties are extremely worried about the workload ramifications of this backlog.

ABAWD: Although SNAP regulations require that able-bodied adults without dependents (ABAWD) meet work requirements or be limited to three months of CalFresh in a 36-month period, California has long had an exemption. Effective December 5, 2019, California was to lose this exemption per the December 5, 2019 USDA Final Rule on time limits for ABAWDs. This would

have impacted approximately 4,898 Solano County residents. On October 19, 2020, the U.S. District Court for D.C. struck down the proposed rule.

CalWORKs Childcare: In FY2021/22, all CalWORKs childcare programs will transition from the California Department of Education to the California Department of Social Services and the CalWORKs childcare allocation will be separated from the CalWORKs single allocation. E&ES will collaborate with Fiscal throughout the year to understand the impacts, if any, of this change.

Older and Disabled Adult Services

In June 2019, Governor Newsom signed an Executive Order to create a Master Plan for Aging to be developed by October 1, 2020. The rollout of this plan was delayed until January 2021----due to the COVID-19 pandemic. Five objectives are detailed in the Master Plan for Aging to serve 10.8 million older adults by year 2030. These relate to housing for all ages and stages; health reimagined; inclusion and equity, not isolation; caregiving that works; and affording aging. The report’s recommendations represent immediate and long-term strategies which the Department anticipates will become part of future legislation and State Budgets to facilitate implementation.

In March 2020, the federal Dignity in Aging Act of 2019 passed, which reauthorized the Older Americans Act through FFY2023/24 and included increased federal funding. This legislation provides for critical services to keep older adults healthy and independent – services like meals, job training, senior centers, health promotion, caregiver support, benefits enrollment, transportation and more. The Dignity in Aging Act is a broader focus on the needs of older adults, with a research component which allows for an improved focus on programming needs.

The COVID-19 pandemic affected ODAS programs significantly. Many older adults were reluctant to allow home visits due to fear of exposure to the virus. Adult Protective Services experienced a 26% increase in reports of elderly adult and dependent adult abuse, and IHSS case reassessments have grown. The State is permitting counties to perform virtual reassessments and briefer home visits to promote client safety through December 2021.

COVID-19 – The Recommended Budget was prepared during the continued response to the COVID-19 pandemic emergency. At this time, it is unclear if the FY2021/22 budget will be additionally impacted by COVID-19. Department staff will continue to monitor and evaluate COVID-19 impacts and will provide necessary revisions when verified.

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 of IHSS providers and a 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 response to COVID-19, the IHSS PA established the COVID-19 Emergency Backup Registry (EBUS), implemented videoconference onboarding for IHSS PA Registry providers, and distributed safety supplies to IHSS caregivers.
- In 2020, between January and April, the IHSS PA provided a monthly topic-based support group for IHSS providers in Fairfield and Vallejo; the support groups have been discontinued at this time due to staffing vacancies in the IHSS PA. First Aid and CPR classes continued, but few providers registered for these classes despite COVID-19 safety measures being implemented.
- In 2020, between March and December, the IHSS PA Registry lost 60 Registry Providers due to COVID-19 concerns. IHSS consumers terminated employment with their unrelated caregivers and some Registry caregivers quit with little notice.
- In 2020, the average number of active IHSS providers on the Registry was 276, with 144 already assigned to work for one or more consumers. The IHSS PA received 823 requests for caregivers in 2020, and due to limited available caregivers on the Registry, 80% of IHSS consumers were not able to get matched with a caregiver on the Registry. IHSS PA staff assist consumers with connections and resources to find alternative caregivers.

WORKLOAD INDICATORS

In calendar year 2020:

- The IHSS PA maintained an average of 276 providers on the IHSS PA Provider Registry to serve an average of 299 IHSS consumers per month. These providers represent a subset of the 4,457 IHSS paid providers countywide as of December 2020.
- Processed 151 applications from individuals interested in being placed on the IHSS PA Provider Registry, resulting in 50 new providers added; however, the increase was half that of the prior year. The decrease in the number of providers added to the Registry is mainly attributed to the COVID-19 pandemic concerns and requirements. Additionally, 18% cancelled their applications due to the availability of employment in supported living service environments.
- Received and processed 823 provider list requests from IHSS recipients who requested assistance in finding a provider.
- Served 651 new IHSS consumers, a decrease of 26 average monthly consumers when compared to the prior year. The decrease of the number of new consumers served is due to COVID-19 as many consumers reported they did not want an unrelated caregiver in their home.
- Provided 1,685 intervention services including intake, information and assistance, mediation to resolve complex issues, and follow-up. The increase in the number of interventions is attributed to a new practice to track "provider interview"

interventions, the increased number of calls received asking for information and assistance relating to the implementation of Electronic Visit Verification, requests for safety supplies, and information about the COVID-19 pandemic.

- IHSS PA staff administered health benefits to an average of 1,320 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, and masks) to 513 individual providers who requested them.

BUREAU BUDGET SUMMARY

The FY2021/22 Recommended Budget represents decreases of \$70,335 or 7.6% in both revenues and appropriations when compared to the FY2020/21 Adopted Budget.

Budget 7690, a Bureau of the H&SS Department Budget, 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 \$782,365 from the IHSS PA operating fund (Fund 152 - BU 1520) to reimburse H&SS for administrative support staff and operating costs.

The FY2021/22 Recommended Budget projects a \$70,335 or 7.6% decrease in revenues primarily due to the following:

- Decrease of \$111,242 in Operating Transfers-In due to lower reimbursement from Fund 152 due to an overall decrease in costs.
- Increase of \$40,907 in Administration Overhead representing a one-time Countywide Administrative Overhead credit.

Primary Costs

Primary costs for IHSS PA Administration are: \$734,574 for Salary and Employee Benefits; \$107,139 for Services and Supplies; \$28,398 for Other Charges; \$7,024 for Other Financing Uses; and (\$21,797) for Intrafund Transfers.

The FY2021/22 Recommended Budget projects a \$70,335 or 7.6% decrease in appropriations primarily due to the following:

- Increase of \$17,988 in Salary and Employee Benefits primarily due to negotiated and approved labor contracts resulting in increases in wages, and increases in CalPERS retirement, health insurance and compensation insurance costs.
- Decrease of \$4,561 in Services and Supplies due to decreases in interpreters, office expense, refresh computers, ergonomic equipment, advertising, and utilities costs. These are offset by increases in printing costs, software maintenance, equipment leases, and training costs.
- Decrease of \$1,010 in Other Charges primarily due to a decrease in postage costs.
- Decrease of \$82,729 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 and COVID-19 relative activities included in the County Expense Claim.

Contracts

The FY2021/22 Recommended Budget includes a total of \$52,280 in contracted services which includes the following significant contracts:

- \$18,680 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	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
CHARGES FOR SERVICES	0	16,466	57,373	40,907	248.4%
MISC REVENUE	7,200	15,600	15,600	0	0.0%
OTHER FINANCING SOURCES	817,967	893,607	782,365	(111,242)	(12.4%)
TOTAL REVENUES	825,167	925,673	855,338	(70,335)	(7.6%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	641,585	716,586	734,574	17,988	2.5%
SERVICES AND SUPPLIES	72,781	111,700	107,139	(4,561)	(4.1%)
OTHER CHARGES	48,846	29,408	28,398	(1,010)	(3.4%)
OTHER FINANCING USES	6,198	7,047	7,024	(23)	(0.3%)
INTRA-FUND TRANSFERS	55,758	60,932	(21,797)	(82,729)	(135.8%)
TOTAL APPROPRIATIONS	825,167	925,673	855,338	(70,335)	(7.6%)
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 coordinates a continuous recruitment for additional IHSS providers th the Registry to meet the continued demand of referrals and needs of the clients. Recruitment and retention of providers on the Registry remains challenging as the number of new IHSS eligible clients referred to the service continues to grow and fewer individuals are applying to be added to the Registry at this time. There has been an increase in more IHSS providers requesting to terminate their listing on the Registry.

