

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:	
FY2021/22 Midyear Projection:	360,591,850
FY2022/23 Recommended:	402,702,056
County General Fund Contribution:	26,972,829
Percent County General Fund Supported:	6.7%
Total Employees (FTEs):	1,367.15

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 through the Federal Substance Abuse Block Grant (SABG) previously funded under the Proposition 47 grant program which expired 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, Infants, and Children (WIC) clinics, as well as mobile dental and mobile primary care services. The majority of patients served by Family Health Services (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	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
ADMINISTRATION DIVISION	3,849,805	3,907,647	2,172,979	(1,734,668)	(44.4%)
BEHAVIORAL HEALTH DIVISION	92,848,067	110,985,167	115,856,894	4,871,727	4.4%
SOCIAL SERVICES DIVISION	108,016,240	124,278,650	135,819,324	11,540,674	9.3%
IHSS - PA ADMINISTRATION	647,785	855,338	908,258	52,920	6.2%
PUBLIC ASSISTANCE PROGRAMS	53,682,650	58,632,254	58,686,463	54,209	0.1%
FAMILY HEALTH SERVICES DIVISION	25,766,644	31,535,483	32,452,430	916,947	2.9%
HEALTH SERVICES DIVISION	<u>54,546,258</u>	<u>58,087,674</u>	<u>51,298,768</u>	<u>(6,788,906)</u>	<u>(11.7%)</u>
TOTAL REVENUES	339,357,449	388,282,213	397,195,116	8,912,903	2.3%
APPROPRIATIONS					
ADMINISTRATION DIVISION	3,849,979	3,907,647	2,172,979	(1,734,668)	(44.4%)
BEHAVIORAL HEALTH DIVISION	92,850,325	110,985,167	115,856,894	4,871,727	4.4%
SOCIAL SERVICES DIVISION	107,964,598	124,278,650	135,819,324	11,540,674	9.3%
IHSS - PA ADMINISTRATION	647,785	855,338	908,258	52,920	6.2%
PUBLIC ASSISTANCE PROGRAMS	53,682,650	58,632,254	58,686,463	54,209	0.1%
FAMILY HEALTH SERVICES DIVISION	25,750,378	31,535,483	32,452,430	916,947	2.9%
HEALTH SERVICES DIVISION	<u>48,439,435</u>	<u>60,453,842</u>	<u>56,805,708</u>	<u>(3,648,134)</u>	<u>(6.0%)</u>
TOTAL APPROPRIATIONS	333,185,151	390,648,381	402,702,056	12,053,675	3.1%
NET CHANGE	(6,172,298)	2,366,168	5,506,940	3,140,772	132.7%

STAFFING					
ADMINISTRATION DIVISION	106.00	108.00	109.00	1.00	0.9%
BEHAVIORAL HEALTH DIVISION	216.25	216.25	229.25	13.00	6.0%
SOCIAL SERVICES DIVISION	656.00	669.00	692.50	23.50	3.5%
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	170.15	152.40	156.40	4.00	2.6%
HEALTH SERVICES DIVISION	<u>161.25</u>	<u>170.00</u>	<u>175.00</u>	<u>5.00</u>	<u>2.9%</u>
TOTAL STAFFING	1,314.65	1,320.65	1,367.15	46.50	3.5%

Primary Funding Sources

The primary funding sources for H&SS are federal and State Program revenues of approximately \$218 million (54.9% of total); 1991 Realignment (see glossary for definition) a Statewide (sales tax based) revenue - \$42.5 million; 2011 Public Safety Realignment (see glossary for definition) a Statewide (VLF and sales tax based) revenue - \$43.3 million; and Charges for Services estimated at \$27.1 million in reimbursements for services. The County General Fund Contribution of \$26.97 million represents 6.7% 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 the 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 FY2022/23, direct charges from other County departments plus Countywide Administrative Overhead total \$26.6 million of which 93.3%, or approximately \$25 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 Funds

The FY2022/23 Recommended Budget includes \$13,211,025 in COVID-19 related funds compared to \$15,418,425 in FY2021/22, a decrease of \$2,207,400 or 14.32%. The decrease reflects \$1,538,875 decrease in federal direct grants and \$668,525 decrease in State pass-through funds.

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 FY2022/23 Recommended Budget includes \$42.5 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.
- 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 \$9.1 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 \$43.3 million in 2011 Realignment funds for FY2022/23. 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 Recommended Budget includes a County General Fund Contribution in the amount of \$26,972,829, an increase of \$3,064,582 when compared to the FY2021/222 Adopted Budget. The above amount excludes \$124,975 in additional transfers to H&SS – Administration representing the General Fund Contribution to Non-County Agencies contracted through H&SS.

The increase is comprised of the following:

- \$1,297,117 increase in Social Services due to increase in spending in the administration of CalFresh.
- \$1,337,437 increase in Family Health Services to fund fifty percent (50%) of the ongoing structural deficit in the primary care and dental clinics previously funded one hundred percent (100%) with 1991 Health Realignment.
- \$430,028 increase in Assistance due to increased contribution in the County share of cost of Foster Care, Adoptions Assistance, and General Assistance programs.

The County General Fund Contribution of \$26,972,829 is appropriated with \$6,276,737 funding the Assistance Programs, and \$20,696,092 funding the following operations in H&SS:

- \$2,967,241 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.

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- \$4,015,436 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.
 - \$3,542,175 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.
 - \$900,334 for administrative costs that are non-claimable.
 - \$1,419,356 to support H&SS integration, homeless outreach and community services efforts, SSI advocacy, Nurse Family Partnership, and CalFresh Verification programs.
 - \$1,337,437 to support the Family Health Services primary care and dental clinics.

Primary Operational Expenditures

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

- Administration (BU 7501) includes \$2,172,979 in appropriations which recovers most costs through Administrative Overhead Intrafund Transfers.
- Social Services (BU 7680) includes \$135,819,324 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 \$908,258 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 \$115,856,894 in appropriations which includes Mental Health and Substance Abuse.
- Family Health Services (BU 7580) includes \$32,452,430 in appropriations which includes primary and dental care clinics, including mobile vans.
- Health Services (BU 7880) includes \$56,805,708 in appropriations which includes Public Health and Medical Services.
- Assistance Programs (BU 7900) includes \$58,686,463 in appropriations which includes above referenced assistance programs.

Other Administered Budgets not part of Fund 902 includes \$21,196,510 for the IHSS Public Authority (Fund 152 - BU 1520), \$563,902 for Tobacco Prevention and Education (Fund 390 - BU 7950), \$6,493,802 Napa/Solano Area Agency on Aging (Fund 216 – BU 2160) and a Transfers-Out of \$34,552,426 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.

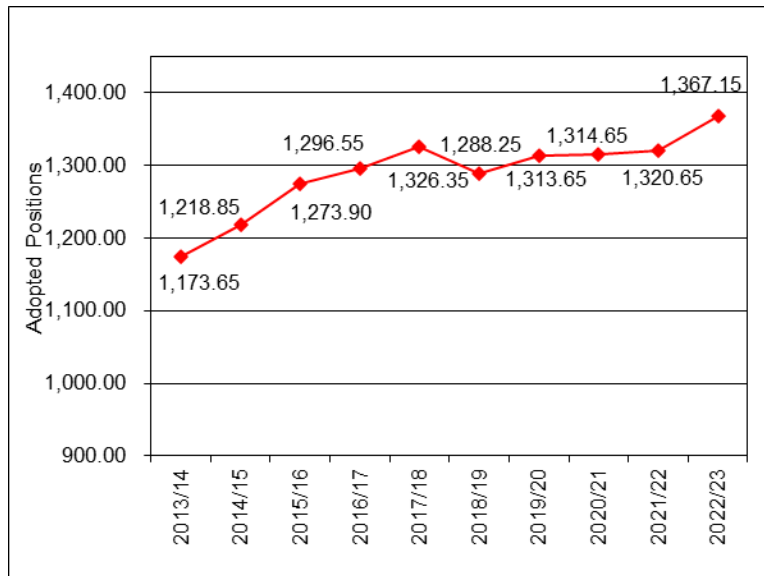
DEPARTMENT COMMENTS

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 FY2022/23 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 and Quality Assurance, Contracts Management, and Employee Services.

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 and Quality Assurance

The Compliance and Quality Assurance Unit provides an integrated system for the Department's compliance oversight. The unit is responsible for identifying and analyzing regulatory requirements, developing the Annual Compliance Work Plan, and operating a continuous risk assessment (CRA) model whereby adjustments are made throughout the year to meet priorities and respond to emerging issues. In addition, the Compliance Unit is responsible for maintaining the online reporting system, investigating privacy breaches and security incidents, and working in collaboration with County partners in the implementation of various projects with compliance implications.

Contracts Management

Contracts Management is responsible for coordinating the administration and monitoring of more than 550 contracts and service agreements with a value of approximately \$151 million.

Employee Services

Employee Services oversees H&SS employee hiring, coordinates department-wide County mandated training for H&SS employees, and is 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 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 \$105 million in federal expenditures. The result of the FY2020/21 Single Audit is still pending.
- During FY2021/22, in addition to standard operational duties, the Administrative Support Bureau (ASB) continued to serve 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 Personal Protective Equipment (PPE) supplies and disinfection items for

distribution to the Department's programs and building reception and common areas; arranging for PPE and disinfection items placed in vehicles; and coordinating with the Department of Information Technology for the centralized purchase of 406 refresh computers and peripherals.

- The Budget and Financial Management Unit, in coordination with the Contracts Unit, Compliance and Quality Assurance, and Program Divisions, completed risk-based subrecipient monitoring site visits for eight contracts during FY2021/22.
- The Budget and Financial Management Unit continues to experience significant challenges in the recruitment and retention of fiscal staff within the Policy and Financial Management Teams that support the Department's budgetary, financial reporting, and day-to-day accounting operations due to the complexity of the work and the associated work demands.
- Contracts Unit partnered with Risk Management and County Counsel to refine the process for reviewing contractors' compliance with the County's insurance requirements. The unit held a series of kick-off meetings in December 2021 to review the requirements.
- Contracts Unit implemented a centralized process for conducting annual debarment checks of contractors. In October 2021, the Contracts Unit completed the debarment checks for 203 contracts that are up for renewal in FY2022/23.
- During FY2021/22, Employee Services provided critical COVID-19 support to H&SS operations. This included ongoing processing of telework agreements and supporting Public Health in the coordination of contact tracing volunteers. In addition, the unit successfully converted in-person trainings to online versions, including Civil Rights, Mandated Reporter, Compliance and HIPS, to accommodate the varying work locations of staff due to COVID-19.

WORKLOAD INDICATORS

- Administrative Support Bureau (ASB) facilitated over 1,900 purchase transactions (through purchase orders, credit cards, Office Depot) with expenditures totaling approximately \$6.2 million across the Department.
- ASB completed the annual physical inventory of approximately 7,697 fixed assets assigned to H&SS.
- Budget and Financial Management Unit managed approximately \$602 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; \$135 million in client benefits paid by the State; \$17 million in client assets; and \$64 million in other funds (including restricted trust funds).
- The Billing and Collections Unit processed approximately \$35 million in Medi-Cal, Medicare, and private insurance claims.
- Accounts Payable and Contracts Units processed approximately 9,757 vendor claims totaling \$157 million.
- The Compliance Unit reviewed over 400 contracts and MOUs, ensuring that the appropriate exhibits were included. The Compliance Unit met weekly with DoIT security staff in completing the Health Insurance Portability and Accountability Act (HIPAA) risk assessment.
- The Employee Services Unit processed 87 new telework agreements, bringing the total of approved H&SS telework agreements to 892; scheduled Live Scans, and organized trainings.
- The Employee Services Unit, in partnership with the Solano County General Services Department, prepared for and completed the California Department of Social Services (CDSS) mandated Civil Rights Compliance Plan. The report from CDSS is still pending.
- The Employee Services Unit coordinated the processing of 238 FTE new hires, promotions, and transfers, and 139 separations prepared and processed 3,040 personnel action requests (ePARs); and monitored and troubleshooted the timecard reporting of approximately 1,164 employees in the IntelliTime payroll system for the period July 1, 2021 to March 1, 2022.

DIVISION BUDGET SUMMARY

The Recommended Budget represents decreases of \$1,734,668 or 44.4% in both revenues and appropriations when compared to the FY2021/22 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 Recommended Budget includes a \$1,734,668 or 44.4% net decrease in revenues primarily due to the following:

- Decrease of \$1,026,500 in Intergovernmental Revenues primarily due to fully spending the one-time CMSP COVID-19 Emergency Response Grant (CERG) funds in FY2021/22.
- Decrease of \$708,168 in interest income due to the timing of receipt and disbursement of cash within Fund 902.

Primary Costs

The Recommended Budget includes a \$1,734,668 or 44.4% net decrease in appropriations primarily due to the following:

- Increase of \$101,272 in Salaries and Employee Benefits due to negotiated and approved labor contracts resulting in increases in wage and retirement costs offset by decreases in health insurance, vision and dental insurance, worker's compensation, unemployment insurance, and in budgeted salary savings.
- Decrease of \$298,830 in Services and Supplies due to decreases in controlled assets – computer related as a result of fewer computers due for refresh in FY2022/23 and in contracted services as a result of changes in how security charges are distributed to H&SS divisions. These decreases are partially offset by increases in property insurance and DoIT charges.
- Decrease of \$1,950,841 in Other Charges due to decreases in contracted direct services funded with one-time CMSP CERG funds, interest expense and Countywide Administrative Overhead.
- Decrease of \$412,784 in offsetting Intrafund Transfers primarily due to a decrease in net claimable H&SS administration costs transferred to program divisions.

Contracts

The FY2022/23 Recommended Budget includes a total of \$554,165 or 25.5% in contracted and professional services. H&SS will return to the Board in June 2022 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	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	807,726	1,017,402	309,234	(708,168)	(69.6%)
INTERGOVERNMENTAL REV STATE	885,504	1,000,000	0	(1,000,000)	(100.0%)
INTERGOVERNMENTAL REV FEDERAL	545,327	26,500	0	(26,500)	(100.0%)
CHARGES FOR SERVICES	874	0	0	0	0.0%
MISC REVENUE	16,409	300,000	300,000	0	0.0%
OTHER FINANCING SOURCES	155,196	124,975	124,975	0	0.0%
GENERAL FUND CONTRIBUTION	1,438,770	1,438,770	1,438,770	0	0.0%
TOTAL REVENUES	3,849,805	3,907,647	2,172,979	(1,734,668)	(44.4%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	11,409,812	15,079,529	15,180,801	101,272	0.7%
SERVICES AND SUPPLIES	3,457,336	4,528,019	4,229,189	(298,830)	(6.6%)
OTHER CHARGES	3,172,110	3,722,311	1,771,470	(1,950,841)	(52.4%)
OTHER FINANCING USES	430,779	135,975	136,922	947	0.7%
INTRA-FUND TRANSFERS	(14,620,058)	(19,558,187)	(19,145,403)	412,784	(2.1%)
TOTAL APPROPRIATIONS	3,849,979	3,907,647	2,172,979	(1,734,668)	(44.4%)
NET CHANGE	174	0	0	0	0.0%

STAFFING					
ADMINISTRATION DIVISION	106	108	109	1	0.9%
TOTAL STAFFING	106	108	109	1	0.9%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in the Division’s position allocations since the adoption of the FY2021/22 Budget are provided below:

On April 18, 2022 the following position was approved administratively:

- Added 1.0 FTE Limited-Term Office Supervisor expiring May 7, 2022 to allow for training due to a retirement.

There are no changes in position allocation in the FY2022/23 Recommended Budget.

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 FY2022/23 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, contracted through a State waiver to Partnership HealthPlan of California managing Drug Medi-Cal (DMC) under a Regional Model, as well as oversight to the Mental Health Services Act (MHSA) funding. Integration of these funding sources and 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 Division provides specialty mental health services (SMHS) in accordance with Title 9, California Code of Regulations, sections 1820.205, 1830.205, and 1830.210. Substance Use Disorder services are delivered under the authority of Title 45, Code of Federal Regulations and California Health and Safety Code sections 11750-11997. Behavioral Health provides integrated co-occurring care (Mental Health and Substance Use Disorder) for those who meet medical necessity for services under the MHP. Annually, Behavioral Health receives Mental Health Block Grant (MHBG) and Projects for Assistance in Transition from Homelessness (PATH) funding through the federal government, under the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). Behavioral Health also receives various other State grants to support special populations and initiatives.

Substance Use Disorder services are provided through a contract with Partnership HealthPlan of California (PHC) under the Organized Delivery System (ODS) State waiver for Drug Medi-Cal (DMC) services since July 2020, as well as services for those that do not have Medi-Cal under the Substance Abuse Block Grant (SABG), and also through SAMHSA.

The Behavioral Health Division provides a continuum of care across the age span for those individuals that 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) contract, and the indigent and uninsured. Federal law requires that service must be provided in the least restrictive setting, appropriate to the individualized needs and choices of each client. 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 administration, which includes Quality Assurance and Performance Improvement, 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 provisions within the mental health programs of the Behavioral Health 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. Access staff screen callers for both mental health and substance use needs, eligibility, and offer connection to the right place for assessment and ongoing treatment.
- Recovery oriented treatment, rehabilitation, and community support services to seriously emotionally disturbed children, 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. Since May 2021, mobile crisis services are provided in

collaboration with 9-1-1 dispatch and law enforcement, supporting de-escalation, safety planning, and redirecting people to appropriate crisis services versus emergency rooms and jails.