The establishment of the COVID-19 Emergency Backup System (EBUS) provider services includes a two-dollar differential to a provider who is hired temporarily to backfill behind a primary provider. This differential is ongoing through the end of calendar year 2020, with additional funding. However, the EBUS has been underutilized by IHSS consumers because they typically terminate a provider when the provider is unable to work due to a COVID-19 illness, exposure to COVID-19, or having to care for someone who has COVID-19. When a consumer terminates the employment and requests to hire another provider, the two-dollar differential does not apply because the assignment is more than “temporary.” The two-dollar differential is offered by the State. More flexibility on how the two-dollar differential is an emerging situation would be helpful and is issue is being discussed by the California Association of Public Authorities and the California Welfare Director’s Association.

COVID-19 – The Recommended Budget was prepared during the continued response to the COVID-19 pandemic emergency. At this time, it is unclear if the FY2021/22 Budget will be additionally impacted by COVID-19. Department staff will continue to monitor and evaluate COVID-19 impacts and will provide necessary revisions when verified.

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, if needed, will be included in the 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 FY2021/22 Recommended Budget represents increases of \$1,201,354 or 2.1% in both revenues and appropriations when compared to the FY2020/21 Adopted Budget. The County General Fund (CGF) Contribution of \$5,830,970 represents an increase of \$2,283,831 or 64.4%.

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 FY2021/22 Recommended Budget includes a 1.5% increase in CalWORKs Maximum Aid Payment (MAP) effective October 2021. The Governor’s FY2021/22

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

Summary of Division Budget

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 FY2021/22 Recommended Budget for Assistance Programs projects a \$1,201,354 or 2.1% net increase in revenues compared to the FY2020/21 Adopted Budget primarily due to an increase in average grant for Adoptions Assistance and an increase in projected paid cases for Foster Care Assistance. The changes are reflected in the following revenue sources:

- \$40,373 decrease in State and federal revenues.
- \$1,042,104 decrease in combined 1991 and 2011 Realignment revenues.
- \$2,283,831 increase in CGF contribution.

Primary Costs

The FY2021/22 Recommended Budget for Assistance Programs projects a \$1,201,354 or 2.1% net increase in appropriations compared to the FY2020/21 Adopted Budget. The projected increase is primarily the result of the following:

Adoptions Assistance Program (BU 7901) – \$542,223 or 6.0% net increase in appropriations primarily due to increase average grant from \$1,149 in FY2020/21 Adopted Budget to \$1,351 in FY2021/22 Recommended Budget.

Foster Care Assistance programs – \$2,263,491 or 17.34% net increase in appropriations due to the following:

- Kin-GAP (BU 7902) – Costs are projected to decrease by \$38,402 or 2.6% when compared to FY2020/21 Adopted Budget.
- Foster Care (BU 7903) – Costs are projected to increase by \$2,358,012 or 21.0% when compared to FY2020/21 Adopted Budget due to increase in projected paid cases based on trend.
- County Only Foster Care (BU 7908) – Costs are projected to decrease by \$56,119, or 15.9% when compared to FY2020/21 Adopted Budget.

CalWORKs Assistance (BU 7904) – \$1,574,435 or 4.9% net decrease in appropriations primarily due to decrease in projected paid cases based on trend.

Refugee Assistance (BU 7906) – \$2,544 or 27.8% decrease in appropriations due to decrease in projected paid cases.

General Assistance (BU 7907) – \$311,116 or 13.9% net decrease in appropriations due to decrease in projected paid cases.

Approved Relative Caregiver (BU 7909) – \$163,944 or 67.2% net increase in appropriations due to increase in projected paid cases based on trend.

Work Incentive Nutritional Supplement (WINS), State Utility Assistance Subsidy (SUAS) and Low-Income Home Energy Assistance Program (LIHEAP (BU 7911) – \$119,791 or 44.0% increase in appropriations based on trend.

Contracts

The recommended appropriations for Assistance Programs include \$780,000 in contracted direct services for the provision of Adoption and Foster Care Wraparound services and \$190,704 in Emergency Child Care Bridge Program for Foster Care. H&SS will return to the Board in June 2021 with a master list of contracts for the Board's consideration.

Fixed Assets

None.

DIVISION COMMENTS

None.

Summary of Division Budget

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

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	36,623,298	39,670,796	35,178,522	(4,492,274)	(11.3%)
INTERGOVERNMENTAL REV FEDERAL	13,494,326	13,898,181	17,307,978	3,409,797	24.5%
MISC REVENUE	20,790	0	0	0	0.0%
GENERAL FUND CONTRIBUTION	3,791,474	3,547,139	5,830,970	2,283,831	64.4%
TOTAL REVENUES	53,929,888	57,116,116	58,317,470	1,201,354	2.1%
APPROPRIATIONS					
OTHER CHARGES	52,865,160	57,116,116	58,317,470	1,201,354	2.1%
OTHER FINANCING USES	1,064,729	0	0	0	0.0%
TOTAL APPROPRIATIONS	53,929,888	57,116,116	58,317,470	1,201,354	2.1%
NET CHANGE	0	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

CWDA is advocating to exempt COVID-19 pandemic or statewide public health emergency related unemployment or other relief benefits from consideration during CalWORKs eligibility determinations for applicants and recipients. The fiscal impact of this is not included in the budget due to unavailability of information regarding COVID-19 relief benefits that will be available in FY2021/22.

COVID-19 – The Recommended Budget was prepared during the continued response to the COVID-19 pandemic emergency. At this time, it is unclear if the FY2021/22 Budget will be additionally impacted by COVID-19. Department staff will continue to monitor and evaluate COVID-19 impacts and will provide necessary revisions when verified.

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	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	17,036,151	19,440,826	19,956,210	515,384	2.7%
9600 MHSA	17,937,547	20,259,578	25,262,255	5,002,677	24.7%
7950 TOBACCO PREVENTION & EDUCATION	525,260	823,487	931,514	108,027	13.1%
APPROPRIATIONS					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	17,036,151	19,440,827	19,956,210	515,383	2.7%
9600 MHSA	21,899,923	30,301,965	31,912,573	1,610,608	5.3%
7950 TOBACCO PREVENTION & EDUCATION	525,260	823,487	931,514	108,027	13.1%
NET CHANGE					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	0	(1)	0	1	(100.0%)
9600 MHSA	(3,962,377)	(10,042,387)	(6,650,318)	3,392,069	(33.8%)
7950 TOBACCO PREVENTION & EDUCATION	0	0	0	0	0.0%

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

DEPARTMENTAL PURPOSE

The In-Home Supportive Services (IHSS) Public Authority (PA) is a distinct legal entity that serves as the Employer of Record for In-Home Supportive Services caregivers (also known as IHSS providers) in Solano County, established in accordance with California Welfare and Institutions Code §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 a 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 2020, 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. Due to COVID-19 pandemic, meetings were transitioned from in-person to video conference, and the annual Spring conference was cancelled.

WORKLOAD INDICATORS

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

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents increases of \$515,384 or 2.7% in revenues and \$515,383 or 2.7% in appropriations when compared to the FY2020/21 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 FY2021/22 Recommended Budget projects a net increase of \$515,384 or 2.7% in revenues primarily due to the following:

- Decrease of \$3,680 in combined State and federal revenues due to overall decrease in IHSS Public Authority administration costs.
- Increase of \$1,289 in Administration Overhead represents a one-time countywide administrative overhead credit.
- Decrease of \$1,013,816 in 1991 Realignment local draw down from Reserves and represents decrease in share of the IHSS Maintenance of Effort.
- Increase of \$1,531,591 in County General Fund represents increase in share of the IHSS Maintenance of Effort due to reduced 1991 Realignment.

Primary Costs

Primary costs for IHSS Public Authority are \$19,164,245 in Other Charges which is primarily the County share of the IHSS direct service costs, \$782,365 in Operating Transfer-Out, and \$9,600 in Services and Supplies.

The FY2021/22 Recommended Budget projects a net increase of \$515,383 or 2.7% in appropriations primarily due to the following:

- Increase of \$564,042 in IHSS MOE cost share representing 4% inflation factor as required by legislation under SB 80 (2019) applied toward the program service cost.

- Increase of \$75,743 in Individual Providers-IHSS costs representing the projected increase in health premium payments to Pan American Life Insurance based on projected provider hours multiplied by \$0.60 hourly approved benefit rate.
- Decrease of \$8,085 in Countywide Administrative Overhead and interest expense.
- Decrease of \$111,242 in Operating Transfer-Out due to reduced costs in BU 7690 to reimburse H&SS for staff time study costs and operating support costs to administer the IHSS Public Authority program.
- Decrease of \$5,075 in Services and Supplies representing decrease in the IHSS Advisory Committee's budget submitted, which primarily represents decreases in training, conferences, and outreach costs.

Contracts

The recommended appropriations include \$4,313,937 in estimated health plan costs.

Fixed Assets

None.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	8,948,507	10,198,067	9,152,365	(1,045,702)	(10.3%)
INTERGOVERNMENTAL REV FEDERAL	2,017,914	2,701,058	2,729,264	28,206	1.0%
CHARGES FOR SERVICES	0	653	1,942	1,289	197.4%
GENERAL FUND CONTRIBUTION	6,069,731	6,541,048	8,072,639	1,531,591	23.4%
TOTAL REVENUES	17,036,151	19,440,826	19,956,210	515,384	2.7%
APPROPRIATIONS					
SERVICES AND SUPPLIES	5,496	14,675	9,600	(5,075)	(34.6%)
OTHER CHARGES	16,212,688	18,532,545	19,164,245	631,700	3.4%
OTHER FINANCING USES	817,967	893,607	782,365	(111,242)	(12.4%)
TOTAL APPROPRIATIONS	17,036,151	19,440,827	19,956,210	515,383	2.7%
NET CHANGE	0	1	0	(1)	(100.0%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

The FY2021/22 Recommended Budget includes an adjustment to reflect equal share of the FY2019/20 IHSS Maintenance of Effort base amount between 1991 Realignment and County General Fund. In addition, the 4% inflation increases beginning FY2020/21 per SB 80 (2019) are a County General Fund cost.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

IHSS PA and SEIU 2015 labor contract expired on June 30, 2020. Formal negotiations with SEIU 2015 began in February 2021. Negotiations continue at this time of this Budget document preparation. When the successor contract is completed it is anticipated that there will be changes in wages or benefits resulting in increased costs and adjustments.

The federal share of IHSS costs historically ranges between 50%-56%, the remainder is referred to as the non-federal share of cost for negotiated wage and benefit increases in the IHSS. The State legislation and Maintenance of Effort County Contribution

is split 65% State and 35% County. In the FY2019/20 State budget, the State revised this formula to flip in 2022 to 65% County and 35% State for negotiated provider increases once minimum wage equals \$15/hour which State adoption is currently scheduled for January 1, 2022. The change in sharing ratios will have an impact on the Department's FY2021/22 or future budgets. CSAC is in discussions with the State on this exposure to all counties at this time.

COVID-19 – The Recommended Budget was prepared during the continued response to the COVID-19 pandemic emergency. At this time, it is unclear if the FY2021/22 Budget will be additionally impacted by COVID-19. Department staff will continue to monitor and evaluate COVID-19 impacts and will provide necessary revisions when verified.

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

- Due to the COVID-19 pandemic, the MHSA could not conduct the required community planning process in-person but was able to transition to online community stakeholder meetings to develop the new MHSA Three-Year Plan FY2020/21 through FY2022/23 and to complete the Annual Update for FY2020/21.
- Both County and contracted MHSA funded programs quickly shifted to telehealth platforms which had some impact on service delivery and revenue generated as consumers—especially school aged youth—began to fatigue from video interactions (school, social engagements, in addition to MH services). Most agencies, including the County programs, put safety measures in place to continue necessary in-person client services. However, there were several site-based programs such as the adult Wellness Centers operated by Caminar and the Child Haven CARE program, which provides intensive services for children ages 3-6, that had to close their programs temporarily due to COVID-19 Stay-At-Home order requirement to cease group activities of unrelated individuals.
- Several of the Prevention and Early Intervention (PEI) funded programs were not able to meet their outreach deliverables typically accomplished through outreach at large community events and holding in-person trainings, and some proprietary trainings did not allow for modification to virtual platforms. Despite school closures, the three contractors providing PEI School-Based Mental Health Services provided trainings for school personnel/parents and student workshops for 759 individuals in FY2019/20, an increase from 586 in FY2018/19, and they provided assessments and individual therapy for 287 students in FY2019/20, up from 244 in FY2018/19.
- The Full-Service Partnership (FSP) programs continue to provide the most intensive outpatient level of care, with services provided to consumers at least twice per week, and often more, as necessary. The adult FSPs continue to implement Assertive Community Treatment (ACT), an evidenced-based model that is an intensive interdisciplinary team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support. In July 2019, two County-operated adult FSP teams were merged into one team which is now called the ACT Team. The team serves the forensic and non-forensic populations and addresses all the needs of the consumer including mental health substance use, linking to employment services, etc.
- The two Child/Youth FSP teams continue to receive 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.
- Innovation (INN) funds that were due to be reverted to the State by June 30, 2020 were extended to June 30, 2021. Several of the 14 INN action plans have been successfully implemented with these funds:
 - “Taking CLAS to the Schools” funded thirty-five (35) culturally responsive school wellness centers on school sites K-12 and adult education sites across Solano County. Prior to school closures due to COVID-19, five pilot sites were opened on three elementary school campuses, one at an alternative education site, and one at an adult education site. The additional thirty wellness centers have been set up and will be ready when students return to school. It is

anticipated that another 6-10 wellness centers will be funded in 2021 using the balance of the funds that are at risk of reverting.

- “TRUECare Roadmap” is a community-friendly, culturally responsive resource guide available in both paper and web-based interactive versions in English, Spanish and Tagalog.
- The “LGBTQ+ Ethnic Visibility” QI action plan addresses the intersect of the Latino, Filipino and LGBTQ+ communities and is focused on a signage campaign to combat stigma related to both mental health and the stigma and discrimination that affects LGBTQ+ communities. Seven posters have been developed and have been distributed throughout Solano County in restaurants and businesses frequented by the Latino and Filipino communities, as well as in all County behavioral health and healthcare clinics and contracted agencies.
- A successful RFP process selected in Uplift Family Services to provide the highly anticipated Mobile Crisis program with an expected launch date of April 2021. The implementation of this program will be done in phases and through a close partnership with city law enforcement departments.

WORKLOAD INDICATORS

- Adult FSP programs (County-operated and through a contract with Caminar) served 317 adults in FY2019/20, compared to 304 adults in FY2018/19.
- Child/Youth FSPs (County-operated and through a contract with Seneca), served 257 consumers in FY2019/20 which was a decrease from 288 served in FY2018/19, in part due to lower referrals from schools as a result of school closures due to the COVID-19 pandemic. Commercially sexually exploited youth are served in the Seneca FSP, where 25 such youth were served in FY2019/20 compared to 22 served in FY2018/19.
- Likely a result of the INN projects, there has also been an increase in incoming calls to the Access Line for services by the three project priority populations: an 86.5% increase in Filipino callers requesting services and a 33.8% increase in Hispanic/Latino callers. Likely under-represented in the data, the LGBTQ+ community showed a 425% (4 to 21) increase of callers who identified as a gender other than “male” or “female” and 666% (29 to 222) increase of callers who identified their sexual orientation as something other than “heterosexual.”