- Community-Based Multidisciplinary service teams, or Full Service Partnerships (FSP) for youth and adults, 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 community based organizations (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 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 the court, Probation Department, 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.
- MHSA 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.
- Administration of grants 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.

Specific service provisions within the Substance Use Disorder (SUD) program, including those expanded by the Partnership Regional Model, include:

- Service linkage through referral to Beacon call center, SUD providers, or Behavioral Health staff who complete American Society of Addiction Medicine (ASAM) assessments to determine level of care and needs. This includes oversight of services on behalf of Partnership HealthPlan providers and monitoring/authorization of County funded services for those who are not Medi-Cal eligible.
- Services were expanded due to the Drug Medi-Cal (DMC) waiver and include prevention, intervention, treatment, and recovery services for alcoholism and other drug addictions for youth and adults, including probationers and parolees; residential treatment for adults, with preferential placement given to pregnant and postpartum women and IV drug users; withdrawal management, or detox; Medication Assisted Treatment, and recovery supports.

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- 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 youth substance use.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

Mental Health

Behavioral Health 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.

- The California State Department of Health Care Services (DHCS) launched a system redesign plan in January 2022 after an approved Medicaid Waiver from the federal Center for Medicaid Services. California Advancing and Innovating in Medi-Cal (CalAIM) intends 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. To meet the requirements of this effort, staff have developed a steering committee and implementation team to adhere to requirements as outlined in the Behavioral Health Quality Improvement Program (BHQIP) implementation plan required by DHCS for incentive payments, which was submitted Spring 2022.
- Along with implementing the Drug Medi-Cal Organized Delivery System (ODS), Behavioral Health 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 2021 showed that out of a total of 3,712 adult clients with mental health diagnoses, 1,298 or 35% of the clients also had a co-occurring substance use disorder, which often affects their ability to fully engage in mental health treatment. Historically these services have not been provided concurrently, resulting in underreporting diagnoses. The national prevalence of co-occurring diagnoses is 50-60%. As this is also an integral part of the CalAIM system redesign, Behavioral Health continues to implement co-occurring integration with staff and community partners for better coordination of care.
- Behavioral Health continues to focus on special population needs that include those with justice involvement, homelessness, and youth needing residential treatment.
 - Submitted for cohort 3 of the Proposition 47 grant program through the Board of State and Community Corrections to create a multiagency jail discharge planning coalition for people exiting jails; to expand forensic housing and services, and to create a competency restoration training for individuals with misdemeanor charges who are best diverted to service programs.
 - The Forensic Treatment Team continues to collaborate on policies and processes within the courts related to mental health diversion, mental health and drug court, and Laura's Law (i.e., Assisted Outpatient Treatment). The programs continue due to the success of engaging clients into treatment and lowering recidivism rates.
 - Solano County's Assisted Outpatient Treatment (AOT) initiative began in 2019 as a new intervention strategy adopted by the Solano County Board of Supervisors for local implementation. AOT is a civil (not criminal) legal procedure that can be requested by concerned family members, caregivers, and other qualified referral sources (see below) for people who may be too ill to recognize the need for services. The program has received 89 total referrals to date, of which two resulted in a petition to the court for involuntary treatment. Due to inability to locate the individuals, court orders were not pursued. For 2021, Solano received 36 referrals, 28 met criteria (8 were ineligible), 1 was referred to the court for court order. This is 3 more than the total of 33 referrals for 2020. As these numbers reflect, the overwhelming number of referrals to AOT are voluntarily engaging in their treatment through assertive outreach, engagement, relationship

building and system navigation. Some referrals have resulted in LPS conservatorship, which the AOT team assisted in providing detailed clinical information and collateral about the individual in the community. AOT has 25 current individuals they are working to engage.

- The Diversion Community Treatment (DCT) program, which started on July 1, 2020, provides intensive services to people on mental health diversion. Services include intensive case management, housing subsidies, vocational rehabilitation, therapy, individual rehabilitation, coordination with mental health court, and linkage to supports. The program served 37 individuals in FY2020/21 (the first year of operation) and has served 32 clients in first ten months of FY2021/22.
- The HOPE Team (Homeless Outreach Partnership and Engagement) increased outreach to the homeless across the County to screen for mental health needs. Behavioral Health has taken a key role in planning and hosting pop-up events with various cities and community partners. To date, 258 individuals have been engaged as a result of these events. The team started a Street Medicine evidence-based program that offers homeless outreach and psychiatry to people in homeless encampments and shelters, supported by a team of community service coordinators, specialists, nursing/medical, and clinicians. The team collaborates with law enforcement to find and intervene with people who may also be in crisis. In 2021, through this outreach effort, 469 individuals were served with 33% accepting mental health services. Lack of housing options continues to be the main barrier to engagement in services.
- In April 2022, mobile crisis services became available countywide. From July 1, 2021 through March 28, 2022, the Mobile Crisis Team responded to 204 callers. Of these callers, 58% were stabilized in the community thus diverted from emergency rooms, jails and hospitals, the others utilized Crisis Stabilization Unit services. Challenges continue with the 24-hour, 7-day week operations due to staffing/hiring issues.
- School based mobile crisis was implemented on July 27, 2021 with the Solano County Office of Education (SCOE) utilizing Mental Health Student Services Act (MHSSA) grant funds. SCOE began to provide School-Based Mobile Crisis Services and the screening/assessment services at the start of the 2021-22 school year in collaboration with the County, school districts and school sites, local police departments and community partners. Additionally, SCOE has hired and trained clinicians as Crisis Specialists to respond to crisis situations on K-12 school campuses serving children and youth experiencing a mental health crisis. All students in need will be served, regardless of insurance or immigration status, with the mission of de-escalating situations, linking families to necessary services, and supporting the coordination of care.
- Creation of the Crisis Aftercare and Recovery Engagement (CARE) Team to support new and/or unconnected clients who have been placed on a 5150 hold, discharged from a psychiatric hospital, or need psychiatric stabilization in a crisis setting, including the Crisis Stabilization Unit, crisis residential treatment program, and/or contact with the mobile crisis. Brief short-term case management between 30-60 days to ensure successful engagement of adults and children in ongoing treatment services. Goal is to increase engagement in services post-crisis for clients who are not engaged in outpatient care.
- Summer of 2021, staff began working with Child Welfare Services (CWS) on the implementation of the federal Family First Prevention Services Act (FFPSA), signed into law on February 9, 2018. The FFPSA enhances support services for families to help children remain at home and reduce the use of congregate care placements by increasing options for prevention services and increased oversight and requirements for placements. Behavioral Health staff have been meeting monthly with CWS and providers at the System of Care Interagency Leadership Team and have developed and implemented a referral process, assigned three clinicians as Qualified Individuals, and have received 20 referrals thus far. All referrals are reviewed timely, and a guidance template was created for determining level of placement to establish consistency. Behavioral Health is currently working with providers to further develop and implement the Short-Term Residential Therapeutic Program (STRTP) Wraparound aftercare service component by the October 1, 2022 deadline.
- Affordable supportive housing is critical to the service continuum and several grants were awarded to address this need:
 - No Place Like Home (NPLH) Round 1 funding: The groundbreaking was held on Thursday, February 17, 2022 for the Fair Haven Commons project on Sunset Avenue in Fairfield. This housing development will provide 72 affordable apartment homes for families and individuals, of which 34 of the units are permanent supportive housing for those who are homeless and with mental health needs, funded by Solano County's allocation from the California Department of Housing and Community Development NPLH program.

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- No Place Like Home (NPLH) Round 2 funding: Staff are working with Eden Housing, the City of Vallejo, CAP Solano JPA and others on the development of a 75-unit housing complex on Sacramento Street in Vallejo that will provide 23 permanent supportive housing units for those who are homeless and with mental health needs, funded by Solano County's allocation from the California Department of Housing and Community Development NPLH program. The loan closed on October 2021 and construction should begin with an estimated completion date of late 2023.
- Homeless Housing Assistance and Prevention (HHAP) Round 2 and 3 funding: Additional rounds of funding were awarded for a total of \$2.2 million across a number of years and will be used to offset staffing costs to support individuals residing in the NPLH units. Staff are currently working with a consultant to finalize a local homeless action plan and final application submission.
- The new Mental Health residential treatment facility on the Beck campus: Solano County hosted a groundbreaking ceremony for the new facility on Tuesday, October 5, 2021. Solano County is one of 10 California counties selected to receive two rounds of funding under SB 843, the Community Services Infrastructure (CSI) grant program, to construct a Mental Health Diversion and Adult Board and Care facility to house adult residents experiencing mental health challenges and who are either on jail diversion or homeless/at risk. SB 843 provides approximately half of the funding for this \$12.5 million project, with the remaining costs covered by Public Facility fees and grant funds from the State of California Homeless Housing Assistance and Prevention (HHAP-Round 1 allocation). Construction is expected to be completed by October 2022.
- The continued lack of sufficient board and care and community housing (locally and regionally) poses a challenge for care providers (e.g., 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 Behavioral Health continues to look for options.
- Services continue face-to-face and via telehealth (implemented at start of the pandemic) providing clients a choice, as people have shared that they find telehealth beneficial in many cases. 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. The strength of offering both modalities is it addresses disparities in healthcare related to transportation issues, likelihood of reassessments/engagement and its appeal to younger individuals.
- There is a continued need for a specialized medical case management community team as the number of people receiving services that have high complex medical needs (e.g., eating disorders) is increasing as the population ages. Many clients are remaining on case management but would benefit from a program that is community-based with more emphasis on complex medical concerns, however, contracting with agencies has proven difficult.

Substance Use Disorders

- Beginning July 1, 2020, the County, along with six other counties and Partnership HealthPlan of California (PHC), 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.
- Behavioral Health recently supported an agency to contract with PHC to provide SUD treatment to youth (i.e., office, telehealth, and community-based services), which is also being supplemented with Substance Abuse Prevention and Treatment Block Grant (SABG) funds to ensure a financially viable caseload development. This was not available prior to 2022 and will be critical to address the increased number of youths needing SUD interventions.

WORKLOAD INDICATORS

The following workload indicators cover calendar year 2021:

- Solano County Behavioral Health provided mental health services to approximately 5,762 severely mentally ill adults and youth through County programs, contract programs and the Managed Care Provider Network. The County adult outpatient clinic services served 3,315 adults, a 16% decrease from 2020. Programs served 1,634 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 2021, 43 clients were served in the network for an average of 16 sessions each. This is 40% fewer clients than in 2020. This approximates the reduction seen annually since the provider network entered into contracts with the managed care plans (namely Partnership HealthPlan locally) to provide mild-moderate mental health services (formerly there had been no such benefit). Previously, the client base was 675 clients served in the provider network. This is a decrease in caseload by 94% over the eight-year time frame.
- Behavioral Health has been focused on reducing high residential facility costs, looking at appropriateness of placements and stepping down people to appropriate levels of care. In FY2020/21, 25 of the 43 new admissions (58% of total admission) were placed in an Institute for Mental Disease (IMD) setting. 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.

DIVISION BUDGET SUMMARY

The Recommended Budget represents increases of \$4,871,727 or 4.4% in both revenues and appropriations when compared to the FY2021/22 Adopted Budget. The County General Fund contribution of \$6,453,674 remains unchanged.

Primary Funding Sources

Federal revenues are a primary funding source for Behavioral Health Services. Federal revenue provides 50% reimbursement for adult mental health and Drug Medi-Cal services provided to traditional Medi-Cal recipients. Children’s mental health services are also primarily reimbursed at 50%. 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 flexibly 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.

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

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actual allowable costs between the County, Partnership HealthPlan, and the Department of Health Care Services (DHCS) is supposed to happen yearly. Due to implementation challenges, the reconciliation for FY2020/21 is still pending.

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 Recommended Budget includes a \$4,871,727 or 4.4% net increase in revenues primarily due to the following:

- Increase in MHSA funding of \$2,514,208 due to projected increases in staffing and contractor costs for MHSA funded programs including expansion of school based and community mobile crisis services.
- Increase of \$2,059,371 in Federal/State Short Doyle Medi-Cal revenues primarily due to increases in billable adult and children contracted and county services.
- Increase of \$673,285 in Federal SABG funding due to supplemental funding available through the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and the American Rescue Plan Act (ARPA) to fund substance abuse prevention, recovery housing, and youth substance abuse services. The Recommended Budget assumes one prior year quarter and three current year quarters will be received in FY2022/23.
- Increase of \$537,210 in the use of 2011 Realignment primarily due to deferring one more month of DMC reimbursement, more unreimbursed administrative costs and an increase in Medi-Cal inpatient bed days offset with decreases in non-DMC substance abuse expenses not covered by SABG allocations and more children's services costs reimbursed with MHSA and Medi-Cal revenues. The FY2022/23 Recommended Budget includes prior year 2011 anticipated rollover and projected FY2022/23 receipts to fund ongoing operations.
- Increase of \$492,227 in the use of 1991 Realignment due to more bed days and rate increases for clients in Institutions for Mental Disease (IMDs) facilities and increases in staff costs for supportive housing services partially offset with a decrease in the use of State hospital beds due to a Department of State Hospital (DSH) policy change. The FY2022/23 Recommended Budget includes prior year 1991 Realignment anticipated rollover and projected FY2021/22 receipts to fund ongoing operations.
- Increase of \$302,000 in Federal Other revenues primarily due to additional Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and American Rescue Plan Act (ARPA) funding available to support additional staffing for the first episode psychosis program and intensive treatment for patients with eating disorders.
- Increase of \$101,730 in Federal Short Doyle Administration revenue primarily due increases in staffing and Department of Information Technology (DOIT) costs. The Recommended Budget assumes that two prior year quarters and two current year quarters will be received in FY2022/23.
- Increase of \$1,803 in Charges for Services primarily due to more third-party payer revenues projected.

Summary of Division Budget

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- Increase of \$1,728 in State 2011 Realignment revenues (AB 109) due to cost increases.
- Decrease of \$1,415,761 in grant revenues primarily due the termination of the Proposition 47 grant in August 2021 and fewer diversion program expenses for the DSH and Justice Assistance Grant (JAG) participants than anticipated.
- Decrease of \$389,104 in Federal Quality Assurance revenues primarily due to DOIT costs shifting to Short Doyle Administration based on time studies. The Recommended Budget assumes that two prior year quarters and two current year quarters will be received in FY2022/23.
- Decrease of \$6,970 in Forfeitures and Penalties due to fewer fees projected to be received from Probation for drug and alcohol offenses.

Primary Costs

Primary costs for Behavioral Health are: \$34,816,466 for Salaries and Employee Benefits; \$6,672,821 for Services and Supplies; \$70,613,263 for Other Charges; \$383,854 for Other Financing Uses; and \$3,370,490 for Intrafund Transfers.

The recommended appropriations for the Behavioral Health Division include \$103,122,512 for Mental Health (BU 7700) and \$12,734,382 for Substance Abuse (BU 7560).

The Recommended Budget includes \$4,871,727 or 4.4% net increase in appropriations primarily due to the following:

- Increase of \$2,042,810 in Salary and Benefits primarily due to the addition of new positions in Mental Health and cost of living increases offset by an increase in budgeted salary savings.
- Increase of \$290,695 in Services and Supplies primarily due to increases in maintenance costs for the electronic health record system due to cost of living increases and purchase of additional modules, increases in contracted services for security costs due to a change in how costs are charged, and advertising and marketing for public service announcements on suicide prevention and mental health stigma reduction. These increases were partially offset with a decrease in budgeting for an audit payback for prior year Medi-Cal disallowances based on a 2018 Office of Inspector General (OIG) audit on unallowable Medi-Cal reimbursement statewide. Solano County's share of the recoupment is \$1.86 million and payments were to be in four installments beginning in FY2018/19. One recoupment was done in FY2018/19, but the remaining were deferred due to COVID-19. While the recoupments were deferred, the County reserved the yearly amounts so budgeting for the recoupments is no longer needed. DHCS has indicated they will resume recoupments in FY2022/23.
- Increase of \$2,381,208 in Other Charges due to net increases in bed days and rates for inpatient hospital and Institutions of Mental Disease (IMD) facilities, locum tenens costs due to difficulties in hiring psychiatrists, expansion of First Episode Psychosis (FEP) contracted services, Short Term Residential Treatment Program (STRTP) beds day for children, increases in rates and salaries for vendors to address staffing recruitment issues, mobile crisis expansion in the community and schools, and reinstating some programs to pre-pandemic levels. These increases were partially offset with a reduction in the usage of State hospital beds due to State policy change and a decrease in diversion costs due to staff vacancies and fewer services accessed than anticipated.
- Decrease of \$728 in Other Financing Uses which reflects a decrease to Fleet as no vehicle will be purchased in FY2022/23 and offset with an increase in Pension Obligation Bonds.
- Increase of \$157,742 in Intrafund Transfers due to increases in Health and Social Services Departmental overhead, funding staff for client nutrition services, and additional staffing for the maternal child health program to provide mental health prevention and early intervention services.

Contracts

The recommended appropriations for Behavioral Health include \$64,912,620 or 56% in contracted services for the provision of an array of substance abuse and mental health services. H&SS will return to the Board in June 2022 with a master list of contracts for the Board's consideration.

Fixed Assets

None.