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents an increase of \$5,002,677 or 24.7% in revenues and an increase of \$1,610,608 or 5.3% in appropriations when compared to the FY2020/21 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	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	686,365	396,653	248,307	(148,346)	(37.4%)
INTERGOVERNMENTAL REV STATE	17,251,182	19,862,925	25,013,941	5,151,016	25.9%
CHARGES FOR SERVICES	0	0	7	7	0.0%
TOTAL REVENUES	17,937,547	20,259,578	25,262,255	5,002,677	24.7%
APPROPRIATIONS					
OTHER CHARGES	426	548	355	(193)	(35.2%)
OTHER FINANCING USES	21,899,497	30,301,417	31,912,218	1,610,801	5.3%
TOTAL APPROPRIATIONS	21,899,923	30,301,965	31,912,573	1,610,608	5.3%
CHANGE IN FUND BALANCE	3,962,377	10,042,387	6,650,318	(3,392,069)	(33.8%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

The increase of \$5,002,677 in revenues is primarily due to a projected increase in Statewide MHSA revenues when compared to the FY2020/21 Adopted Budget. The State transfers 1.76% of all personal income tax payments to the MHSA fund monthly. An annual adjustment is done typically two years after to reconcile the fund to what should have been deposited into the fund. Depending on the result, the adjustment may be either positive or negative against the State MHSA Fund.

The increase of \$1,610,608 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 \$6,650,318.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

Due to initial projections that MHSA revenues would be significantly impacted due to the COVID-19 pandemic with a projected significant decrease for FY2022/23, when developing the budget for the MHSA Three-Year Plan FYs 2020/23 and budget for FY2021/22, budgetary reductions were implemented for PEI programs and many of the CSS programs. While newer projections for FY2021/22 and FY2022/23 MHSA revenues are now projected to be higher than initially anticipated, the Department proceeded with a portion of the planned reductions and will closely monitor projections coming from the State. It should be noted that the source of funding is from high wage earners and that revenues are allocated a few years after receipt as based on tax returns. Due to COVID-19, the tax return deadline for 2019 earnings was extended through July 15, 2020. The impact of COVID-19 pandemic emergency on the earnings for high wage earners for 2020 may not be yet be evident in income taxes.

Several bills were presented in the State Legislature that sought to increase the flexibility of how counties can use MHSA funds, though sometimes this flexibility was designed to divert MHSA funds from mental health services to housing initiatives, criminal justice, schools, and substance use disorder programming. Most of the bills did not go forward or will be re-introduced. DHCS clarified that MHSA funds may be used for individuals on parole and that the funds may be used for substance use disorder treatment for individuals with co-occurring mental health issues. It will be important to monitor as potential diversion of MHSA funds as that could jeopardize existing programs.

COVID-19 – The Recommended Budget was prepared during the continued response to the COVID-19 pandemic emergency. At this time, it is unclear if the FY2021/22 Budget will be additionally impacted by COVID-19. Department staff will continue to monitor and evaluate COVID-19 impacts and will provide necessary revisions when verified. COVID-19 did not impact MHSA revenue generation as significantly as originally projected. However, some economic flexibilities remain due to the pandemic which could impact future revenue generation.

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.

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 jurisdiction, 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

There was a continued focus on teen vaping, due to a new lung illness identified by the Centers for Disease Control and Prevention throughout the country, with two major media campaigns highlighting lung infections caused by vaping, and highlighting tobacco use as an underlying condition causing exacerbations of respiratory issues for individuals impacted by COVID-19 infections.

The most significant accomplishment in FY2020/21 was the implementation of two comprehensive tobacco ordinances in the City of Benicia impacting their 27,192 residents. These ordinances greatly restrict where tobacco and vaping products can be sold, for how much, and where they can be used. The ordinances also enacted a tobacco retail license and prohibited smoking in multi-unit apartments and condominium housing. 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 continue to provide public health information to the Benicia City Council and Police Department to support the implementation of these ordinances.

WORKLOAD INDICATORS

- In early 2021, VibeSolano's Tobacco Prevention and Education Program (TPEP), in collaboration with VibeSolano's Substance Abuse Prevention Program (ATOD), released a request for applications for small projects to promote tobacco, alcohol, and cannabis prevention among youth. The goal of the "We Can't Breathe" Youth Tobacco Prevention Project is to increase youth civic engagement and participation in tobacco prevention efforts. The aim is to increase community awareness in Solano County about the predatory marketing of the tobacco industry among communities of color and LGBTQ communities, and the social injustices and disparities faced by youth in Solano County due to smoking, vaping, and cannabis use.
- In coordination with the release of the HSHC data, a State-developed and approved media campaign was released in April 2021. The campaign focuses on how Big Tobacco aggressively promotes menthol cigarettes, particularly among communities of color, LGBTQ, and the young. The campaign is titled "We Are Not Profit Solano County."
- A third series of data was collected in FY2019/20 for the statewide Healthy Stores for a Healthy Community (HSHC) project, however, due to the COVID-19 pandemic, release of the information was delayed until April 2021. Collected data reflected that within the State, Solano County has one of the highest number of retailers (within the cities) selling flavored tobacco products, including menthol cigarettes.
- In FY2020/21, staff collaborated with Supervisor Hannigan's office, the Bay Area Community Resources (BACR) and LGBTQ Minus Tobacco to work with city officials and community residents in Vallejo and surrounding unincorporated Solano County. The scope of the discussion and efforts related to cities within the county establishing a tobacco retail license (TRL), restrictions of flavored and menthol products, and smoke free multi-unit housing.
- In 2020, focusing on the need to understand and implement Adverse Childhood Experiences (ACE's) into the programmatic structure and mindset, a "Trauma Informed Care Training" was held that was attended by twelve (12) Tobacco Free Solano (TFS) members and nine (9) Alcohol, Tobacco, and Other Drug (ATOD) coalition members, for a total of twenty-one (21) participants.
- Also renewed in 2020 was a focus on energizing local community participation. Seven Community Heroes (members) from Benicia were trained on the Midwest Academy Strategy Chart (MASC) Training. This training is utilized to strategize and gauge a city's readiness to make change in their community, whether that change is to implement or update a local ordinance or to establish a new health program or campaign.
- In 2020, TPEP staff engaged with the cities and communities and the TFS to plan implementation of the Communities of Excellence (CX) process in 2021. The CX is used to obtain community input on several key tobacco indicators and assets. The information gained will help develop the next four-year tobacco prevention plan. There are eight (8) sessions scheduled to be conducted via Zoom. This outreach will also be an opportunity for the community to address health equity in tobacco prevention.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents an increase of \$108,027 or 13.1% in both revenues and appropriations when compared to the FY2020/21 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 FY2021/22 Recommended Budget includes \$108,027 or 13.1% net increase in revenues due to the rollover of prior year unspent funds.

Primary Costs

The FY2021/22 Recommended Budget includes \$108,027 or 13.1% net increase in appropriations primarily due to negotiated and approved labor contract wage increases, CalPERS retirement costs, and an increase in media campaigns for tobacco education.

Summary of Other Administered Budgets

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

Primary costs for TPEP are:

- \$283,336 for Salaries and Employee Benefits.
- \$455,174 in Services and Supplies, including \$177,250 for contracted evaluation and community engagement services, and \$200,443 for advertising and marketing campaigns aimed at reducing and preventing tobacco use.
- \$190,244 in Other Charges, including \$171,586 for Public Health personnel staff time for TPEP programs.