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DIVISION COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
FINES, FORFEITURES, & PENALTY	22,383	26,408	19,438	(6,970)	(26.4%)
INTERGOVERNMENTAL REV STATE	32,317,556	41,909,497	41,277,231	(632,266)	(1.5%)
INTERGOVERNMENTAL REV FEDERAL	27,430,027	29,993,945	32,988,897	2,994,952	10.0%
CHARGES FOR SERVICES	677,329	563,425	565,228	1,803	0.3%
MISC REVENUE	707,425	0	0	0	0.0%
OTHER FINANCING SOURCES	25,239,674	32,038,218	34,552,426	2,514,208	7.8%
GENERAL FUND CONTRIBUTION	6,453,674	6,453,674	6,453,674	0	0.0%
TOTAL REVENUES	92,848,067	110,985,167	115,856,894	4,871,727	4.4%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	27,425,768	32,773,656	34,816,466	2,042,810	6.2%
SERVICES AND SUPPLIES	5,536,118	6,382,126	6,672,821	290,695	4.6%
OTHER CHARGES	56,781,289	68,232,055	70,613,263	2,381,208	3.5%
OTHER FINANCING USES	273,386	384,582	383,854	(728)	(0.2%)
INTRA-FUND TRANSFERS	2,833,765	3,212,748	3,370,490	157,742	4.9%
TOTAL APPROPRIATIONS	92,850,325	110,985,167	115,856,894	4,871,727	4.4%
NET CHANGE	2,258	0	0	0	0.0%

STAFFING					
BEHAVIORIAL HEALTH	216.25	216.25	229.25	13.00	6.0%
TOTAL STAFFING	216.25	216.25	229.25	13.00	6.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in the Division's position allocations since the adoption of the FY2021/22 Budget are provided below.

On March 8, 2022, the Midyear Report included the following positions changes:

- Added 1.0 FTE Medical Records Supervisor to oversee compliance requirements for client records, funded with federal Quality Assurance revenues and 2011 Realignment.
- Added 1.0 FTE Mental Health Clinician (Licensed) to address additional demands on children's programs as a result of new federal/State requirements (Family First Prevention Services Act), funded with Medi-Cal revenues and 2011 Realignment.
- Added 1.0 FTE Office Supervisor to assist with administrative and technical requirements for implementing California Advancing and Innovating in Medi-Cal (CaAIM). Position will be funded with federal administrative revenues and 2011 Realignment.
- Added 1.0 FTE Project Manager to oversee grant reporting, contracts, and invoicing for adult behavioral health programs. Position is funded with 1991 and 2011 Realignment.
- Extended 1.0 FTE Limited-Term (project) Mental Health Specialist II through June 30, 2023. The position provides outreach and coordination services to individuals in the criminal justice system seeking treatment for substance abuse. The position is funded with Substance Abuse Block Grant (SABG).

- Extended 1.0 FTE Limited-Term (project) Mental Health Clinician (Licensed) through June 30, 2023. The position provides assessments and triage for Mental Health diversion clients. The position is funded with MHSA.

The FY2022/23 Recommended Budget includes the following position changes:

- Add 1.0 FTE Mental Health Clinical Supervisor to provide clinical oversight and support to MHSA programs, including efforts related to communitywide stigma/discrimination reduction and suicide prevention as required by MHSA regulations. The position is funded with MHSA – Prevention and Early Intervention (PEI).
- Add 2.0 FTE Mental Health Specialist II to support the transition of persons with mental illness from homelessness or higher levels of care into their own apartments as part of two separate No Place Like Home (NPLH) grants. The NPLH agreements require the County to provide mental health supportive services to tenants for a minimum of 20 years. County responsibilities are also included in the MHSA Three Year Plan. The Eden Housing project in Vallejo, approved by the Board on December 10, 2019, created 23 affordable housing units and the MidPen/Fair Havens Common project in Fairfield, approved by the Board on September 14, 2021, created 34 affordable housing units. These positions will be funded with Homeless Housing, Assistance and Prevention (HHAP) round 2 revenues.
- Add 3.0 FTE Mental Health Specialist II to provide on-duty supports, case management, and care coordination as per MHSA Three Year Plan to adults in each of the three Integrated Care Clinics (Fairfield, Vallejo and Vacaville). These positions will be funded with MHSA revenues.
- Add 2.0 Behavioral Health Peer Support Specialist to provide 'lived' experience and support and mentoring to clients. Clients identify well with these peer supports which has resulted in positive results. The positions also fill the workforce gap with the CalAIM redesign. The positions will be funded with MHSA revenues.
- Add 1.0 FTE Medical Assistant to assist clients, including supporting the increased use of telehealth by clients. This position is funded with 2011 Realignment.

PENDING ISSUES AND POLICY CONSIDERATIONS

Funding for Behavioral Health programs rely significantly on 1991 and 2011 Realignment and MHSA revenues to fund the nonfederal share for Medi-Cal services and operating costs for programs if no other funding source is available. Realignment funding relies on sales tax generation and MHSA on personal income taxes on higher income taxpayers. While these sources experienced more growth than anticipated, any fluctuations in the economy will impact what the County receives for these revenues. The Recommended Budget assumes that many of the programs will return to pre-pandemic levels. If staffing recruitment and retention challenges remain, program expenditures and revenue generation may be impacted.

Several key components of the California Advancing and Innovating Medi-Cal (CalAIM) initiative that impact Behavioral Health will be implemented in FY2022/23. Scheduled for implementation are documentation redesign, no wrong door to access services, co-occurring treatment, and standardized screening and transition tools. Payment reform will be implemented July 1, 2023, which will significantly change the reimbursement structure for Medi-Cal services. Program and fiscal impacts of the CalAIM changes are still unknown. The State is seeking consistency across all 58 counties.

CalAIM continues to propose transitioning Kaiser Medi-Cal specialty mental health services to the County caseload by July 2023. DHCS currently estimates that approximately 2,091 current Kaiser beneficiaries will transfer with an estimated cost to serve this population exceeding \$16 million annually. No funding is available for this transfer and the County continues to advocate for sufficient funding and time to absorb this new responsibility.

Audits of Medi-Cal cost reports continue to be several years behind, and final settlement amounts continue to be unknown. In FY2021/22, DHCS notified counties that it would resume recoupment on the 2018 OIG audit. It also informed counties about two additional recoupments from administrative errors made at the State level. Between 2011 and 2020, DHCS did not collect the non-federal share for certain Medi-Cal aid codes for clients in fee for service hospitals. DHCS also erroneously claimed Medi-Cal for beneficiaries that were not eligible for federal funding. Solano County's share of the recoupment is \$2.78 million of the \$379.4 million statewide. The California Behavioral Health Directors Association (CBHDA) and the California State Association of Counties (CSAC) are advocating to the California Department of Finance that the remaining balances be forgiven as the State has already paid back the federal government. Counties also have concerns about how the recoupment payments were calculated.

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The Mental Health Board and Care residential facility is scheduled to be completed by October 2022. Only once (or when) the building is complete and released to the County can State licensing occur. Licensing is anticipated to take two to three months with a projected facility opening at the start of 2023 calendar year. A Request for Proposal (RFP) was issued, a vendor selected, and contract negotiations are underway. Since the process is not yet completed, the appropriations are not included in the Recommended Budget. The Department estimates the ongoing annual operational costs will be between \$2 million to \$2.5 million. Most of the costs aren't claimable so the Department will be asking for County General Fund for program operations. The Department will return to the Board in September 2022 with an update on costs and a proposed operations contract.

The FY2020/21 DMC-ODS reconciliation with DHCS and Partnership HealthPlan (PHP) is still pending. Fiscal impacts are unknown as FY2020/21 was the first year of operations of the DMC-ODS wavier program. Counties and the PHP continue to work together with DHCS to address issues impacting claiming and cost reconciliation. Delayed receipt of reimbursement for services from DHCS has improved; however, PHP and DHCS continue to have delays with the coding and reconciliation process which was originally slated for December 2021. The reconciliation process will include a cost settlement between the County, PHP and DHCS as well as potentially rebase the per utilizer per month (PUPM) rate the County pays for services.

On March 3, 2022, Governor Newsom released a proposal for CARE Court in each county. The proposal would require counties to provide comprehensive treatment to the most severely impaired and untreated population and hold patients accountable to their treatment plan. While the proposal seeks to hold counties accountable for the services, it does not provide any new funding for services or housing. The State has begun to engage the California State Association of Counties (CSAC), County Behavioral Health Directors Association (CBHDA), and other stakeholders to shape this concept and many details need to be developed.

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 FY2022/23 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

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 section 17000.

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

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

- In 2021, Solano Family Health Services membership remained at 30,535 Medi-Cal enrollees assigned through Partnership Managed Health Plan. Due to the pandemic, and staffing issues, new member enrollment was limited during this time period.
- In July 2021, the Fairfield Adult Primary Care Clinic consolidated sites with the Fairfield Pediatric Clinic. The primary motive for consolidating the clinics into one site was provider and support staff shortages. The staffing shortages were aggressively addressed, and on December 20, 2021, the Adult Primary Care Clinic returned to its clinic site. The temporary consolidation did impact the ability to serve patients at the Fairfield adult location but was mitigated by offering appointments and Uber Health transportation free of charge to patients in the Fairfield area seeking care and services at the other clinic sites.
- Provider recruitment continues to be challenging. The recruitment of physicians (MD/DO) was aided by an outside recruiting firm and the calendar year 2021 ended with significant staffing progress. Family Health Services was issued a Corrective Action Plan (CAP) in November 2021 by Partnership HealthPlan (PHP) due to the staffing levels in the Fairfield Clinics. Staffing levels/ratios in the Fairfield clinics have improved; therefore, the CAP has now been lifted.
- Challenges remain with the current electronic health records system and FHS and DoIT are working to minimize resulting productivity consequences, and to install upgrades in order to meet State and federal mandates including the federal 21st Century Cures Act and federal No Surprises Act, which prohibits providers from billing patients for out-of-network charges not paid by their insurers, and Partnership HealthPlan requirements. Discussions began in late 2021 around a replacement strategy for the electronic health records system.

WORKLOAD INDICATORS

- 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 2021, the average number of households served increased by 16% and the average total pounds of produce increased by 41%. Since the official launch of the program, the MFP has provided more than 450 tons of free and fresh produce to low-income families.
- In 2021, FHS provided primary care and dental health services to 19,741 patients, a slight increase of 172 patients from 2020 yet still lower than 2019 reflecting the continued 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 65,318 patient visits or a 6.6% increase from the prior fiscal year.
- In 2021, 52% of FHS patients lived below 100% of the Federal Poverty Line (FPL) and 91.3% of FHS patients had Medi-Cal Managed Care as their primary insurance or are dually enrolled in Medicare and Medi-Cal. Uninsured patients represented 7.9% of patients and the remaining 0.8% were enrolled with a private insurer.

DIVISION BUDGET SUMMARY

The Recommended Budget represents increases of \$916,947 or 2.9% in both revenues and appropriations when compared to the FY2021/22 Adopted Budget. The Recommended Budget also includes a County General Fund contribution in the amount of \$1,337,437.

Primary Funding Sources

The primary funding source for the Family Health Services (FHS) 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 California 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 for the dental van in FY2012/13. In FY2021/22, H&SS received a permanent rate for the Primary Care Van retroactively to FY2016/17. Other important funding sources for Family Health Services include the Health Care for the Homeless grant and the Ryan White (HIV/AIDS) grant.

FHS continues to experience operating losses due to insufficient FQHC revenues partly caused by circumstances beyond the clinics' control such as reimbursement rates not keeping up with rising costs to operate the clinics, and unanticipated leaves of absence/provider vacancies.

Previously, H&SS redirected 1991 Public Health Realignment to cover 100% of the FHS structural deficit, i.e., funding gap. However, 1991 Public Health Realignment is a primary source of County funding for the provision of Public Health services. The continued use of 1991 Public Health Realignment in FHS negatively impacts Public Health's ability to sustain and/or expand services, on a long-term basis, core Public Health functions that are primarily funded with 1991 Public Health Realignment. As a result, the FY2022/23 Recommended Budget includes County General Fund to partially support the FHS clinics.

The Recommended Budget for Family Health Services includes a \$916,947 or 2.9% net increase in revenues compared to the FY2021/22 Adopted Budget primarily due to the following:

- Increase of \$1,337,437 in County General Fund to fund the 50% balance of the ongoing structural deficit of \$2,674,873 within the clinics previously funded with 1991 Public Health Realignment.
- Increase of \$627,123 in FQHC revenues under Charges for Services due to projected increase in encounters as a result of additional providers through a locum contract and Touro University providers.
- Increase of \$203,675 in Miscellaneous Revenues due to an increase in estimated quality incentive revenues from Partnership HealthPlan.
- Increase of \$174,969 in Federal Aid primarily due to a projected increase in the HRSA Section 330 grant.
- Decrease of \$974,452 in Federal Direct COVID-19 due to one-time COVID-19 related grants received and fully expended in FY2021/22.
- Decrease of \$451,805 in 1991 Public Health Realignment. The Recommended Budget reflects the use of \$1,237,344 to fund the cost of care of the uninsured and underinsured (under W&I Code section 17000) that cannot be covered by the Health Resources and Administration (HRSA) Section 330 grant and the cost of Public Health services being provided at the FHS clinics such as immunization, viral and tuberculosis care; and an additional \$1,337,436 to fund 50% of the ongoing structural deficit within the clinics.

Summary of Division Budget

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

Primary Costs

The Recommended Budget includes \$32,452,430 in appropriations, an increase of \$916,947 or 2.9%. Primary costs are \$21,132,588 for Salaries and Employee Benefits, \$5,863,921 for Services and Supplies, \$2,746,894 for Other Charges; \$225,218 for Other Financing Uses, and \$2,483,809 for Intrafund Transfers.

The Recommended Budget includes a \$916,947 or 2.9% net increase in appropriations primarily due to the following:

- Increase of \$847,473 or 4.2% in Salaries and Employee Benefits due to position changes in FY2021/22 and in the Recommended Budget, as well as negotiated and approved labor contracts resulting in increases in wages, retirement, and health insurance costs. Also included is an increase in overtime costs related to COVID-19 response efforts which will be offset with the Public Health Division's COVID-19 related grants.
- Increase of \$386,207 in Services and Supplies primarily due to increases in Malpractice Insurance, controlled assets (equipment funded with HRSA Capital Grant funds), refresh computers and other computer related components, contracted services for consultants and data transfer capability services, and Department of Information Technology (DoIT) costs. The increase is offset by decreases in drugs, pharmaceuticals, dental supplies and other miscellaneous services and supplies.
- Increase of \$8,781 in Other Financing Uses due to the pension obligation bond costs.
- Decrease of \$303,374 in Other Charges primarily due to decreases in contracted direct services and in Countywide Administrative Overhead costs offset by increases in interfund professional services and small projects.
- Decrease of \$2,140 in Intrafund Transfers primarily due to a decrease in H&SS administrative costs as a result of vacancies offset by an increase in costs of staff from other divisions supporting Family Health Services.

Contracts

The FY2022/23 Recommended Budget for Family Health Services includes a total of \$1,629,589 or 5.0% in contracted services. H&SS will return to the Board in June 2022 with a master list of contracts for the Board's consideration.

Fixed Assets

None.

DEPARTMENT COMMENTS

None.

7580 – Fund 902-Family Health Services
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Summary of Division Budget

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	2,061,264	3,026,585	2,574,780	(451,805)	(14.9%)
INTERGOVERNMENTAL REV FEDERAL	4,079,640	4,562,840	3,763,357	(799,483)	(17.5%)
CHARGES FOR SERVICES	17,540,862	22,767,578	23,394,701	627,123	2.8%
MISC REVENUE	2,084,879	1,178,480	1,382,155	203,675	17.3%
GENERAL FUND CONTRIBUTION	0	0	1,337,437	1,337,437	0.0%
TOTAL REVENUES	25,766,644	31,535,483	32,452,430	916,947	2.9%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	17,104,384	20,285,115	21,132,588	847,473	4.2%
SERVICES AND SUPPLIES	4,162,493	5,477,714	5,863,921	386,207	7.1%
OTHER CHARGES	2,476,672	3,050,268	2,746,894	(303,374)	(9.9%)
F/A EQUIPMENT	23,198	20,000	0	(20,000)	(100.0%)
OTHER FINANCING USES	168,917	216,437	225,218	8,781	4.1%
INTRA-FUND TRANSFERS	1,814,713	2,485,949	2,483,809	(2,140)	(0.1%)
TOTAL APPROPRIATIONS	25,750,378	31,535,483	32,452,430	916,947	2.9%
NET COUNTY COST	(16,266)	0	0	0	0.0%

STAFFING					
FAMILY HEALTH SVS	170.15	152.40	156.40	4.00	2.6%
TOTAL STAFFING	170.15	152.40	156.40	4.00	2.6%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

Previously, H&SS used 1991 Public Health Realignment to fill the structural deficit (i.e., funding gap) in FHS. However, 1991 Public Health Realignment is a primary funding source for the County to provide Public Health services. The FY2022/23 structural deficit for FHS of \$2,674,873 will be funded with \$1,337,436 in 1991 Public Health Realignment and \$1,337,437 in County General Fund contribution.

SUMMARY OF POSITION CHANGES

Changes in the Division’s position allocations since the adoption of the FY2021/22 Budget are provided below.

On March 8, 2022, the Midyear Report included the following position changes:

- Converted 1.0 FTE Limited-Term Dental Assistant (Registered) to 1.0 FTE Dental Assistant (Registered) regular. The position assists in providing dental services to the community and is funded with FQHC payer revenues.
- Added 1.0 FTE Medical Records Technician (Senior). The position provides support to the medical records unit and is funded with FQHC payer revenues and 1991 Realignment.
- Converted 1.0 FTE Limited-Term Mental Health Clinician (Licensed) to 1.0 FTE Mental Health Clinician (Licensed) regular. The position provides behavioral health services to the community and is funded with FQHC payer revenues and 1991 Health Realignment.

Effective April 3, 2022, three positions that were transferred to Public Health to assist with COVID-19 response efforts have now been transferred back to Family Health Services:

- 1.0 FTE Clinic Registered Nurse (Senior)
- 2.0 FTE Medical Assistant

The FY2022/23 Recommended Budget includes the following position changes:

- Add 2.0 FTE Health Education Specialist (TBD) to provide training on the electronic medical records system (NextGen) plus new trainings on new system modules including, telehealth and a patient portal. There is a need for technical knowledge in this training and workflow improvement. The positions are funded with FQHC, 1991 Realignment and County General Fund.
- Delete 2.0 FTE Limited-Term Medical Assistants.

PENDING ISSUES AND POLICY CONSIDERATIONS

Staff continue to review and make operational changes to address the structural deficit in Family Health Services. The Division will provide an update as part of the FY2022/23 Midyear Report.

Challenges remain in streamlining processes within the electronic medical records 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.

Family Health Services is also evaluating the financial and operational considerations for replacing its current electronic health records system in the coming fiscal year. It is anticipated that implementation would require six months to a year and may result in operational down-time (reduced client visits) for training and implementation of the new system. Other potential impacts and the cost of this replacement are at the present unclear; however, it is anticipated that once implementation is completed, provider performance and client throughput as well as access to quality data will substantially improve which can improve overall patient outcomes.

Family Health Services continues to focus on operational and process improvements in order to optimize client services and revenue generation and anticipates implementing a number of changes, including provision of a patient portal, improved communication with clients using telehealth, and more robust appointment scheduling.

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.

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, and Infrastructure.

DHCS, Managed Care Plans and community health care associations are exploring an Alternative Payment Methodology (APM) model. APM is a payment approach that gives added incentive payments to provide high-quality and cost-efficient care but has not yet emerged as a new financial structure. However, replacing the current encounter based financial system with APM in lieu of the prospective payment system is greatly desired to elevate complex-patient care and improve quality and other clinical and financial outcomes. Family Health Services has a complex patient population with over 40% of the clinic traffic reporting issues with housing and homelessness.

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 FY2022/23 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.

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

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 Services Bureau is comprised of Emergency Medical Services (EMS), Emergency Preparedness and Response, and the Immunization Program, and is responsible for designation and oversight of specialty care medical centers, including Trauma Centers, ST Elevation Myocardial Infarction (STEMI) Centers (hospitals that receive heart attack cases), 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. The Bureau 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. The Bureau's EMS Program also serves as the County's Emergency Medical Services Agency and is responsible for oversight of the countywide emergency medical services system. In a public health emergency, the Bureau provides support for emergency operations, distribution of critical supplies (e.g., personal protective equipment), coordination of EMS resources, distribution of vaccines and therapeutic agents as needed and operation of vaccination clinics.

Public Health

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

Key functional areas in Public Health include communicable disease control, surveillance and epidemiology, health promotion and community wellness, public health laboratory, maternal, child and adolescent health, nutrition services, and vital statistics. In 2015, the Older and Disabled Adult Services Bureau (ODAS) 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 (N/S AAA) was established in the Older and Disabled Adults Services Bureau. The budget and metrics for ODAS and the N/S AAA are included in Budget Unit 7680, Social Services.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

Emergency Services

- Beginning in December 2020 and continuing throughout 2021, Solano EMS, in collaboration with hospital and community partners, has facilitated more than 400 COVID-19 vaccination clinics and has helped administer hundreds of thousands of doses of vaccine in Solano County. Emergency Services continues to partner with local schools, religious institutions, and community centers to operate clinics that serve the needs of our diverse community, while also prioritizing our most at-risk citizens. Emergency Services has coordinated with all 186 long-term care facilities in the county, as well as three homeless shelters, 33 senior housing complexes and 50 intermediate care facilities. In addition, vaccinations have been provided to 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, EMS has obtained and distributed critical supplies of personal protective equipment, medical therapeutics, testing supplies and related materials throughout the pandemic to healthcare partners in the county.
- The Bureau has also distributed over 700,000 pieces of personal protective equipment (PPE) to community hospitals, long-term care facilities, and other community partners.

- 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 was increased to better support the costs associated with services provided by the Solano Emergency Medical Services Cooperative (SEMSC), Joint Powers Authority (JPA). The 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 2021, 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 COVID-19 response teams with specific response strategies, such as: communicating with health care providers on the most recent State and national guidance; responding to outbreaks and providing support to businesses and facilities; 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 four other counties; and providing COVID-19 vaccine to over 300,000 people in Solano County. Through these efforts to date, 72% of eligible Solano residents are fully vaccinated against COVID-19, an additional 10% of eligible residents have been partially vaccinated, and nearly 50% of those eligible have received a booster dose of vaccine.
- The Infection Prevention Team was developed to evaluate and train high-risk locations to decrease the spread of the coronavirus in their facilities. In 2021, staff provided training at 133 facilities, visiting several of these sites multiple times and protecting nearly 3,400 residents in congregate homes.
- In 2021, the Case Investigation and Contact Tracing Team trained a workforce of more than 170 contact tracers/case investigators comprised of County employees, State employees, and Touro University students to investigate nearly 33,000 cases of COVID-19 in Solano County, trace their close contacts, and provide both cases and contacts with guidance and resources.
- The Public Health Laboratory serves five counties (Napa, Solano, Yolo, Marin, and Mendocino) and in 2021, provided some 62,000 COVID-19 lab tests to these counties within a 24–36-hour timeframe, typically operating seven days per week. The laboratory implemented eight new testing methodologies for SARS-CoV-2 detection. New instruments and methods have increased testing capacity for COVID-19 from about 100 specimens per day to over 600 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 2021, the Epidemiology Unit continued to play 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. The Epidemiology Unit led weekly conference calls with Solano County health care providers and with long-term care facilities to serve as a critical forum for guidance review, technical assistance and questions and answers. This unit maintains the County's COVID-19 dashboard, providing pertinent information about cases, demographics, trends, and community spread, as well as vaccine data.
- Through 2021, the Outbreak Response Team has investigated over 200 outbreaks in locations such as prison/correctional settings, skilled nursing and other residential care facilities for the elderly, day cares, adult developmental facilities, warehouse/manufacturing/business establishments and more. Worksite investigations were conducted at 91 locations covering approximately 16,000 employees and supported infection prevention and adherence to Occupational Safety and Health Administration (OSHA) guidance.
- In 2021, the Public Information Team developed press releases, newsletters, social media posts, public service announcements, video updates, newspaper columns and public health guidance documents to keep community members up to date. 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 multiple townhall presentations with partner agencies and granted media interviews throughout the year. The team focused on educating communities disproportionately affected by COVID-19 by

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providing information in English, Spanish and Tagalog through multiple media channels, including social media, television, radio, newspaper, and bus shelter advertising.

- In 2021, the Warmline Team responded to many thousands of calls and emails from community members about COVID-19 by providing up-to-date information, linkage to programs, and an empathetic ear. Bilingual staff provided Spanish language support for phone calls and written translations. When the mass vaccination site started at the Solano County Fairgrounds in early 2021, the warmline assisted 2,000 people per week with registering for vaccination appointments.
- In 2021, a Self-Isolation Support program was created in Solano County for individuals that have received a COVID-19 positive test result and who are not able to self-isolate. At the beginning of the pandemic, there were a number of these individuals who would check themselves into a hospital; however, there is now an option for them to stay in a room away from others throughout their infectious period. During their program participation they receive contactless meal deliveries, cleaning services, and support from the Solano County Health and Social Services Navigation Team if they have barriers to being healthy, safe, and stable once they leave the program. The COVID-19 Self Isolation program has served 42 clients.

Additional Highlights:

- The Oral Health Education Program of the Health Promotion and Community Wellness Bureau visited 27 sites; 153 children received a free fluoride varnish application/dental screening and 177 children received oral health education. Ninety-five percent (146 of 153) of those who received a free fluoride varnish application/dental screening were five years old or younger.
- Solano Public Health has been involved in a process to become accredited by the Public Health Accreditation Board (PHAB). This process involved review and development of over 2,000 documents to measure 328 evidenced-based standards across twelve domains aimed at improving and protecting the health of the public. Following document submission, the accreditation team completed a virtual site visit with PHAB reviewers in September 2020, moving on to the final step of receiving accredited status. This process has been delayed due to the two COVID-19 surges in 2021 and Public Health hopes to gain accreditation status in 2022.
- Solano Public Health, in collaboration with the H&SS Resilient Solano Internal Workgroup and the community collaborative Solano Kids Thrive, continues to lead efforts in partnership with Trauma Transformed, a program through East Bay Agency for Children that aims to advance trauma-informed and healing-centered system change through community and cross-system collaboration. In 2021, ten Trauma Informed Systems 101 (TIS 101) trainings were held for both H&SS staff and community partner agencies, including Child Start Inc., the faith-based Success Network, Touro University California, Solano County Office of Education, and the Solano Kids Thrive Collaborative. The entire Behavioral Health Division was also trained, and altogether over 300 staff and community partners were reached with this training that overviews the six core guiding principles of Trauma Informed Systems and how to practically apply these principles.
- The Community Advancing Racial Equity (CARE) Team is an active collaboration of 20+ staff from multiple divisions within H&SS, Library, and First 5 Solano. The group meets regularly to address racism and equity within the County and to the broader community. The team also convenes quarterly African American/Black, Latinx, and Asian and Pacific Islander caucuses to work together within H&SS toward a diverse, inclusive, and equitable workforce, and to strategize around how to better engage and serve these communities in Solano County. Beginning in 2020, the caucuses pivoted to focus on equity and COVID-19 among communities of color through a series of virtual townhall events that involved sharing of data on COVID-19 disparities and development of strategies around improving outreach, connection to resources, and information dissemination. Strategies include a COVID-19 Latinx outreach campaign, and reusable face covering giveaway events in partnership with community partners where over 5,000 coverings were distributed to low-resourced families and individuals along with COVID-19 information and resources.
- 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” site provides information on where to get tested throughout the county, including via the county mobile testing van. In the past year, the program provided telehealth training to healthcare providers and clients about PrEP.

WORKLOAD INDICATORS

Emergency Services

- In 2021, 310 Emergency Medical Technicians were certified, recertified, and/or registered in Solano County.
- A total of 185 Paramedics were newly accredited or recertified in Solano County for 2021.

Public Health

- The Women, Infants and Children (WIC) Program’s caseload experienced a sizable increase during 2021. In June 2021, 8,323 clients received WIC benefits in Solano County resulting in 98.6% of the funded caseload being served. WIC also initiated an online pre-screening form and in 2021, 287 families used this service to start WIC enrollment.
- In 2021, the Communicable Diseases Bureau tracked 1,334 cases of HIV and 3,399 sexually transmitted disease (STDs) cases (an increase of more 1,300 cases over the previous year), including 310 cases of syphilis (nearly one hundred more cases over the previous year). For FY2020/21, the Tuberculosis team investigated 120 contacts from 22 cases.
- During the COVID-19 pandemic, all programs within Maternal Child and Adolescent Health, including home-visiting programs and other services, quickly responded by switching to telehealth/virtual case management visits and client groups, allowing participants to maintain continuity and safely receive services.
- During 2021, Healthy Families Solano enrolled 44 new families, served a total of 103 families (a 20% increase from the prior year) and completed 770 virtual home visits.
- In 2021, a total of 126 clients were served in Black Infant Health program.
- Nurse-Family Partnership served 113 clients in 2021; sixty new clients were enrolled, and twenty-five infants were born, with 96% breastfed at birth. Eighteen families completed the program and graduated.
- In 2021, District Nursing was able to respond to about one-third of the referrals received (208 visits compared to 608 referrals), providing critical support and resources to families, including health insurance, primary care, dental care, breastfeeding, and food bank resources. The decrease was due to COVID-19 response activities and staffing for testing, vaccines, warm-line response, and outbreak investigations.
- The Public Health Laboratory tested more than 75,200 patient and environmental specimens in 2021. Of 39,968 total specimens from Solano County (excluding water testing), the highest volume tests were: SARS-CoV-2 (84%), QuantiFERON TB Gold Plus (8.5%), blood lead level (5.3%), and TB smear/culture (1.4%).
- In 2021, Solano Public Health, Vital Statistics Unit issued 1,916 birth certificates, 21,972 death certificates, and 5,270 death permits. The Vital Statistics Unit continues to work closely with hospitals, funeral homes, and the Sheriff’s Office to collect and report important health data for Solano County.

DIVISION BUDGET SUMMARY

The Recommended Budget represents a decrease of \$6,788,906 or 11.7% in revenues and a decrease of \$3,648,134 or 6.0% in appropriations when compared to the FY2021/22 Adopted Budget. The Recommended Budget includes appropriations of \$6,545,640 in Public Health, \$1,655,733 in Administration and \$199,769 in Social Services that will be funded with Public Health-Intergovernmental Transfer (IGT) (see glossary for definition) restricted funds. The County General Fund Contribution of \$2,249,471 remains unchanged.

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.

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

The Recommended Budget for Health Services includes a \$6,788,906 or 11.7% net decrease in revenues compared to the FY2021/22 Adopted Budget. The net decrease is primarily due to the following:

- Decrease of \$5,430,174 in IGT revenues due to the transition of the IGT funding cycle from a fiscal year to a calendar year. The Recommended Budget includes one (1) cycle of IGT funding for calendar year 2021.
- Decrease of \$1,876,657 in Other Revenue primarily due to one-time State grant funding expended in FY2021/22 to support housing for clients with complex needs.
- Decrease of \$668,525 in COVID-19 State Pass-Through for the Epidemiology and Laboratory Capacity (ELC) grant revenues offset by increases in CDPH Immunization Branch Supplemental funding and other COVID-19 related funding.
- Decrease of \$564,423 in COVID-19 federal Direct for one-time emergency preparedness COVID-19 grants and Women, Infants, and Children funding which has been exhausted in FY2021/22.
- Decrease of \$193,564 in current year State funding due to a decrease in carryover funding for oral health, reduction in anticipated revenues for California Children Services program and cash flow.
- Increase of \$651,714 in COVID-19 Public Health Crisis Response and the Public Health Workforce Development Supplemental (WFD) funding to establish, expand, train, and sustain the public health workforce.
- Increase of \$540,911 in 1991 Public Health Realignment primarily due to cash flow and increases in costs not covered by other grants or funding sources.
- Increase of \$369,274 in California Equitable Recovery Initiative (CERI) funds to advance health equity for disproportionately impacted racial and ethnic groups, rural populations, those experiencing socioeconomic disparities, and the underserved communities.
- Increase of \$229,003 in Donations and Contributions primarily from Yocha Dehe Wintun Nation donation, reflecting expenditures only through December 2022.
- Increase of \$179,720 in federal funding due to an increase in prior year revenues offset by decreases in revenues primarily in the Ryan White, Women, Infant and Children, California Children's Services program, and Child Health Disability Prevention programs.

Primary Costs

Primary costs for Health Services are \$26,198,864 for Salaries and Employee Benefits, \$13,952,996 for Services and Supplies, \$12,781,794 for Other Charges, \$315,000 in Fixed Assets, \$294,825 for Other Financing Uses, and \$3,262,229 for Intrafund Transfers.

The recommended appropriations for the Health Services Division include \$48,862,539 for Public Health (BU 7800) and \$7,943,169 for Medical Services (BU 7588).

The Recommended Budget includes \$3,648,134 or 6.0% net decrease in appropriations primarily due to the following:

- Increase of \$1,908,299 in Salaries and Employee Benefits primarily due to position changes in FY2021/22, including the addition of Limited-Term positions approved by the Board of Supervisors on February 8, 2022 and funded with one-time California Equitable Recovery Initiative (CERI) and Public Health Workforce Development (WFD) grants, position changes included in the Recommended Budget, and negotiated and approved labor contracts resulting in increases in wages, retirement, and health insurance costs and reduced salary savings.
- Increase of \$225,824 in Services and Supplies due to increases in liability insurance, medical/dental supplies, contracted and professional services, and advertising and marketing. These increases are offset by decreases in the IGT State administration fee and COVID-19 response expenditures, laboratory supplies, and DoIT time studies.
- Decrease of \$5,575,358 in Other Charges primarily due to decreases of \$3,584,469 in contracted direct services related to less anticipated COVID-19 response activities, a reduction due to one-time State grant funding expended in FY2021/22 to

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support housing for clients with complex needs. and a decrease of \$2,715,087 in Other Charges – IGT due to the transition of the IGT funding cycle from fiscal year to calendar year.

- Increase of \$100,000 in Fixed Assets primarily for lab equipment and emergency response equipment.
- Increase of \$40,457 in Other Financing Uses due to increases in pension obligation bond costs and operating transfers out of funds for Solano AAA Meals on Wheels contract for senior fall assessments.
- Decrease of \$347,446 in Intrafund Transfers due primarily to a decrease in staff support costs from other divisions.