Contracts

The FY2021/22 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	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	11,546	5,000	500	(4,500)	(90.0%)
INTERGOVERNMENTAL REV STATE	508,210	818,487	931,014	112,527	13.7%
CHARGES FOR SERVICES	5,504	0	0	0	0.0%
TOTAL REVENUES	525,260	823,487	931,514	108,027	13.1%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	205,804	249,856	283,336	33,480	13.4%
SERVICES AND SUPPLIES	162,424	381,439	455,174	73,735	19.3%
OTHER CHARGES	155,063	189,831	190,244	413	0.2%
OTHER FINANCING USES	1,970	2,361	2,760	399	16.9%
TOTAL APPROPRIATIONS	525,260	823,487	931,514	108,027	13.1%
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

On August 28, 2020, California passed SB 793 prohibiting the sale of most flavored tobacco products. Three days later, on August 31, 2020, a proposed referendum was submitted by Big Tobacco to the Attorney General of California. On January 22,

2021, the referendum qualified for the ballot, putting SB 793 on hold until the 2022 general election referendum vote. TPEP continues to provide education on similar restrictions locally. Due to the successful work with the City of Benicia, additional cities within Solano County 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.

COVID-19 – The Recommended Budget was prepared during the continued response to the COVID-10 pandemic emergency. At this time, it is unclear if the FY2021/22 Budget will be additionally impacted by COVID-19. Department staff will continue to monitor and evaluate COVID-19 impacts and will provide necessary revisions when verified.

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 2020:

- The N/S AAA assisted service providers in transforming program delivery to accommodate COVID-19 safety requirements. Congregate meal participants received meals at home. Additional breakfast and snacks were delivered to seniors who could not shop. Volunteer visiting programs moved to calling programs, evidence-based exercise programs were offered online. Volunteer transportation services began delivering groceries to homebound seniors.
- In July 2020, the N/S AAA printed two senior resource guides, one for Napa County and one for Solano County, and used existing service providers and County Social Workers to distribute the printed guides. Seniors who are not comfortable using computers now have a printed guide for contact numbers.
- Responding to Public Safety Power Shutoffs (PSPS), the N/S AAA distributed 200, 3-day emergency packs to vulnerable seniors. The emergency backpacks contained food, radios, blankets, and additional supplies to assist in power outages.
- Working through the CDA and CalOES, the N/S AAA distributed over 1,000 bottles of hand sanitizer and 5,000 masks to homebound seniors through nonprofit service providers.
- In November 2020, using Federal CARES Act funds, the N/S AAA created new contracts with the Food Bank of Contra Costa, Innovative Health Solutions, and Benicia Family Resource Center to provide emergency meals, assistance with housing related funds, and medically tailored meals to low-income seniors.

WORKLOAD INDICATORS

- The N/S AAA created and monitored 35 separate contracts with 19 different service providers for 28 different services. The 3-person team of a Project Manager, Staff Analyst and Accountant administer the contracts and respond to service provider needs in addition to providing support to the N/S AAA Advisory Council and Oversight Board. The program's first upcoming CDA Monitoring Visit is set for May 2021, N/S AAA will learn more about the refinements needed in the program.

DEPARTMENTAL BUDGET SUMMARY

The FY2021/22 Recommended Budget includes \$303,889 or 7.8% decrease 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.

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 Funds. However, in FY2020/21, the

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

Department received one-time COVID-19 State Pass-Through revenue of \$372,620 to fund eligible costs in responding to the COVID-19 pandemic emergency which are not included in the FY2021/22 Recommended Budget.

The FY2021/22 Recommended Budget projects \$3,139,740 in combined federal and State revenues, \$111,722 in contributions from Napa County, and \$321,140 in Solano County General Fund.

Primary Costs

The Recommended Budget includes \$3,572,602 in appropriations, a decrease of \$303,889 or 7.8%. Primary costs include:

- \$2,902,170 in Contracted Direct Services to provide various supportive services, home-delivered and congregate meals, nutrition counseling and education, ombudsman services, and elder abuse prevention.
- \$43,672 in Countywide Administrative Overhead costs.
- \$626,760 in Operating Transfer Out to Fund 902, Bureau 7685, which represents \$493,527 for Salaries and Employee Benefits of staff and \$133,233 for other operating expenditures to administer the N/S AAA.

Contracts

The FY2021/22 Recommended Budget includes a total of \$2,902,170 or 81.2% in contracted direct services. H&SS will return to the Board in June 2021 with a master list of contracts for the Board’s consideration.

Fixed Assets

None.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	714,491	1,227,901	711,531	(516,370)	(42.1%)
INTERGOVERNMENTAL REV FEDERAL	2,764,009	2,333,943	2,428,209	94,266	4.0%
MISC REVENUE	66,388	82,418	111,722	29,304	35.6%
OTHER FINANCING SOURCES	196,240	232,229	321,140	88,911	38.3%
TOTAL REVENUES	3,741,128	3,876,491	3,572,602	(303,889)	(7.8%)
APPROPRIATIONS					
OTHER CHARGES	3,252,474	3,303,825	2,945,842	(357,983)	(10.8%)
OTHER FINANCING USES	488,654	572,666	626,760	54,094	9.4%
TOTAL APPROPRIATIONS	3,741,128	3,876,491	3,572,602	(303,889)	(7.8%)
NET COUNTY COST	0	0	0	(0)	(100.0%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

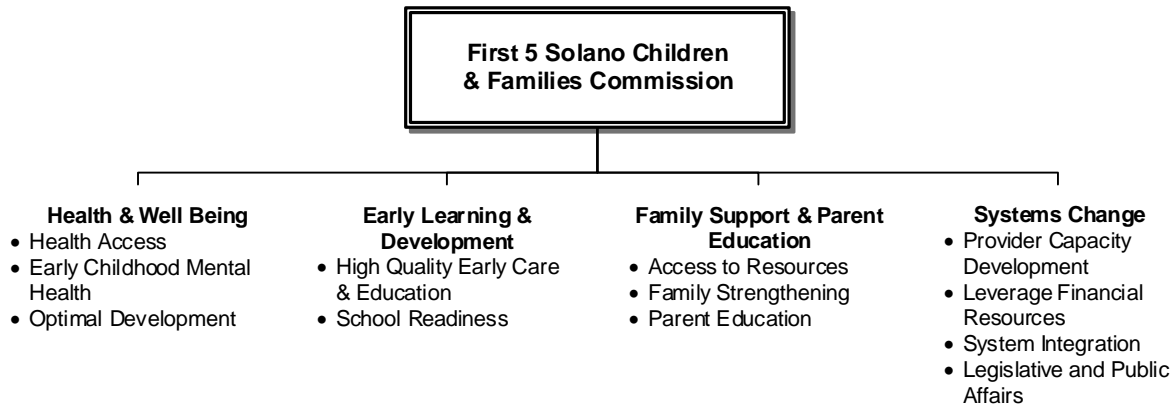
In June 2019, Governor Newsom signed an Executive Order to create a Master Plan for Aging to be developed by October 1, 2020. The rollout of this plan was delayed until January 2021 due to the COVID-19 pandemic. The N/S AAA was an active

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

partner representing consumers, providers, advocates and caregivers at key stakeholder and public meetings. Five objectives are detailed in the State's Master Plan for Aging to serve 10.8 million older adults by year 2030. These relate to housing for all ages and stages; health reimagined; inclusion and equity, not isolation; caregiving that works; and affording aging. The report's recommendations represent immediate and long-term strategies. There is related discussion about restructuring California's 33 AAA Planning and Service Areas to possibly broaden scope and effectiveness. No definitive decisions have been made. Staff are participating in discussions at the regional and State levels to be prepared and to collaborate with community partners to advance the Master Plan for Aging.