Contracts

The FY2022/23 Recommended Budget for Health Services includes a total of \$6,010,925 or 10.6% in contracted services for the provision of services to Public Health. H&SS will return to the Board in June 2022 with a master list of contracts for the Board's consideration.

Fixed Assets

The FY2022/23 Recommended Budget includes \$315,000 for the following fixed assets:

- \$15,000 for a Benchtop Centrifuge instrument for the Public Health Laboratory funded with ELC grant.
- \$100,000 for four Lund University Cardiac Assist System (LUCAS) devices for Emergency Response funded with ELC grant.
- \$200,000 for a Mobile Vaccination Trailer funded with Government Operations Agency (GovOps) grant.

DEPARTMENT COMMENTS

None.

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DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
LICENSES, PERMITS & FRANCHISE	20,192	24,000	23,000	(1,000)	(4.2%)
FINES, FORFEITURES, & PENALTY	275,248	275,000	275,000	0	0.0%
REVENUE FROM USE OF MONEY/PROP	241,028	278,904	104,434	(174,470)	(62.6%)
INTERGOVERNMENTAL REV STATE	31,376,554	37,251,005	36,929,827	(321,178)	(0.9%)
INTERGOVERNMENTAL REV FEDERAL	17,093,113	12,844,164	8,050,275	(4,793,889)	(37.3%)
INTERGOVERNMENTAL REV OTHER	702,785	908,138	977,083	68,945	7.6%
CHARGES FOR SERVICES	1,483,286	2,304,135	2,384,475	80,340	3.5%
MISC REVENUE	455,574	1,952,857	305,203	(1,647,654)	(84.4%)
OTHER FINANCING SOURCES	337,000	0	0	0	0.0%
GENERAL FUND CONTRIBUTION	2,561,477	2,249,471	2,249,471	0	0.0%
TOTAL REVENUES	54,546,258	58,087,674	51,298,768	(6,788,906)	(11.7%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	20,840,875	24,290,565	26,198,864	1,908,299	7.9%
SERVICES AND SUPPLIES	8,994,519	13,727,172	13,952,996	225,824	1.6%
OTHER CHARGES	16,251,158	18,357,152	12,781,794	(5,575,358)	(30.4%)
F/A EQUIPMENT	695,490	215,000	315,000	100,000	46.5%
OTHER FINANCING USES	201,081	254,278	294,825	40,547	15.9%
INTRA-FUND TRANSFERS	1,456,312	3,609,675	3,262,229	(347,446)	(9.6%)
TOTAL APPROPRIATIONS	48,439,435	60,453,842	56,805,708	(3,648,134)	(6.0%)
NET CHANGE	(6,106,823)	2,366,168	5,506,940	3,140,772	132.7%

STAFFING					
HEALTH SERVICES	161.25	170.00	175.00	5.00	3%
TOTAL STAFFING	161.25	170.00	175.00	5.00	3%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in the Division's position allocations since the adoption of the FY2021/22 Budget are provided below.

On December 14, 2021, the following position changes were approved by the Board:

- Deleted 1.0 FTE Office Assistant II and added 1.0 FTE Health Assistant to the Women, Infants and Children (WIC) program to better assist with WIC clinic flow and operations as prescribed by the California Department of Public Health/WIC.

On February 8, 2022, the Board approved the following new Limited-Term positions:

- Added 2.0 FTE Limited-Term Public Health Nurses through June 30, 2023 funded with California Department of Public Health (CDPH) Public Health Workforce Development (WFD) Supplemental funding through the American Rescue Plan Act of 2021.
- Added 1.0 FTE Limited-Term Public Health Microbiologist through June 30, 2023 funded with CDPH Public Health WFD Supplemental funding through the American Rescue Plan Act of 2021.
- Added 2.0 FTE Limited-Term Health Education Specialist through June 30, 2023 funded by an allocation from the Centers for Disease Control and Prevention (CDC) California Equitable Recovery Initiative (CERI) to address COVID-19 health disparities among populations at high-risk and underserved.

- Added 1.0 FTE Limited-Term Project Manager through June 30, 2023 funded with COVID-19 Epidemiology, Laboratory and Capacity Enhancing Detection Expansion grant for COVID-19 response activities.

On March 8, 2022, the Midyear Report included the following position changes:

- Extended 2.0 FTE Limited-Term Health Assistants through June 30, 2023. The positions provide screening, assessments, enrollment and case management services in the Maternal Child and Adolescent Health and CalWORKs Home Visiting Programs and are funded by CalWORKs revenues.
- Extended 1.0 FTE Limited-Term Health Education Specialist through June 30, 2023. This position provides services for Substance Abuse Block Grant (SABG), Health Promotion and Community Wellness program and supervises case investigations and contact tracing and is funded with SABG, 1991 Health Realignment and ELC revenues.
- Extended 1.0 FTE Limited-Term Public Health Nurse through July 31, 2023. This position provides comprehensive case management services and disease surveillance/monitoring of reportable communicable diseases, including COVID-19, and is funded with ELC grant revenues.
- Extended 1.0 FTE Limited-Term (project) Communicable Disease Investigator through July 31, 2023. This position performs case investigations and contact tracing activities and is funded with ELC grant revenues.
- Extended 1.0 FTE Limited-Term Project Manager through June 30, 2023. This position supports the Health Promotion & Community Wellness program and is funded with Substance Abuse Block Grant (SABG) and 1991 Health Realignment revenues.
- Extended 1.0 FTE Limited-Term (project) Communicable Disease Investigator through June 30, 2023. This position performs mandated investigations of reported cases, educates clients and providers and provides linkages to care. This position is funded with grant revenues and IGT.
- Extended 1.0 FTE Limited-Term Epidemiologist through July 31, 2023. This position supports outbreak investigations and is a key member of the emergency preparedness team and is funded with ELC grant revenues.
- Extended 1.0 FTE Limited-Term Mental Health Clinician (Licensed) through July 31, 2023. This position supports vaccination and testing efforts within Solano Public Health and provides perinatal mental health services within Maternal, Child and Adolescent Health (MCAH) and is funded with ELC grant revenues, MCAH Title V and Title XIX funds and 1991 Health Realignment revenues.
- Extended 1.0 FTE Limited-Term Public Health Nurse (Senior) through June 30, 2023. This position supervises public health nurses providing home-visiting services to high-risk clients and provide vaccines and testing services across the county and is funded with Targeted Case Management and 1991 Public Health Realignment revenues.
- Added 1.0 FTE Emergency Medical Services Administrator (TBD) to provide oversight of the Emergency Medical Services system and funded through the SEMSC (JPA) proceeds.

Effective April 3, 2022, three positions that were transferred from Family Health Services to Public Health to assist with COVID-19 response efforts have now been transferred/moved back to Family Health Services and removed from Public Health's position allocation:

- 1.0 FTE Clinic Registered Nurse (Senior)
- 2.0 FTE Medical Assistant

The FY2022/23 Recommended Budget includes the following position changes:

- Add 1.0 FTE Limited-Term Communicable Disease Investigator to expire December 31, 2025 to investigate cases of communicable diseases and funded with Disease Intervention Specialists (DIS) Workforce Development funding.
- Reclassify 1.0 FTE Clinic Physician (Board Certified) to 1.0 FTE Deputy Health Officer (TBD) to address challenging needs and evolving requirements associated with management of emergency resources in medical and public health settings. The position will continue to be funded with Intergovernmental Transfer (IGT) funds and Epidemiology and Laboratory Capacity (ELC) revenue received from the CDC when applicable.

PENDING ISSUES AND POLICY CONSIDERATIONS

Public Health

It is anticipated that the impacts of the COVID-19 pandemic will begin to abate over the coming year and likely result in reduced needs for redirection of Public Health resources to COVID-19 activities. Supplemental COVID-19 funding for ELC Enhancing Detection Expansion and for vaccinations is scheduled to expire at the end of June 2023, but it remains available in the coming fiscal year to offset costs related to remaining redirections and to provide some temporary relief on the Division's need to over utilize 1991 Public Health Realignment to fund its operations. Public Health continues to monitor vacant positions and move positions between programs within the Division to maximize funding where possible.

Pending approval by the State Legislature, and the Governor's signature, it is anticipated that new infrastructure funding for local health departments may become available next fiscal year. The amount of funding that Solano County can expect to receive and the specific restrictions on use of the funding remain unclear. However, if made available, these funds may help sustain some of the work funded through one-time COVID-19 funding, allow Public Health to resume its focus on prevention programs, and restore some of the funding reductions that occurred in 2020.

Public Health is partnering with the Department of Resource Management to implement a lead abatement program in Solano County. Solano County has received court settlement funds to implement this program, which is expected to begin in the coming fiscal year and to result in abatement of lead hazards in up to hundreds of homes over the next several years.

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 FY2022/23 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

The Department of Health and Social Services – Social Services Division budget has over 18 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, housing supports, 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, 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, Medi-Cal, California Work Opportunity and Responsibility to Kids (CalWORKs) (see glossary for definitions), and General Assistance.

Welfare Administration and Special Investigations Bureau

WA and the SIB conduct investigations 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

- Trauma Informed Leadership: Following the Department’s work with Advancing California’s Trauma Informed Systems (ACTS) in 2020, CWS began participating in the Growth, Practice, and Strategy (GPS) learning series developed by Solano Public Health and Trauma Transformed. This was a timely opportunity for CWS, as it continued the work accomplished with ACTS. Through the GPS learning series, a Trauma Informed Leadership Team (TILT) was formed, consisting of leadership, line staff, and support staff. TILT has broadened the focus of the work began with ACTS, including ideas that allow for a change in vision to “improve staff satisfaction, thereby improving staff morale to reduce staff turnover and ultimately improve client outcomes.”
- There continues to be staffing challenges in the social work classification which the division is working to address by supporting staff through ACTS, reassessing workflow, and identifying potential staffing modifications including enhanced supervisory supports. Recruitments are continuous; however, hiring has not kept up with departures. As of March 2022, there continues to be a 30% vacancy rate in the Social Worker III classification.

Employment and Eligibility Services

- Public Assistance Access through COVID-19: Since the beginning of the COVID-19 pandemic in 2020, E&ES continually provided in-person access to services in lobbies, although the number of community members presenting to lobbies was lower than pre-COVID-19. In 2021, Solano County received the California Department of Social Services (CDSS) medium-sized county CalFresh access award for maintaining in-person program access during COVID-19.
- Workload and Timeliness: E&ES workload consists of accepting applications and managing active cases. The State requires that eligibility decisions be made within certain timeframes. In 2021, E&ES overall workload increased by 9% and E&ES improved overall timeliness from 86% to 90%. However, it is likely that timeliness was positively impacted by the suspension of Medi-Cal renewals during the Public Health Emergency by reducing overall workload.
- Economic Impact: In 2021, E&ES approved \$158.7 million in public assistance benefits, an important economic support to individuals, families, and businesses through the pandemic. This total includes \$122.7 million in CalFresh, \$28.7 million in CalWORKs cash assistance, \$2.5 million in CalWORKs supportive services, \$3.9 million in childcare, and \$927,363 in General Assistance.

Welfare Administration

- Beginning in March 2020, due to the pandemic, State intercepts in support of fraud investigations were placed on hold. The “hold” remains in place making it difficult for the County to recover monetary assistance provided as a result of fraudulent activity.
- Medi-Cal annual redeterminations were waived by the Department of Health Care Services during the pandemic; however, annual redeterminations are projected to begin sometime early in FY2022/23. The projected workload associated with individual client redeterminations will be significant. Staff is preparing for increased demands. It is likely that the Special Investigations Bureau will engage in some form of internal business process reorganizing to meet the anticipated demands.

Older and Disabled Adult Services

- During the COVID-19 pandemic in 2020, there was over a 20% increase in Adult Protective Services reports of abuse and this number has remained consistent in 2021, with only 24 cases less or 0.1% decrease in 2021. Reports are anticipated to increase in 2022 with the State mandate for eligibility age decreasing to age 60 from 65. Despite the COVID-19 pandemic related changes in staffing availability and change in investigation practice to promote safety of clients and staff, APS maintained its commitment to investigate all reports of abuse.

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- ODAS 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. ODAS applied and received approval to begin a State funded Home Safe Program which will serve APS clients who are at risk of homelessness or homeless to receive housing supports and housing location services.
- The IHSS client caseload was at 5,231 by the end of 2021 which was an additional 134 clients over last year. During the two years of the COVID-19 pandemic, there has been more demand for services including caregiver needs as some providers discontinued care for clients due to concern of COVID-19 exposure. As the caseload continues to grow in IHSS, current staff are challenged to meet both the intake and annual reassessment requirements.
- Public Guardian / Public Conservator / Public Administrator cases continue to grow in complexity, requiring more time, attention and collaboration with Behavioral Health and community partners to meet client needs, especially related to housing and behavioral health treatment goals. Current caseloads have grown to approximately 80 cases compared to average 60 per Deputy Public Guardian in 2020. A part-time contracted Deputy Public Guardian has been retained to assist with the Public Administrator caseload.
- In October 2021, the Solano County Board of Supervisors honored 48 centenarians, people aged 100 years or older. The celebration was virtual due to COVID-19 safety concerns. A Centenarian Commemoration book was created to mark the event and provided to each of the recipients. According to the U.S. Census Bureau, the U.S. is home to 97,000 centenarians, which is the highest number in the world. Remarkable examples of longevity and the meaning of quality of life, centenarians age with dignity and grace. In our county, centenarians come from diverse ethnic, socioeconomic, religious, and educational backgrounds.

WORKLOAD INDICATORS

Child Welfare Services

- In 2021, CWS received 4,538 reports, 491 more than in 2020 and 168 more than in 2019, for allegations of child abuse and neglect, which were evaluated and assessed. Of the 4,538 reports, 2,084 led to investigations. These investigations led to 150 children being placed in out of home care. During this same period, 63 children were returned home, and 73 adoptions or guardianships were legally ordered.
- As of December 2021, CWS had 417 children and youth in out of home placement, as compared to 431 in December 2020. Of the 417 children in out of home placements, 109 were with a relative or non-relative extended family member; 22 in Group Homes or Short Term Residential Therapeutic Placements (STRTP's) (7 in county/15 out of county); 45 in Non-relative Solano County Resource Family/Foster homes; 147 in Foster Family Agency Certified Homes; 26 young adults in Supervised Independent Living placements; 62 youth in non-dependent Legal Guardianship placements; 5 dependent youth in Guardianship placements; and 1 youth in other placement types (court ordered or specialty homes).

Employment and Eligibility Services

- In 2021, E&ES served 151,330 unduplicated county residents representing 33% of the county population, an 8% increase over 140,472 in 2020. The largest caseload growth is in Medi-Cal due to the suspension of annual redeterminations which was put in place to maintain coverage during the Public Health Emergency.
- In 2019 (pre-COVID), 137,672 community members visited E&ES lobbies. In 2020, the number declined to 78,939 and, in 2021, it declined further to 63,932. Concurrently, in-person submission of applications decreased from 48% of all applications in 2019 to 20% in 2021, and online applications increased from 44% to 66% with the balance of applications taken over the phone. Also in 2021, E&ES received 107,450 calls to the clerical and Benefit Action Center call centers, a 14% increase from 94,162 in 2020.
- In 2021, E&ES processed 72,297 applications, a 5% decrease from 76,307 in 2020. The division scanned 427,361 documents, a 4% reduction from 444,092 in 2020 and likely attributable to increased online submissions which are already scanned. In 2021, E&ES processed 35,903 program renewals, a 40% reduction from 57,236 in 2019 due to the federal government suspension of Medi-Cal renewals during COVID-19. In 2021, E&ES processed 16,703 income verifications.

- In 2021, the Program Support Bureau developed procedures related to 83 State and federal regulatory changes, processed and distributed 2,760 payments for supportive services and produced 48 management reports for daily operational coordination.
- In 2021, the Hiring and Staff Development Bureau hired 69 new employees and promoted 18 employees. 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. In 2021, 31 employees graduated from three training cohorts. In total, E&ES delivered 3,004 hours of in-service training for 364 participants.

Welfare Administration

In calendar year 2021:

- The Special Investigations Bureau (SIB) conducted 2,913 welfare fraud investigations resulting in \$7.9 million in cost savings in CalWORKs and CalFresh programs.
- The Overpayment Recovery Unit computed 1,104 (426 CalWORKs and 678 CalFresh) overpayments/over issuances totaling \$2,626,025.
- The Appeals Unit held 1,161 hearings from represented programs, including CalFresh, CMSP, CalWORKs, General Assistance, IHSS, and Medi-Cal.

Older and Disabled Services

In calendar year 2021:

- Adult Protective Services investigated 2,323 reports of elderly adult and dependent adult abuse. Complexity of cases as measured by number of allegations investigated have steadily increased each year with financial abuse and self-neglect being the most common.
- Public Guardian / Public Conservator averaged 253 cases over the year based on monthly case reports and closed 42 cases. Caseloads fluctuate based on court orders, effective treatment of clients and restoration from grave disability back to the community.
- Public Administrator had 28 open cases and closed 7 cases.
- IHSS received 1,924 new applications for services. Of this total, 1,095 were assigned for intake assessments and 829 were denied due to program eligibility criteria not being met.
- IHSS Enrollment Team provided orientations to 1,198 individuals, provided phone and walk-in assistance to over 1,998 individuals, and assisted 12 providers in filing worker’s compensation claims.