COVID-19 – The Recommended Budget was prepared during the continued response to the COVID-19 pandemic emergency. At this time, it is unclear if the FY2021/22 Budget will be additionally impacted by COVID-19. Department staff will continue to monitor and evaluate COVID-19 impacts and will provide necessary revisions when verified.

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:	
FY2020/21 Midyear Projection:	4,337,177
FY2021/22 Recommended:	4,626,062
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, ensuring optimal development, 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.
- All services transitioned to COVID-safe delivery models, such as phone, Zoom, and limited in-person with safety measures.
- Utilized Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to provide support to nonprofits, child care providers, and the community in a variety of ways:
 - Provided pop-up child care for 25 children of essential workers; assisted a total of 76 families with 124 children in accessing child care.
 - Provided 228 Emergency Response Grants for nonprofits and child care providers to support families. Grants included:
 - Basic needs for families, such as food and rent.
 - Equipment to support cleaning, distancing, and sanitation, such as handwashing stations, outdoor shade structures, additional tables and chairs, isolation “nooks” for sick children.
 - Distributed over 70 pallets of supplies to child care providers and nonprofits to keep children and families safe, including thermometers, sneeze guards, air purifiers, room dividers, and individual learning kits for child care sites.
 - Provided stipends to 129 child care providers to assist them with increased costs and stay open to serve a total of 1,056 children.
- Acted as a community hub to distribute supplies provided by First 5 California and other community partners, such as diapers, wipes, masks, thermometers, and cleaning supplies.
- Implemented the third year of the Commission’s 2018-2023 Program Investment Plan to support young children and their families in the community, including:
 - Assisted approximately 1,500 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 early care and education providers coaching and professional development as part of the Quality Counts/IMPACT quality improvement program.
 - Provided Triple P Positive Parenting Program to over 1,000 parents through ten community partners, including workshops, brief intervention, targeted intervention, and groups.

WORKLOAD INDICATORS

- During the period of July 1, 2020 – June 30, 2021, First 5 Solano managed over 50 ongoing contracts and Memorandums of Understanding totaling approximately \$3 million, which provided services to over 8,000 Solano residents.
- Provided 228 Emergency Response Grants, stipends to 129 child care providers, and 9 days of drive through supply pick-ups to families, child care providers, and other community partners to support them during the COVID-19 pandemic.

Michele Harris, Executive Director
Health & Public Assistance

DETAIL BY REVENUE AND APPROPRIATION FUNCTIONAL AREA	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
FIRST 5 SOLANO	5,451,829	4,330,062	4,222,838	(107,224)	(2.5%)
TOTAL REVENUES	5,451,829	4,330,062	4,222,838	(107,224)	(2.5%)
APPROPRIATIONS					
FIRST 5 SOLANO	5,431,494	4,705,501	4,626,062	(79,439)	(1.7%)
TOTAL APPROPRIATIONS	5,431,494	4,705,501	4,626,062	(79,439)	(1.7%)
CHANGE IN FUND BALANCE					
FIRST 5 SOLANO	(20,335)	375,439	403,224	27,785	7.4%
CHANGE IN FUND BALANCE	(20,335)	375,439	403,224	27,785	7.4%

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 \$107,224 or 2.5% in revenues and a decrease of \$79,439 or 1.7% in appropriations when compared to FY2020/21 Adopted Budget, resulting in a decrease of \$403,224 in the Commission’s Fund Balance.

The FY2021/22 Recommended Budget implements the fourth 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 received from the Statewide collection of this Tax.

The FY2021/22 Recommended Budget includes a projected decrease in revenue of \$107,224 or 2.5% when compared to the FY2020/21 Adopted Budget. This projected decrease is primarily due to a decrease in interest revenue, reduced Mental Health Services Act (MHSA) charges for service revenue received by the division, and no CARES Act revenue allocated for extra programs and services for COVID-19 response in FY2021/22, offset by a projected increase in Proposition 10 tobacco tax and a grant funds received from Medic Ambulance.

Primary Costs

The FY2021/22 Recommended Budget includes an overall decrease \$79,439 or 1.7% in appropriations primarily due a decrease in expenditures corresponding with the with decrease in MHSA revenue, offset by increases in Salaries and Benefits.

First 5 Solano will be providing \$2.7 million to community agencies to implement services and programs in alignment with the Commission’s Strategic Plan.

Contracts

The FY2021/22 Recommended Budget includes \$2,700,000 in contracted services. This includes the following significant contracts:

- \$670,000 - Family Strengthening Services at the Vallejo First 5 Center and Rio Vista CARE
- \$450,000 - Triple P Parent Education-8 contracts
- \$300,000 - Help Me Grow call center with Solano Family & Children’s Services

- \$250,000 - Quality Early Care and Education Services with Solano County Office of Education-36 child care sites
- \$240,000 - Pre-Kindergarten Academies
- \$200,000 - Annual Grants
- \$75,000 - Raising a Reader

Fixed Assets

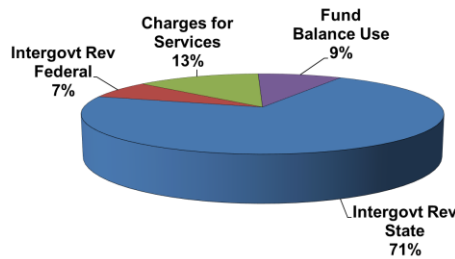
None.

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

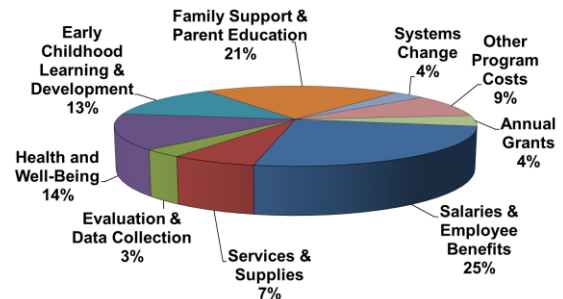
DEPARTMENTS COMMENTS

None.

SOURCE OF FUNDS



USE OF FUNDS



DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	177,423	161,085	0	(161,085)	(100.0%)
INTERGOVERNMENTAL REV STATE	3,387,000	3,027,292	3,266,897	239,605	7.9%
INTERGOVERNMENTAL REV FEDERAL	448,459	367,289	321,402	(45,887)	(12.5%)
CHARGES FOR SERVICES	467,755	769,396	596,539	(172,857)	(22.5%)
MISC REVENUE	971,192	5,000	38,000	33,000	660.0%
TOTAL REVENUES	5,451,829	4,330,062	4,222,838	(107,224)	(2.5%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	1,035,576	1,133,069	1,169,854	36,785	3.2%
SERVICES AND SUPPLIES	297,484	319,174	301,688	(17,486)	(5.5%)
OTHER CHARGES	2,629,049	3,242,184	3,142,994	(99,190)	(3.1%)
F/A BLDGS AND IMPRMTS	1,444,228	0	0	0	0.0%
F/A EQUIPMENT	14,986	0	0	0	0.0%
OTHER FINANCING USES	10,170	11,074	11,526	452	4.1%
TOTAL APPROPRIATIONS	5,431,494	4,705,501	4,626,062	(79,439)	(1.7%)
CHANGE IN FUND BALANCE	(20,335)	375,439	403,224	27,785	7.4%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

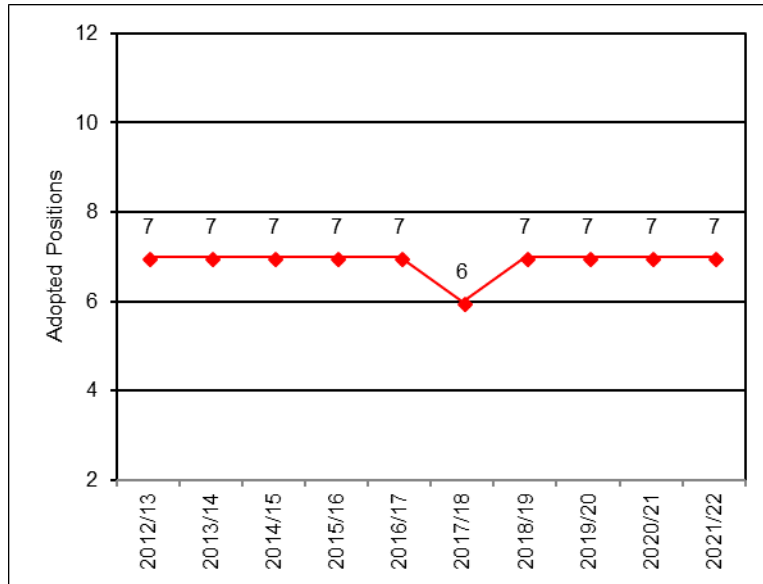
Michele Harris, Executive Director
Health & Public Assistance

None.