DIVISION BUDGET SUMMARY

The Recommended Budget represents increases of \$11,540,674 or 9.3% in both revenues and appropriations when compared to the FY2021/22 Adopted Budget. The County General Fund Contribution of \$9,216,740 reflects an increase of \$1,297,117 or 16.4%.

Primary Funding Sources

The primary funding sources for Social Services’ 18 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.

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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 FY2022/23 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 \$15.3 million in Realignment revenues in FY2022/23. The estimated Realignment receipts are projected at the same level as FY2021/22 base receipts. Realignment revenues, both 1991 and 2011, are funded through sales tax and Vehicle License Fees (VLF). CWS and APS programs are the programs that solely rely on Realignment funds to cover 100% of the nonfederal share of administration costs. H&SS is projecting that there will be sufficient combined 1991 and 2011 Realignment revenues to cover projected expenditures in FY2022/23.

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

In FY2011/12, counties were given a CalFresh Administration Match Waiver (see glossary for definition) which allows counties to draw down a portion of the State General Fund (SGF) for CalFresh Administration without a match as long as the County meets its required Maintenance of Effort (MOE). Solano County's MOE is \$1,870,502. The Match Waiver was fully phased out in FY2018/19. Therefore, starting FY2018/19 the County is required to pay 100% of its share of the nonfederal costs that are above the MOE and the CalFresh SGF allocation. Additional County share above the MOE is 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 FY2020/21, payable in FY2022/23, is \$1,076,356 and is funded with County General Fund.

It should be noted that in in FY2020/21 and FY2021/22, counties who were not fully spending their CalFresh SGF allocation were given temporary waiver of the county match requirement so they could maximize the draw of federal funds for CalFresh. Solano County was not eligible for this waiver because it has fully spent its FY2020/21 CalFresh SGF allocation.

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 FY2022/23 Recommended Budget for Social Services includes a \$11,540,674 or 9.3% net increase in revenues compared to the FY2021/22 Adopted Budget, primarily due to the following:

- Increase of \$17,037,269 in combined State and federal revenues primarily due to projected increases in Medi-Cal, CalFresh, CalWORKs revenues.
- Increase of \$4,617,191 in prior year State and federal revenues due to higher revenues estimated at Midyear compared to the FY2021/22 Adopted Budget.
- Increase of \$1,297,117 in County General Fund Contribution primarily due to increase in spending in the administration of CalFresh.
- Increase of \$167,252 in Operating Transfers-In from Fund 216 – Napa/Solano AAA representing reimbursement for program management and administrative support costs.
- Increase of \$59,822 in other revenues primarily due to increase in estimated collections of Public Guardian and Public Administrator fees offset by reduced draw from the Wraparound Reinvestment Fund to cover the match requirement for Bringing Families Home program.
- Decrease of \$11,637,977 in combined 1991 and 2011 Realignment revenues representing lower need of Realignment revenue to cover projected program costs and cash flows in Social Services.

Primary Costs

Child Welfare Services (BU 7600) – With recommended appropriations of \$29,934,225, 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 \$76,960,961, 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 \$8,265,808, 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 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.

Special Projects (BU 7675) – With recommended appropriations of \$3,575,388, 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.

Older and Disabled Adult Services (BU 7640) – With recommended appropriations of \$16,288,553, ODAS includes the costs of social workers, and administrative and clerical support staff dedicated to IHSS, APS, and PG functions.

Napa/Solano Area Agency on Aging (BU 7685) – With recommended appropriations of \$794,012, Napa/Solano AAA includes the costs of staff dedicated to Napa/Solano AAA.

Social Services Support (BU 7670) – With recommended appropriations of \$377 which represents Countywide Administrative Overhead cost changes.

The FY2022/23 Recommended Budget includes a \$11,540,674 or 9.3% net increase in appropriations compared to the FY2021/22 Adopted Budget.

- Increase of \$4,039,112 in Salaries and Employee Benefits due to negotiated and approved labor contracts resulting in increases in wages, retirement, and health insurance costs. The net increase is also attributed to the additional FTEs in E&ES, CWS, and ODAS divisions (see Summary of Position Changes for details) offset by increase in salary savings.
- Increase of \$1,773,069 in Services and Supplies due to increases in contracted direct services primarily for document migration from Compass Pilot to CalSAWS Imaging system in E&ES Division and FFPSA implementation and preparation of County Self-Assessment/Peer Review for CWS, other professional services for Home Safe and APS programs in ODAS, data processing services for new database system for the Special Investigations Bureau, special departmental expenses for multi-language publication project for N/S AAA and Private Adoption Agency Reimbursement Program (PAARP) payments for CWS funded with 2011 Realignment, postage, Department of Information Technology (DoIT) charges, software costs, and travel expenses. These are offset by decreases in various other line items such as liability insurance, building rents/leases, education and training, computer related expenses, and office expense.
- Increase of \$5,948,006 in Other Charges due to increases in CalWORKs childcare, housing for clients, interfund charges from the Department of General Services and other departments and Countywide Administrative Overhead. These are offset by decreases in contracted services for the implementation of Family Urgent Response System (FURS) and transportation for CalWORKs clients.
- Increase of \$63,162 in Fixed Assets primarily representing estimated cost of three kiosks for E&ES Division which are needed in FY2022/23 for CalSAWS implementation offset by purchase of hand-held radios for Welfare Administration included in FY2021/22 Adopted Budget.

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- Decrease of \$45,389 in Other Financing Uses due to decrease in Operating Transfers Out to Probation for Transitional Housing Plan grant offset by increase in pension obligation bond rate costs.
- Decrease of \$237,286 in Intrafund Transfers primarily due to an increase in Social Services' share of H&SS Administration costs.

Contracts

The FY2022/23 Recommended Budget for Social Services includes \$5,004,215 or 3.7% in contracted direct services for the provision of services to CWS, E&ES and Transitional Housing. H&SS will return to the Board in June 2022 with a master list of contracts for the Board's consideration.

Fixed Assets

The FY2022/23 Recommended Budget includes the following fixed assets:

- \$111,162 for the purchase of three kiosks in the E&ES Division which will be used by clients with the CalSAWs implementation.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	3,847	200	0	(200)	(100.0%)
INTERGOVERNMENTAL REV STATE	35,995,893	48,383,238	46,068,504	(2,314,734)	(4.8%)
INTERGOVERNMENTAL REV FEDERAL	62,316,579	66,467,794	78,799,011	12,331,217	18.6%
CHARGES FOR SERVICES	617,688	536,073	775,957	239,884	44.7%
MISC REVENUE	254,771	344,962	165,100	(179,862)	(52.1%)
OTHER FINANCING SOURCES	586,665	626,760	794,012	167,252	26.7%
GENERAL FUND CONTRIBUTION	8,240,797	7,919,623	9,216,740	1,297,117	16.4%
TOTAL REVENUES	108,016,240	124,278,650	135,819,324	11,540,674	9.3%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	72,442,287	82,811,070	86,850,182	4,039,112	4.9%
SERVICES AND SUPPLIES	9,935,793	11,986,121	13,759,190	1,773,069	14.8%
OTHER CHARGES	16,280,531	18,226,749	24,174,755	5,948,006	32.6%
F/A EQUIPMENT	41,837	48,000	111,162	63,162	131.6%
OTHER FINANCING USES	689,983	935,098	889,709	(45,389)	(4.9%)
INTRA-FUND TRANSFERS	8,574,168	10,271,612	10,034,326	(237,286)	(2.3%)
TOTAL APPROPRIATIONS	107,964,598	124,278,650	135,819,324	11,540,674	9.3%
NET CHANGE	(51,641)	0	0	0	0.0%

STAFFING					
SOCIAL SERVICES DIVISION	656.00	669.00	692.50	23.50	3.5%
TOTAL STAFFING	656.00	669.00	692.50	23.50	3.5%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in the Division’s position allocations since the adoption of the FY2021/22 Budget are provided below by program:

Child Welfare Services

On November 27, 2021, 1.0 FTE Limited-Term Eligibility Benefits Specialist III expired. This was a temporary medical backfill allocation.

On March 8, 2022, the Midyear Report included addition of 1.0 FTE Social Services Manager for implementation of the federal Family First Preservation Services Act (FFPSA) signed into law on February 9, 2018, and California’s AB 153 (Chapter 86, Statutes of 2021) which requires the County to implement new prevention services requirements and submit a comprehensive prevention plan annually to the State. The position will be funded primarily with federal Title IV-E funds and State and 1991/2011 Realignment revenues.

Employment and Eligibility Services

On February 1, 2022, the following positions changes were approved by the Board:

- Added 12.0 FTE Limited-Term Eligibility Benefits Specialist II to expire June 30, 2023 to administer the Medi-Cal renewal backlog and funded with additional federal and State allocations.
- Added 1.0 FTE H&SS Planning Analyst and 1.0 FTE Program Specialist for the CalWORKs Outcomes and Accountability Review (CalOAR) system, a new performance improvement process, launched by the State in 2021 and funded with additional federal and State allocations.
- Added 3.0 FTE Office Assistant IIs for newly mandated CalFresh renewal calls, funded by the County General Fund.

On March 23, 2022, 1.0 FTE Limited-Term Employment Resources Specialist II expired. This was a temporary medical backfill allocation.

The FY2022/23 Recommended Budget includes the following position changes:

- Reclassify 2.0 FTE Office Aide to 2.0 FTE Office Assistant II to align the classification with the job duties being performed.

Welfare Administration

On February 1, 2022, the following position change was approved by the Board:

- Added 1.0 FTE Office Supervisor for fiscal disbursements to oversee emergency benefit issuances, working closely with eligibility benefits specialists, supervisors and managers, and supervising a combination of office assistants and accounting clerks. This position is funded with CAIWORKs, CalFresh and Medi-Cal allocations.

The FY2022/23 Recommended Budget includes the following position changes:

- Delete 1.0 FTE Accounting Supervisor. The position is vacant and job duties are aligned and performed by the Office Supervisor added on February 1, 2022.

Older and Disabled Adults

On March 8, 2022, the Midyear Report included the addition of 2.0 FTE Social Worker III for Adult Protective Services (APS) expansion. In response to the State’s Master Plan on Aging, the FY2021-22 State Budget Act expanded the APS eligibility service age from age 65 to age 60 which increased the number of reports of abuse that need to be investigated and to meet the needs of California’s growing aging and disabled population. Solano County received an additional State allocation related to the population expansion.

The FY2022/23 Recommended Budget includes the following position changes:

- Add 1.0 FTE Social Services Program Coordinator to oversee policy and regulation changes for the In-Home Supportive Services, Adult Protection Services and Public Guardian programs as eligible clients served continues to increase. The position would also oversee staff development and training, and implementation of new policies and procedures. The position is primarily funded with federal and State revenues.

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- Increase 0.5 FTE Office Assistant II to 1.0 FTE Office Assistant II to provide clerical/administrative support to the In-Home Supportive Services, Adult Protection Services and Public Guardian program intake units as eligible clients served continues to increase. The position is primarily funded with federal and State revenues.
- Add 1.0 FTE Social Services Supervisor to oversee social workers and other staff in the IHSS program and provide oversight of State mandates for IHSS Quality Assurance, program integrity and provider enrollment requirements. The position is primarily funded with federal and State revenues.
- Add 2.0 FTE Social Worker II for the IHSS program as eligible clients and caseloads continue to increase, along with the annual reassessments required by the State program. The position is primarily funded with federal and State revenues.
- Add 1.0 FTE Office Assistant II to provide clerical support for the administration of the Napa/Solano Area Agency on Aging program. As this State mandated program grows, and corresponding increase in number of contracts for the delivery of services, so does the federal and State reporting requirements. The position is primarily funded with federal and State funding with remaining portion split between the counties of Napa and Solano. The increase to the Solano County General Fund would be \$30,327.

PENDING ISSUES AND POLICY CONSIDERATIONS

Child Welfare Services

The federal Family First Prevention Services Act of 2018 (FFPSA), provides states with an option to use federal funds under Title IV-E of the federal Social Security Act to provide prevention services (such as mental health, substance abuse prevention and treatment services) to a child who is a candidate for foster care or a child in foster care who is a pregnant or parenting foster youth. Prior to the passage of FFPSA, federal funds via Title IV-E were limited to supporting foster care maintenance payments and foster care administration. There are 8 parts to the federal FFPSA, of which 2 will be referenced in this summary (Parts I and IV).

The State passed Assembly Bill 153 (AB 153) in July 2021. It authorizes the California Department of Social Services to oversee and allocate this new federal funding. AB 153 adds sections 16585 through 16589 to the Welfare and Institution Code (WIC), establishing the “Family First Prevention Services” program into California law. These provisions state California’s intent to opt into the Title IV-E prevention services program authorized by Part I of the federal FFPSA, incorporate definitions and requirements of the federal law, and further specify the State’s approach to implementation of the prevention services program established under the FFPSA.

FFPSA (Part IV) amends Title IV-E of the Social Security Act to limit reliance on congregate care. Federal FFPSA now prohibits foster care maintenance payments to be made for Short Term Residential Treatment Program (STRTP) placements unless there is an assessment by a Qualified Individual and subsequent Juvenile Court approval. AB 153 includes necessary amendments to ensure that placements of children and non-minor dependents into STRTPs may be funded with Title IV-E federal funding consistent with Part IV requirements. The FFPSA Part IV establishes new requirements for placements in child-care institutions to be eligible for Title IV-E Federal Foster Care (FFP) with the aim of limiting reliance upon such settings and making certain any placement in congregate care is necessary. These requirements went into effect October 1, 2021. There is a significant financial impact in the form of not being able to access FFP funds to the County should these placements not be made in accordance with the new law.

Employment and Eligibility

The FY2022/23 Recommended Budget includes full funding assumptions for State and federal shares of CalWORKs Administration costs to balance the budget although the Governor’s Budget proposes a \$27.9 million or 1.55% reduction in CalWORKs Single Allocation funding statewide. In general, State funding is allocated to individual counties based on a combination of different factors such as caseload and prior year actual spending and this information is not available at this time. In addition, there may be a possible redistribution among counties during the fiscal year to cover possible overspending. H&SS will monitor CalWORKs spending during the year. If actual allocations are not enough to cover State and federal shares of cost, H&SS will request for additional County General Fund at Midyear.

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. In 2020 and 2021 in Solano County, 53,614 Medi-Cal renewals were suspended. These renewals will commence 60 days after the federal government lifts the Public Health Emergency. DCHS is providing funding to counties for this work. On February 1, 2022, the Board of Supervisors approved 12 new Limited-Term Eligibility Benefits Specialists to assist with this workload.

CalWORKs Outcomes and Accountability Review (CalOAR): In FY2021/22, the California Department of Social Services (CDSS) launched CalOAR, a performance improvement process similar to the Child Welfare System Improvement cycle. CalOAR is a five-year cycle and includes performance indicators, self-assessment, and system improvement. CDSS is funding this activity and on February 1, 2022, the Board of Supervisors approved a Program Specialist and a H&SS Planning Analyst to conduct this work.

CalFresh Funding: CDSS provides insufficient CalFresh administrative funding equating to approximately 60% of County costs and dating back to the early 2000s when CDSS stopped providing annual cost-of-living adjustments (COLAs) for CalFresh administration. Additionally, the State has provided funding for most, but not all caseload increases in the same time period. And, in FY2020/21, the California legislature approved an unfunded CalFresh mandate related to reminder calls to clients prior to discontinuing an active case. On February 1, 2022, the Board of Supervisors approved three new Office Assistant II funded 100% by County General Fund for this new workload.

CalSAWS: In June 2019, and in response to a federal requirement, the 58 California counties executed a Joint Powers Authority to build the first California Statewide Automated Welfare System (CalSAWS). Previously, counties utilized one of three systems. To date, Solano County uses CalWIN as an automated and integrated eligibility and case management system. CalSAWS supports all public assistance programs and the transition to CalSAWS includes four tracks: business process re-engineering, organization change management, training, and data conversion. CalSAWS includes all case records, lobby management, appointment scheduling, call center and phone tree functionality, document imaging, quality assurance, reporting and analytics, fraud, fiscal, and collections and hearings. Solano County is scheduled to go live with CalSAWS on July 3, 2023.

Older and Disabled Adult Services

In June 2019, Governor Newsom, recognizing California’s over-65 years old population is projected to grow to 8.6 million by 2030, signed an executive order calling for the creation of a Master Plan for Aging. Due to the COVID-19 pandemic, the Master Plan on Aging rollout was delayed until January 2021. The plan is slated to serve as a blueprint to build healthy age friendly communities. The broad plan covers five key areas related to aging including housing, health care, equity and inclusion, caregiving, and affordability of aging.

At the end of 2021, Napa/Solano Area Agency on Aging collaborated with the Solano County/Contra Costa County Independent Living Center and applied for “Emerging” status as an Adult Disability Resource Connection. This will promote integration of service delivery, one stop information and referral for more coordination of services between aging service delivery entities including county and community agencies.

Also, in 2021, CDSS released a plan to expand the Adult Protective Services Home Safe Program to all counties with no matching funds required to provide housing supports to APS clients to prevent homelessness and to help those experiencing homelessness to locate housing. Solano County applied for Home Safe and was granted \$704,172 for services through June 2024.

This year the COVID-19 pandemic continued to affect program service delivery significantly. Staffing shortages were experienced and the overdue IHSS client reassessments grew substantially. In June 2021, CDSS administered a corrective action for the IHSS program with two Quality Improvement Action Plans for being out of compliance in maintaining at least 80% of general overdue client assessments completed and at least 90% in overdue client assessments of the most fragile clients who are most at risk for out of home placement. The Recommended Budget includes two additional Social Workers II to address the overdue assessments.

COVID-19 – The Recommended Budget does not reflect the economic impacts of the COVID-19 pandemic. The Department’s Supplemental Budget will address necessary budgetary adjustments, including anticipated additional funding for critical programs to combat the pandemic, reductions in funding streams reliant on sales tax and other revenues, interest income/expense adjustments due to the Federal Reserve’s anticipated increase in interest rates, and sharply rising wage and benefit costs.

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 continued to provide information to Registry clients regarding the COVID-19 Emergency Backup Registry (EBUS), continued videoconference onboarding for IHSS PA Registry providers, and distributed safety supplies to IHSS caregivers.
- In 2021, the IHSS PA continued to provide outreach and enrollment to IHSS providers in first aid and CPR classes which are offered twice a month; despite continued outreach each class was only half capacity.
- In 2021, the IHSS PA continued to recruit providers to the Registry, receiving 197 applications. Unfortunately, only 37 completed the process and were added to the Registry. Additionally, turnover remained high throughout 2021 with 167 Registry IHSS providers choosing to end their IHSS assignments and another 72 IHSS providers terminated by the consumer. Due to provider and consumer concerns related to COVID-19, staff provided education on COVID-19 prevention, personal protective equipment, as well as vaccination information. Staff also mediated discussions between consumers and IHSS providers about COVID-19 safety which also reduced terminations of IHSS providers.
- In 2021, the average number of active IHSS providers on the Registry was 250, with 111 already assigned to work for one or more consumers. The IHSS PA received 1,038 requests for caregivers in 2021, 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 2021:

- The IHSS PA maintained an average of 250 providers on the IHSS PA Provider Registry to serve an average of 299 IHSS consumers per month. These providers represent a subset of the 5,275 IHSS paid providers countywide as of December 2021.
- Processed 197 applications from individuals interested in being placed on the IHSS PA Provider Registry, resulting in 37 new providers added. The decrease in the number of providers added to the Registry is mainly attributed to the COVID-19 pandemic concerns and requirements. Additionally, more than 50% cancelled their applications due to the availability of employment in supported living service environments at higher wages.
- Received and processed 1,038 provider list requests from IHSS recipients who requested assistance in finding a provider.
- Served 783 new IHSS consumers. This is an increase of 11 new consumers each month compared to calendar year 2020. This slight increase is attributed to consumers gaining more confidence in having outside providers come back into their homes as conditions of the COVID-19 pandemic started improving.

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- Provided 1,797 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 432 individual providers upon request.

BUREAU BUDGET SUMMARY

The FY2022/23 Recommended Budget represents increases of \$52,920 or 6.2% in both revenues and appropriations when compared to the FY2021/22 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 \$892,658 from the IHSS PA operating fund (Fund 152 - BU 1520) to reimburse H&SS for administrative support staff and operating costs.

The FY2022/23 Recommended Budget projects a \$52,920 or 6.2% increase in revenues primarily due to the following:

- Increase of \$110,293 in Operating Transfers-In due to higher reimbursement from Fund 152 due to an overall increase in costs.
- Decrease of \$57,373 in Administration Overhead representing a one-time Countywide Administrative Overhead credit in FY2021/22.

Primary Costs

Primary costs for IHSS PA Administration are \$757,386 for Salary and Employee Benefits; \$100,107 for Services and Supplies; \$49,003 for Other Charges; \$7,213 for Other Financing Uses; and (\$5,451) for Intrafund Transfers.

The FY2022/23 Recommended Budget projects a \$52,920 or 6.2% increase in appropriations primarily due to the following:

- Increase of \$22,812 in Salary and Employee Benefits primarily due to negotiated and approved labor contracts resulting in increases in wages and increases in retirement and health insurance.
- Decrease of \$7,032 in Services and Supplies due to decreases in consulting services, software maintenance cost and travel expenses. These are offset by increases in medical supplies, memberships, computer related costs, contracted services, and advertising costs.
- Increase of \$20,605 in Other Charges primarily due to increase in contracted services and Countywide Administration Overhead costs.
- Increase of \$16,346 in Intrafund Transfers primarily due to increase in H&SS administration costs allocated to BU 7690 and the transfer of IHSS-PA staff time study cost to the Older and Disabled Adult Services (ODAS) budget unit for staff support to the Quality Assurance and Program Integrity Unit.

Contracts

The FY2022/23 Recommended Budget includes a total of \$47,780 in contracted services which includes the following significant contracts:

- \$17,180 for software licenses and maintenance services.
- \$30,600 for provider training and support services.

Fixed Assets

None.

BUREAU COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
CHARGES FOR SERVICES	16,466	57,373	0	(57,373)	(100.0%)
MISC REVENUE	5,600	15,600	15,600	0	0.0%
OTHER FINANCING SOURCES	625,719	782,365	892,658	110,293	14.1%
TOTAL REVENUES	647,785	855,338	908,258	52,920	6.2%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	601,248	734,574	757,386	22,812	3.1%
SERVICES AND SUPPLIES	86,877	107,139	100,107	(7,032)	(6.6%)
OTHER CHARGES	12,607	28,398	49,003	20,605	72.6%
OTHER FINANCING USES	5,952	7,024	7,213	189	2.7%
INTRA-FUND TRANSFERS	(58,900)	(21,797)	(5,451)	16,346	(75.0%)
TOTAL APPROPRIATIONS	647,785	855,338	908,258	52,920	6.2%
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%

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 for 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, service needs increase, 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.

Section 24 of Senate Bill 172 added Welfare and Institutions Code section 12316.1 which mandated the California Department of Social Services (CDSS) to administer the Career Pathways Program for providers of In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) to increase quality of care, retention of providers for recipients, and provide training opportunities for career advancement in the home care and health care industries. In Solano County, the IHSS PA is responsible for providing access to and direct training and support to all Solano IHSS and WPCS providers and will be providing feedback to the State, along with other counties and public authorities, as the State develops the Career Pathways Program.

In response to the COVID-19 pandemic, during calendar year 2020, the California Department of Social Services (CDSS) established the COVID-19 Emergency Backup System (EBUS) which included a two-dollar differential to a provider who is hired temporarily to backfill behind a primary provider. Since this differential was established solely to fill behind a primary provider

who was isolating due to COVID-19, the EBUS was underutilized by IHSS consumers due to limited use criteria for COVID-19 related provider illness and recipients preferring to isolate to reduce risk of contracting COVID-19. The Solano IHSS PA receives 10-12 emergency referrals per month – consumers who need a provider right away because of their personal care needs and living situation. It is challenging to refer providers in these cases, and the need frequently goes unfilled. A permanent EBUS program which does not restrict use solely for COVID-19 isolation could assist in addressing this unmet need.

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 FY2022/23 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. Additionally, IHSS PA continues to work with the California Department of Social Services to distribute essential protective gear (EPG) to Solano IHSS and WPCS providers as needed. Masks, gloves, and other safety supplies made available by CDSS are distributed to providers upon request as supplies are available.

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 Recommended Budget projections are based on current trends in caseloads and remaining COVID-19 program waivers. Adjustments, if needed, will be included in the FY2022/23 Midyear 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 Recommended Budget represents increases of \$54,209 or 0.1% in both revenues and appropriations when compared to the FY2021/22 Adopted Budget. The County General Fund (CGF) Contribution of \$6,276,737 represents an increase of \$430,028 or 7.4%.

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 2011 Realignment which redirected sales tax revenues to counties to fund the State's share of these programs and shifted the financial responsibility to counties for 100% of the non-federal share of costs. The cost to the County General Fund will increase if 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 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.

Summary of Division Budget

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

The Recommended Budget for Assistance Programs projects a \$54,209 or 0.1% net increase in revenues compared to the FY2021/22 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:

- \$1,893,855 decrease in State and federal revenues.
- \$1,518,036 increase in combined 1991 and 2011 Realignment revenues.
- \$430,028 increase in CGF contribution.

Primary Costs

The FY2022/23 Recommended Budget for Assistance Programs projects a \$54,209 or 0.1% net increase in appropriations compared to the FY2021/22 Adopted Budget. The projected increase is primarily the result of the following:

Adoptions Assistance Program (BU 7901) – \$326,112 or 3.4% net increase in appropriations due to increase in projected paid cases based on current trends.

Foster Care Assistance programs – \$2,362,832 or 15.1% net increase in appropriations due to the following:

- Kin-GAP (BU 7902) – Costs are projected to increase by \$96,876 or 6.6% when compared to FY2021/22 Adopted Budget.
- Foster Care (BU 7903) – Costs are projected to increase by \$2,323,743 or 16.9% when compared to FY2021/22 Adopted Budget due to an increase in projected average grant from \$2,353 in FY2021/22 Adopted Budget to \$2,802 in FY2022/23 Recommended Budget and an increase in projected paid cases based on current trends.
- County Only Foster Care (BU 7908) – Costs are projected to decrease by \$57,787, or 13.6% when compared to FY2021/22 Adopted Budget.

CalWORKs Assistance (BU 7904) – \$2,668,237 or 8.7% net decrease in appropriations primarily due to a decrease in projected paid cases based on current trends.

Refugee Assistance (BU 7906) – \$38,676 or 586% increase in appropriations due to an increase in projected paid cases.

General Assistance (BU 7907) – \$96,469 or 5.0% net increase in appropriations due to the average grant and projected paid cases based on current trends.

Approved Relative Caregiver (BU 7909) – \$52,640 or 12.9% net decrease in appropriations due to a decrease in projected paid cases based on current trends.

Work Incentive Nutritional Supplement (WINS), State Utility Assistance Subsidy (SUAS) and Low-Income Home Energy Assistance Program (LIHEAP (BU 7911)) – \$49,003 or 12.5% decrease in appropriations based on current trends.

Contracts

The FY2022/23 Recommended Budget includes \$858,000 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 2022 with a master list of contracts for the Board's consideration.

Fixed Assets

None.

DIVISION COMMENTS

None.

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

Summary of Division Budget

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	36,684,201	35,477,567	35,260,013	(217,554)	(0.6%)
INTERGOVERNMENTAL REV FEDERAL	14,572,865	17,307,978	17,149,713	(158,265)	(0.9%)
GENERAL FUND CONTRIBUTION	2,425,585	5,846,709	6,276,737	430,028	7.4%
TOTAL REVENUES	53,682,650	58,632,254	58,686,463	54,209	0.1%
APPROPRIATIONS					
SERVICES AND SUPPLIES	0	236,784	236,784	0	0.0%
OTHER CHARGES	52,928,479	58,395,470	58,449,679	54,209	0.1%
OTHER FINANCING USES	754,172	0	0	0	0.0%
TOTAL APPROPRIATIONS	53,682,650	58,632,254	58,686,463	54,209	0.1%
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

FY2022/23 Recommended Budget was prepared using prior year actual data and trends. The declaration of COVID-19 Public Health Emergency (PHE) would have expired on April 17, 2022. However, on April 12, 2022, the COVID-19 PHE was extended for another 90 days or until July 15, 2022. At this time, it is unclear if the FY2022/23 Recommended Budget will be additionally impacted when the PHE will be lifted on July 16, 2022. H&SS staff will continue to monitor and evaluate the impacts and will provide necessary budget adjustments at Midyear.

Summary of Division Budget

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

DETAIL BY REVENUE AND APPROPRIATION OTHER ADMINISTERED BUDGETS	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	17,688,440	19,956,210	21,196,510	1,240,300	6.2%
9600 MHSA	28,555,238	25,262,255	31,065,762	5,803,507	23.0%
7950 TOBACCO PREVENTION & EDUCATION	667,363	931,514	562,807	(368,707)	(39.6%)
APPROPRIATIONS					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	17,688,441	19,956,210	21,196,510	1,240,300	6.2%
9600 MHSA	25,240,222	32,038,573	34,552,872	2,514,299	7.8%
7950 TOBACCO PREVENTION & EDUCATION	667,363	931,514	562,807	(368,707)	(39.6%)
NET CHANGE					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	1	0	0	0	0.0%
9600 MHSA	(3,315,017)	6,776,318	3,487,110	(3,289,208)	(48.5%)
7950 TOBACCO PREVENTION & EDUCATION	0	0	0	0	0.0%

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

DEPARTMENTAL PURPOSE

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

FUNCTION AND RESPONSIBILITIES

On March 5, 2002, the Solano County Board of Supervisors established the Public Authority to act as the Employer of Record for IHSS providers. The IHSS Public Authority, a governmental entity separate and distinct from Solano County, established 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 2021, 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 continued to be held virtually, and the annual Spring conference was cancelled.

IHSS PA and SEIU 2015 completed negotiations in September 2021 and provider wages were increased locally by 70 cents per hour in December 2021, and the State minimum wage increased wages by one dollar in January 2022. The Solano IHSS wage is fixed at \$16.20 per hour through June 2024. IHSS Providers in Solano who work more than 65 hours per month remain eligible for a supplemental health plan that includes prescriptions, vision, and dental care paid for by the IHSS PA.

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 \$1,240,300 or 6.2% in both revenues and appropriations when compared to the FY2021/22 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 Recommended Budget projects a net increase of \$1,240,300 or 6.2% in revenues primarily due to the following:

- Increase of \$1,398,054 in County General Fund primarily due to increase in IHSS MOE offset by decrease in Countywide Administrative Overhead.
- Decrease of \$155,989 in combined State and federal revenues due to decreases in projected provider health benefit costs offset by increases in IHSS Public Authority administration costs.
- Decrease of \$1,765 in Administration Overhead primarily representing a one-time countywide administrative overhead credit.

Primary Costs

Primary costs for IHSS Public Authority are \$20,290,177 in Other Charges, \$892,658 in Operating Transfer-Out and \$13,675 in Services and Supplies.

Summary of Other Administered Budgets

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

The Recommended Budget projects a net increase of \$1,240,300 or 6.2% in appropriations primarily due to the following:

- Increase of \$1,443,609 in IHSS MOE primarily representing annualized adjustment in IHSS MOE for the negotiated net increase in provider wages and benefits effective December 2021 and the 4% annual inflation increase per SB 80 (2019).
- Increase of \$110,293 in Operating Transfer-Out due to increased costs in BU 7690 to reimburse H&SS for staff time study costs and operating support costs to administer the IHSS Public Authority program.
- Increase of \$4,075 in Services and Supplies representing increase in the IHSS Advisory Committee's budget.
- Decrease of \$257,125 in Individual Providers-IHSS costs representing the projected decrease in health premium payments based on projected provider hours multiplied by \$0.55 hourly approved benefit rate.
- Decrease of \$60,552 in Countywide Administrative Overhead.

Contracts

The FY2022/23 Recommended Budget includes a total of \$4,056,812 in contracted services for estimated health plan costs.

Fixed Assets

None.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	667	0	0	0	0.0%
INTERGOVERNMENTAL REV STATE	9,075,476	9,152,365	9,077,750	(74,615)	(0.8%)
INTERGOVERNMENTAL REV FEDERAL	2,135,702	2,729,264	2,647,890	(81,374)	(3.0%)
CHARGES FOR SERVICES	654	1,942	177	(1,765)	(90.9%)
GENERAL FUND CONTRIBUTION	6,475,942	8,072,639	9,470,693	1,398,054	17.3%
TOTAL REVENUES	17,688,440	19,956,210	21,196,510	1,240,300	6.2%
APPROPRIATIONS					
SERVICES AND SUPPLIES	6,100	9,600	13,675	4,075	42.4%
OTHER CHARGES	17,056,622	19,164,245	20,290,177	1,125,932	5.9%
OTHER FINANCING USES	625,719	782,365	892,658	110,293	14.1%
TOTAL APPROPRIATIONS	17,688,441	19,956,210	21,196,510	1,240,300	6.2%
NET CHANGE	1	0	0	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

The FY2022/23 Recommended Budget includes an increase in County General Fund due to the annualized adjustment in IHSS MOE for the negotiated net increase in provider wages and benefits effective December 2021 and the 4% annual inflation increase per SB 80 (2019). These MOE adjustments are 100% County General Fund cost.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

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 FY2022/23 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 and 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

- As a result of the COVID-19 pandemic, the MHSA Unit was not able to conduct the required community planning process in-person due to social distancing protocols, however, comprehensive community planning with stakeholders was conducted virtually and through surveys to develop both the MHSA Annual Update for FY2021/22 and the Suicide Prevention Strategic Plan Update 2021.
- Both County and contracted MHSA funded programs continued to leverage telehealth platforms and began to transition to in-person services as appropriate in the later part of FY2021/22. Full-Service Partnership (FSP) programs continued to provide in-person intensive services. The adult Wellness Center and several housing programs, including Bridge Transitional Housing and Shelter Solano, reduced their census for part of the year due to COVID-19. MHSA programs, including the County programs, providing in-person services put safety measures in place to continue necessary client services.
- 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 during School Year (SY) 2020/21, the three contractors providing PEI School-Based Mental Health Services provided trainings for 1,326 school personnel which represented a 54% increase from FY2019/20; provided trainings for 274 parents/caretakers which represented a 48% increase; and groups/workshops were provided for 1,146 students which represented a 78% increase from FY2019/20. Due to distance learning, schools struggled to identify students who needed individual therapy; therefore, referrals for assessments and brief counseling were lower resulting in 228 students receiving these services in FY2020/21, representing a 22% decrease from FY2019/20.
- The FSP programs continued to provide the most intensive outpatient level of care with services provided to consumers at least twice per week, and often more, as necessary, though difficult due to staff shortage issues. The adult FSPs continue to implement Assertive Community Treatment (ACT), an evidenced-based practice (EBP) model, and the child/youth FSP's teams continue to implement the Transitions to Independence Process (TIP) EBP to engage and support young people experiencing emotional and/or behavioral struggles. Four individuals, two County staff and two contractor staff, began the Site Based Training curriculum to become certified trainers in the TIP model to support sustainability of the model going forward.
- Consumer hospitalizations experienced in FY2020/21 include 8% (26) of the adult FSP consumers and 11% (25) of child/youth; 5% of adult consumers were incarcerated and 4% of the child/youth involved in the juvenile justice system; and 3% (10) adult FSP consumers and 1% (2) child/youth FSP consumers experienced an incidence of homelessness. Of the 48 consumers served, 20 were identified as being or at risk of commercial sexual exploitation.
- In May 2021, the Community-Based Mobile Crisis program, funded by PEI, launched in partnership with Fairfield and Suisun police departments. In just the last two months of FY2020/21, the program received 55 calls and served 53

unduplicated individuals. Of the 55 calls, 73% (40) were stabilized in the community with safety plans thus diverting from the Crisis Stabilization Unit, emergency departments and inpatient hospitals. Efforts have begun to expand the program across the county in partnership with law enforcement with a goal to have a public facing phone number that Solano residents can call rather than calling 911.