SUMMARY OF POSITION CHANGES

There are no changes in position allocation.

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 during the continued response to the COVID-19 pandemic emergency. At this time, it is unclear if the FY2021/22 Budget will be additionally impacted by COVID-19. Department staff will continue to monitor and evaluate COVID-19 impacts and will provide necessary revisions when verified.

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	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
1570 GRANTS/PROGRAMS ADMIN	941,909	1,758,250	1,615,000	(143,250)	(8.1%)
APPROPRIATIONS					
1570 GRANTS/PROGRAMS ADMIN	869,935	1,808,251	1,615,000	(193,251)	(10.7%)
NET CHANGE					
1570 GRANTS/PROGRAMS ADMIN	(71,974)	50,001	0	(50,001)	(100.0%)

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, Human Services Needs Assessment (HSNA) was conducted, guided by a planning team, including two Board members, to review 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 previously funded by the Board to serve a specific population.
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.

This budget, funded by a General Fund contribution, includes \$1,300,000 to implement deep programming, \$250,000 to implement one-time investments. The budget associated with the Legacy Programs is not included in this budget unit.

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

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, FY2021/22 will be the second year of contracts for the following:

- Touro University's Public Health Department is the mapping of the mental health System of Care, creating a portal and navigators system to connect residents to appropriate services, and a community engagement campaign.
- A Better Way is providing the evidence-based Mental Health First Aid training.

These two mental health strategies comprise \$700,000 of the \$1.3 million designated for deep investments and will be spent annually for three years.

2. *Housing* – Housing was ranked the second highest need in Solano County. The HNSA identified that housing affordability for lower income residents who are spending the majority of their income on housing and addressing affordable housing as it relates to reducing homelessness were target areas. In FY2020/21, the County entered into a contract for \$200,000 with Habitat for Humanity to develop 3 single-family homes for low-income families. In FY2021/22, the County intends to employ a broader process to identify additional community providers/nonprofit developers to partner with for development of additional 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. In FY2020/21, a Request for Proposals (RFP) resulted in a \$250,000/year 3-year contract with Volunteers of America for rapid rehousing services. A second RFP was released to identify a contractor to provide housing and services to transition age youth who are homeless or at-risk of homelessness.

One-Time Grants: The one-time grants are designated to address any of the top 6 needs in the County, allocation of \$250,000 annually:

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

These one-time grants will be funded up to \$50,000 per proposal for a one-year commitment, with \$250,000 designated annually. Annually, proposals will be selected via a competitive RFP process. Additionally, the RFP process may establish an eligibility list, so other worthy proposals will be ranked and may be funded should additional funding become available.

Legacy Programs: Programs funded by the Board for a number of years to serve a specific population where services are not otherwise available. The Legacy Programs include:

1. Solano Children's Alliance (included in Child Welfare Service BU 7780)
2. Senior Coalition, Inc. (Discontinued in FY2021/22)
3. Court-Appointed Special Advocates (CASA) (included in General Expenditures BU 1903)
4. Food Bank of Contra Costa and Solano (included in H&SS BU 7503)
5. Veteran's Court Case Manager (included in General Expenditures BU 1903, AB 109 BU 6901, and H&SS BU 7701)
6. North-Bay Stand Down (included in H&SS BU 7503)

In FY2020/21, the Board received assessments on the Children's Alliance and the Senior Coalition, prepared by an outside evaluator and coordinated by First 5 staff. Resulting from the revised and approved recommendations, the Children's Alliance transitioned to focus on Child Abuse Prevention utilizing Children's Trust fund matched by \$30,000 in General Fund. The

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

management of this contract transitioned to Child Welfare Services. In addition, the Board adopted the recommendations to rely on the Advisory Council on Aging to advise on senior issues and discontinue funding of the coordination for the Senior Coalition. Combined, this is a reduction of \$145,550 of County General Fund (of this amount 118,750 is within this Budget Unit).

This budget unit also includes \$65,000 for First 5 Solano staff costs for the management of the Community Investment Fund.

Other Funds:

In addition to the Community Investment Fund, this Budget Unit has previously contained funding for the Local Child Care Planning Council and funds from Yocha Dehe Wintun Nation for basic needs. In FY2020/21, the Board transitioned the Local Child Care Planning Council to the Solano County Office of Education who is now responsible for the \$12,500 Maintenance of Effort. The FY2020/21 Budget includes the most recent Yocha Dehe grant award. The grant funds are anticipated be fully encumbered and any unspent funds will be carried forward as necessary. There are no additional Yocha Dehe grants anticipated in this fund in FY2021/22 Recommended Budget.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

- Seven community partners with annual grants in FY2020/21 have been providing services to Solano residents in the top areas of need including mental health, housing, safe and stable environments for children, and youth development. Services included:
 - Provided mental/behavioral health screenings to over 2,000 residents and provided wrap-around services to address challenges such as substance abuse, unemployment, housing needs, and food insecurity.
 - Provided nearly 1,000 families of school-aged children with access to wellness programs, basic needs support, and parenting education.
 - Supported over 100 transitional aged youth with resources for safe and affordable housing and paid internship opportunities.
- Conducted over 60 key informant interviews to map the mental health system of care in Solano County. Used these interviews to develop web application and live navigation process for referring residents to the appropriate services.
- Provided 15 residents rapid rehousing services to secure permanent housing.
- Broke ground on development of three single family homes for low-income families in Solano.

WORKLOAD INDICATORS

- Managed eleven contracts for the Community Investment Fund.
- Worked with evaluation consultant to conduct two Legacy Program Assessments.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents a decrease of \$143,250 or 8.1% in revenues and a decrease of \$193,251 or 10.7% in appropriations when compared to the FY2020/21 Adopted Budget, resulting in a decrease in Fund Balance of \$50,001. The Recommended Budget includes a General Fund Contribution of \$1,615,000, a decrease of \$131,250 over the FY2020/21 Adopted Budget (\$118,750 from Children’s Alliance and \$12,500 from Local Child Care Planning Council).

Primary Funding Sources

The primary funding source for the Department is County General Fund.

Contracts

The FY2021/22 Recommended Budget includes a total of \$1,550,000 in contracted services which includes the following significant contracts:

- \$340,000 Touro University-Mental Health Deep Investment
- \$260,000 A Better Way-Mental Health Deep Investment

Summary of Other Administered Budgets

1570 – Fund 151-Grants/Programs Administration

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

- \$200,000 Housing provider-TBD-Housing Deep Investment
- \$250,000 Volunteers of America-Homeless Services Deep Investment
- \$250,000 Transition Age Youth Homeless Services Provider-TBD-Homeless Services Deep Investment
- \$250,000 Annual Grants-multiple contracts TBD

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	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	8,578	0	0	0	0.0%
CHARGES FOR SERVICES	116,772	12,000	0	(12,000)	(100.0%)
MISC REVENUE	200,000	0	0	0	0.0%
GENERAL FUND CONTRIBUTION	616,560	1,746,250	1,615,000	(131,250)	(7.5%)
TOTAL REVENUES	941,909	1,758,250	1,615,000	(143,250)	(8.1%)
APPROPRIATIONS					
OTHER CHARGES	869,935	1,808,251	1,615,000	(193,251)	(10.7%)
TOTAL APPROPRIATIONS	869,935	1,808,251	1,615,000	(193,251)	(10.7%)
NET CHANGE	(71,974)	50,001	0	(50,001)	(100.0%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

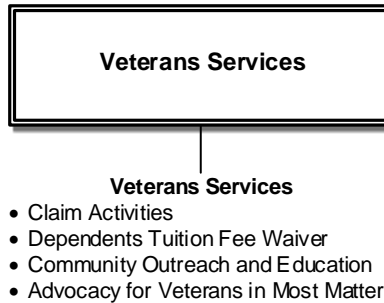
Significant adjustments for FY2021/22 include:

- The reduction of \$12,500 related to transitioning the Local Child Care Planning Council to Solano County Office of Education, who will now provide this Maintenance of Effort.
- Reduction of \$130,723 for the Children’s Alliance. This effort will be transitioning to a focus on child abuse prevention using \$90,000 of Children’s Trust Fund and \$30,000 General Fund and will be managed by Health & Social Services, Child Welfare Services, resulting in a decrease in the General Fund contribution herein.

PENDING ISSUES AND POLICY CONSIDERATIONS

COVID-19 – The Recommended Budget was prepared during the continued response to the COVID-19 pandemic emergency. At this time, it is unclear if the FY2021/22 Budget will be additionally impacted by COVID-19. Department staff will continue to monitor and evaluate COVID-19 impacts and will provide necessary revisions when verified.

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:	
FY2020/21 Midyear Projection:	858,038
FY2021/22 Recommended:	938,462
County General Fund Contribution:	608,462
Percent County General Fund Supported:	64.8%
Total Employees (FTEs):	6

FUNCTION AND RESPONSIBILITIES

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

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

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

The Solano County Veterans Services Office continues to maintain one of the highest volumes of claim work and is recognized for its excellent level of service. The Office has been rated as the number two office in the State of California for veteran participation rate. Solano County serves approximately 34.7% of the veteran population when compared to a 22% 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 10,847 claims in FY2020/21 resulting in \$27.2 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 40 veterans per day in FY2020/21, projected to increase to an anticipated 50 veterans per day in FY2021/22. To serve this growing demand, the Board of Supervisors approved the creation of a Senior Veterans Benefits Representative and extended the Limited-Term Veterans Services Counselor position to June 30, 2022, funded with an 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	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
VETERANS SERVICES	321,194	330,000	330,000	0	0.0%
TOTAL REVENUES	321,194	330,000	330,000	0	0.0%
APPROPRIATIONS					
VETERANS SERVICES	780,931	845,204	938,462	93,258	11.0%
TOTAL APPROPRIATIONS	780,931	845,204	938,462	93,258	11.0%
NET COUNTY COST					
VETERANS SERVICES	459,737	515,204	608,462	93,258	18.1%
NET COUNTY COST	459,737	515,204	608,462	93,258	18.1%

STAFFING					
VETERANS SERVICES	6	6	6	0	0.0%
TOTAL STAFFING	6	6	6	0	0.0%

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents no change in subvention revenues from the State to provide veteran services and an increase of \$93,258 or 11% in appropriations when compared to the FY2020/21 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 \$93,174 or 14.2%, is primarily due to negotiated and approved labor contracts, increases in wages and CalPERS retirement costs and adding two employees to the County's medical plan who were previously not receiving benefits. The increase of \$3,817 or 4.1% in total Services and Supplies is due to an increase in Central Data Processing Services costs, managed print costs, risk management and liability insurance, and is offset by a reduction in office expenses.

Contracts

None requiring Board approval.

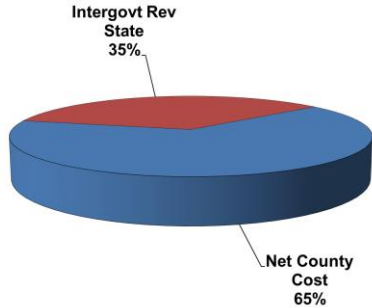
Fixed Assets

None.

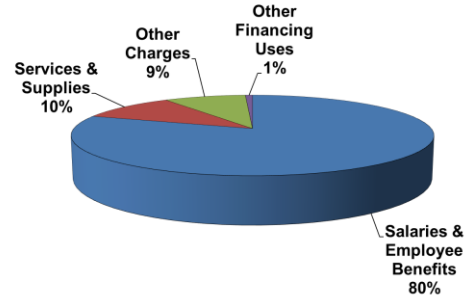
DEPARTMENT COMMENTS

None.

SOURCE OF FUNDS



USE OF FUNDS



DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2019/20 ACTUAL	2020/21 ADOPTED BUDGET	2021/22 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	321,194	330,000	330,000	0	0.0%
TOTAL REVENUES	321,194	330,000	330,000	0	0.0%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	615,092	657,855	751,029	93,174	14.2%
SERVICES AND SUPPLIES	72,596	92,398	96,215	3,817	4.1%
OTHER CHARGES	83,686	84,382	80,233	(4,149)	(4.9%)
OTHER FINANCING USES	5,958	6,569	6,985	416	6.3%
INTRA-FUND TRANSFERS	3,599	4,000	4,000	0	0.0%
TOTAL APPROPRIATIONS	780,931	845,204	938,462	93,258	11.0%
NET COUNTY COST	459,737	515,204	608,462	93,258	18.1%

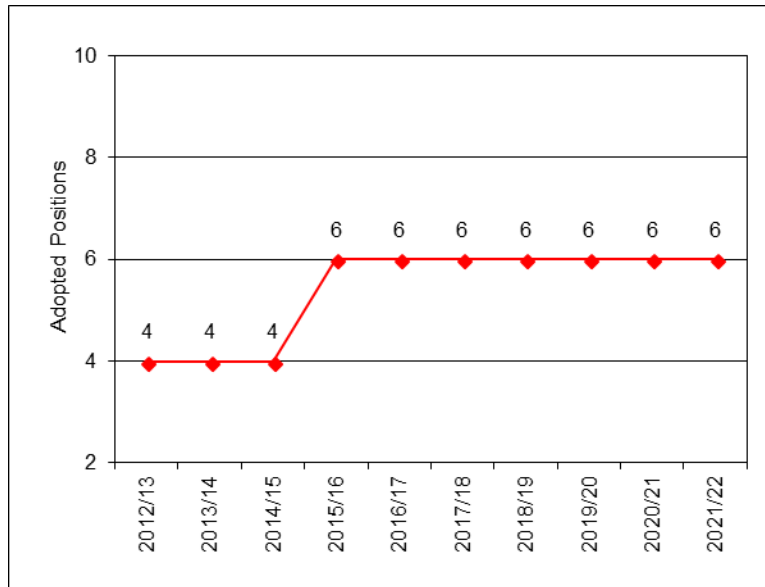
SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

There are no changes in position allocation.

STAFFING TREND



PENDING ISSUES AND POLICY CONSIDERATIONS

COVID-19 – The Recommended Budget was prepared during the continued response to the COVID-19 pandemic emergency. At this time, it is unclear if the FY2021/22 Budget will be additionally impacted by COVID-19. Department staff will continue to monitor and evaluate COVID-19 impacts and will provide necessary revisions when verified.

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