- The Employment Services and Support program, which uses the Individual Placement and Support (IPS) EBP model, served 140 consumers and of those 54% (75) consumers secured competitive employment and 60% (45) maintained employment for at least 90 days despite the COVID-19 pandemic and impact on employment opportunities.
- Approximately 8% of the Community Services and Supports (CSS) funds are allocated to support MHSA Housing Programs. Through the five programs operated by contractors, 219 consumers were housed during FY2020/21.
- The Solano County Early Psychosis (EP) Treatment program was a pilot site for the beta testing of a new application (app) developed through the multi-county statewide Early Psychosis Learning Health Care Network Innovation (INN) project led by UC Davis Behavioral Health Center of Excellence. This app allows consumers and family members to self-report on progress in care and will assist in treatment planning with consumers and allow EP programs to learn from each other with a goal to develop a national network to improve care for individuals with early psychosis.
- The five-year Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) INN project focused on reducing healthcare disparities for three communities of focus: Latino, Filipino and LGBTQ+ ended in June 2021. Through this project, 14 community-defined Quality Improvement (QI) Action Plans were developed focused on workforce development, training and improving community outreach and access to care. The contractor, UC Davis Center for Reducing Health Disparities, provided the final evaluation report. Completion of the project saw calls to the Access Line increase by 29%, and even higher among the three communities of focus: Filipino Americans increased calls by 32%, Latinos by 41% and LGBTQ+ by 309%. LGBTQ+ consumers doubled their usage of outpatient services to 8% from 4% instead of using crisis services.
- County and community-based organization programs have experienced significant staff recruitment and retention challenges impacting the capacity of the system to manage new requests for services and providing services based on the level of care needed for individual consumers. Additionally, contractors are requesting rate increases, limiting services, or not able to expand their services in some areas to meet client demand.

WORKLOAD INDICATORS

- Adult FSP programs (County- and contractor-operated) served 315 adults in FY2020/21, compared to 306 adults in FY2019/20.
- Child/Youth FSP programs (County- and contractor-operated) served 228 children/youth in FY2020/21, which was a decrease from 253 served in FY2019/20, in part due to lower referrals from schools as a result of school closures due to the COVID-19 pandemic.
- As referenced above related to the ICCTM INN project, and impacts of COVID-19, overall, the number of calls to the Access Line steadily increased from an average of 1,601 callers per year in the 3-year period before the ICCTM project, to 2,066 callers per year in the following three years.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents an increase of \$5,803,507 or 23.0% in revenues and an increase of \$2,514,299 or 7.8% in appropriations when compared to the FY2021/22 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.

Summary of Other Administered Budgets

**9600 – Fund 906-Mental Health Services Act
Gerald Huber, Director of Health & Social Services
Health & Public Assistance**

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	236,170	248,307	70,060	(178,247)	(71.8%)
INTERGOVERNMENTAL REV STATE	28,319,069	25,013,941	30,995,674	5,981,733	23.9%
CHARGES FOR SERVICES	0	7	28	21	300.0%
TOTAL REVENUES	28,555,238	25,262,255	31,065,762	5,803,507	23.0%
APPROPRIATIONS					
OTHER CHARGES	548	355	446	91	25.6%
OTHER FINANCING USES	25,239,674	32,038,218	34,552,426	2,514,208	7.8%
TOTAL APPROPRIATIONS	25,240,222	32,038,573	34,552,872	2,514,299	7.8%
CHANGE IN FUND BALANCE	(3,315,017)	6,776,318	3,487,110	(3,289,208)	(48.5%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

The increase of \$5,803,507 in revenues is primarily due to a projected increase in statewide MHSA revenues when compared to the FY2021/22 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 \$2,514,299 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 \$3,487,110.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

Initial three-year MHSA revenue projections (done in FY2020/21) anticipated a significant decrease for FY2022/23 as a result of the ongoing COVID-19 pandemic and were used when developing the budget for the current MHSA Three-Year Plan FYs 2020/23. As such in FY2021/22, budgetary reductions were implemented for PEI programs and several of the CSS programs. Current MHSA revenue projections are significantly higher than initially anticipated. In response to improved revenue, contract budgets are being increased to pre-COVID or higher levels, in part to also support increased salaries and rate structures in an effort to stabilize the workforce and to expand services to meet a higher volume of requests for services and increased acuity of cases. 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.

Assembly Bill 81 – Public Health Funding, approved by the Governor on June 29, 2020, continued to allow some flexibilities through June 2022 including allowing for MHSA Plans/Annual Updates to be submitted late, allowing counties to access Prudent Reserve funds and not mandating 51% of the Community Services and Supports (CSS) funds to support FSP programming. Given the revenues came in higher than anticipated, no funds were transferred from the Prudent Reserve to support programming.

Prior to COVID-19, several bills were presented in the State Legislature that sought to increase the flexibility on counties use of MHSA funds; however, more recently this flexibility was designed to divert MHSA funds from mental health services to housing initiatives, criminal justice, schools, and substance use disorder programming. The majority of the bills did not move forward but may now be re-introduced post pandemic.

The new Community Assistance, Recovery and Empowerment (CARE) Court framework as proposed by Governor Newsom, which is intended to support homeless community members, is potentially aiming to divert MHSA funds. The CARE Court is not

aligned with the values of MHSA and stakeholder groups are opposed to this new legislation. Newly proposed legislation, SB 970 (Eggman), is poised to restructure MHSA significantly by transitioning from a required MHSA Three-Year Plan to a Five-Year Plan, adding language for outcome measures, proposes to eliminate the required percentage allocations to CSS and INN, and lists “excess MHSA funding” as a potential mechanism to fund the CARE Court. A significant challenge is that often what may be viewed as “excess” funding is unspent funds allocated to support programming identified through the current MHSA Three-Year Plan. It will be important to monitor this legislation closely as potential diversion of MHSA funds 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 FY2022/23 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 administered by the Public Health Division of Solano County Department of Health and 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 receiving additional funding to implement a more robust, comprehensive tobacco control plan integrated with the Proposition 99-funded plan. Proposition 56 provided an initial boost to local funding during the 2017-2021 Tobacco Prevention Plan; however, the funding is declining, as expected, due to several factors. The additional cost of \$2.00 per pack and the implementation of local flavors sales restrictions, namely California Senate Bill 793 signed into law on August 28, 2020, but has now qualified for the November 8, 2022 statewide ballot as a voter referendum, have motivated some consumers to either quit or reduce their use.

The TPEP program embarked on a new three-year plan for 2022-2025 starting January 1, 2022 (Quarter 3 of FY2021/22). The following are TPEP's three new objectives with the goal of completing by June 30, 2025:

- Collaborate with youth and youth-serving organizations to recruit, retain, develop and train at least 10 youth leaders, advocates, and spokespersons to implement program activities and advance tobacco control efforts. At least 50% of the youth will participate in at least three meetings, trainings, presentations, data collection efforts, and/or tobacco prevention activities.
- For at least one jurisdiction in Solano County to adopt and implement a policy prohibiting smoking in outdoor dining spaces, beverage and service areas of restaurants, bars, nightclubs, and mobile catering businesses and their service lines.
- For at least one jurisdiction in Solano County to adopt and implement both: 1) a policy that prohibits smoking and vaping of all tobacco products in multi-unit housing of two or more units (market-rate, public, and subsidized), including 25 feet from all doors, windows, patios, and balconies, and emphasize a graduated enforcement process; and 2) a policy eliminating the sale and/or distribution of any mentholated cigarettes and other flavored tobacco products, and paraphernalia (e.g., smokeless tobacco products, dissolvable tobacco products, flavored premium cigars such as little cigars, cigarillos, hookah tobacco, e-cigarettes, e-hookah, wrappers). The policy will not criminalize purchase, use, or possession of tobacco products by individuals.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

During FY2021/22, there was a continued focus on teen vaping, due to a new lung illness, e-cigarette or vaping use-associated lung injury ("EVALI"), identified by the Centers for Disease Control and Prevention throughout the country. In FY2021/22, there were two major accomplishments, the implementation of two major media campaigns and the successful funding of five (5) community youth groups to work on tobacco and cannabis related topics.

The first of the two media campaigns highlighted lung infections caused by vaping and identified tobacco use as an underlying condition causing or exacerbating respiratory issues for individuals impacted by COVID-19 infections. In addition to highlighting lung conditions, a second part of the campaign focused on the 2019 Healthy Stores for a Healthy Community survey that identified a high number of Solano tobacco retailers who sell flavored tobacco products, specifically menthol flavored products, which historically target communities of color. This second part of the media campaign, "The Black Balloons," had a broader launch through local media outlets, billboards, and various social media platforms such as Facebook, Google, and Twitter. There were 13.5 million impressions and 4,500 total click throughs, meaning that many Solano residents saw the messages

multiple times each, as well as those commuting through Solano County. The second campaign focused on menthol and flavors which target youth, and this campaign had 3.5 million impressions and 1,860 click throughs to website information. In addition, there was a message placed in the Rio Vista Beacon focusing on youth and parental awareness to approximately 5,000 subscribers.

The other major accomplishment was the successful funding of five (5) youth community engagement groups who brought awareness to the harmful effects of tobacco and cannabis. The media campaigns brought these issues and the discussion of smoke-free multi-unit housing to the attention of community leaders in Fairfield and Vallejo. TPEP staff supported the effort by providing technical assistance to Vallejo City Council members and the youth groups working to provide information and education to local leaders and the community. Tobacco Free Solano (TFS) coalition and TPEP staff continue to provide public health information and relevant data to the Vallejo City Council to support the implementation of smoke-free multi-unit housing and outdoor smoke-free policies.

A challenge faced in FY2021/22 was the redeployment of program staff to the COVID-19 response effort. The remaining staff continued tobacco prevention work and contract deliverables but on a smaller scale. Another challenge was engaging the attention of community partners and decision-makers in the middle of the pandemic, even though tobacco use, and second-hand exposure are risk factors causing or exacerbating conditions caused by COVID-19 especially in our most vulnerable communities.

WORKLOAD INDICATORS

- Due to the COVID-19 pandemic and the redeployment of many local public health departmental staff to assist with COVID-19 related needs, the California Department of Public Health (CDPH), California Tobacco Control Program (CTCP), extended the 2017-2021 Tobacco Prevention Plan (Plan) for an additional six (6) months. This extension split FY2021/22 into two separate plans with the first six (6) months aligned to the original 2017-2021 Plan, and the second six (6) months aligned to the new 2022-2025 Plan.
- The first six (6) months of FY2021/22 were dedicated to closing out the 2017-2021 Plan and developing the new 2022-2025 Plan. The development of the new Plan required community input and data collection through the Communities of Excellence (CX) process. This intensive community assessment process was conducted through eight (8) online Zoom sessions lasting between one-to-one half hours each. The information gathered was processed and presented to Tobacco Free Solano (TFS) Coalition members. Working with TFS, the criteria to build the new Plan was identified. Staff worked with CTCP staff to develop the scope of work aiming for a Tobacco Free Solano and Tobacco Free California consistent with the American Heart Association's California Tobacco and CDPH CTCP "End Game" by 2035. Developing specific components of the scope's objectives will help propel Solano to this ambitious and overarching goal of the elimination of tobacco use statewide.
- The efforts of the funded youth groups and other community members to provide input to Vallejo City Council has encouraged several council members to direct the city's legal counsel to review model smoke-free multi-unit housing policies and to further discuss the potential for a smoke-free multi-unit housing ordinance based upon legal counsel review. This work continued in the second six (6) months of FY2021/22.
- In addition, staff and TFS worked on implementation of the new 2022-2025 Tobacco Prevention Plan. The primary objective was to conduct the necessary Midwest Academy Strategy Chart (MASC) and Key Informant Interviews (KII) throughout each Solano County jurisdiction. This work will provide the needed data to set direction for which cities are ready or near ready to focus efforts on tobacco prevention and preventing secondhand smoke exposure through the remainder of the plan.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents a decrease of \$368,707 or 39.6% in both revenues and appropriations when compared to the FY2021/22 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.

Summary of Other Administered Budgets

7950 – Fund 390-Tobacco Prevention & Education

Gerald Huber, Director of Health & Social Services

Health & Public Assistance

The Recommended Budget includes a net decrease in revenues of \$368,707 or 39.6% and is due to a decrease in the TPEP fund allocation for FY2022/23 and no rollover funds as in prior fiscal years.

Primary Costs

- \$306,964 for Salaries and Employee Benefits, which reflects an increase of \$23,628 due to negotiated and approved labor contracts resulting in increases in wage, and retirement and health costs.
- \$55,257 in Services and Supplies, which reflects a decrease of \$399,917 primarily due to reductions in contracted services, and marketing and advertising.
- \$197,685 in Other Charges, which includes \$168,147 for Public Health personnel staff time for TPEP programs. The increase of \$7,441 primarily represents increases in wages, and retirement and health costs.

Contracts

The FY2022/23 Recommended Budget includes a total of \$9,200 in contracted services for a media consultant and for youth community engagement services.

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	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	3,678	500	500	0	0.0%
INTERGOVERNMENTAL REV STATE	557,015	931,014	455,577	(475,437)	(51.1%)
INTERGOVERNMENTAL REV FEDERAL	48,462	0	0	0	0.0%
CHARGES FOR SERVICES	57,326	0	106,730	106,730	0.0%
MISC REVENUE	883	0	0	0	0.0%
TOTAL REVENUES	667,363	931,514	562,807	(368,707)	(39.6%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	311,056	283,336	306,964	23,628	8.3%
SERVICES AND SUPPLIES	196,351	455,174	55,257	(399,917)	(87.9%)
OTHER CHARGES	157,373	190,244	197,685	7,441	3.9%
OTHER FINANCING USES	2,583	2,760	2,901	141	5.1%
TOTAL APPROPRIATIONS	667,363	931,514	562,807	(368,707)	(39.6%)
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

The net decreases in revenues and appropriations primarily reflects the decline in funding as consumers either quit or reduce use of tobacco products. In addition, the Department is not projecting to rollover unspent funds as in prior fiscal years.

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 The California Coalition for Fairness, a campaign heavily sponsored by tobacco companies, to the Attorney General of California. On January 22, 2021, the referendum qualified for the ballot, putting SB 793 on hold until the November 2022 general election. TPEP continues to provide education on potential adoption of 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 FY2022/23 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 administrator. 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 2021:

- The N/S AAA continued assisting service providers in transforming program delivery and reopening preparations to accommodate COVID-19 safety requirements. Until fall 2021, congregate meal participants received meals at home. In October, some sites transitioned to congregate meals with COVID-19 protocols in place. Volunteer visiting programs began transitions from calling clients to some in-person visits, and evidence-based exercise programs continued online. Volunteer transportation services continued delivering groceries to homebound seniors.
- The N/S AAA participated in a statewide research project titled "Closing the Meal Gap for Older Californians," which defines the nutritional gap amongst seniors and offers suggestions for closing the gap. The report includes data for Solano County. The report was released in October 2021 and will be used to advocate for additional State funding and flexibilities.
- Responding to Public Safety Power Shutoffs (PSPS), the N/S AAA purchased an additional 800 three-day emergency packs for vulnerable seniors and 150 emergency back-up power supplies, with 350 of the backpacks distributed to IHSS clients and workers. The emergency backpacks contained food, radios, blankets, and additional supplies to assist in power outages.
- In October 2021, the N/S AAA submitted a joint application with the Independent Living Resource Center of Contra Costa and Solano Counties to open an Aging and Disability Resource Center (ADRC) as part of the statewide expansion of ADRCs called for in the Master Plan for Aging. The program will integrate multiple resources to create a client-focused support system for services available countywide.
- Beginning in January 2021, the N/S AAA monitored the program side of all service providers, and the fiscal team began a separate fiscal monitoring of providers. Where needed, N/S AAA staff worked to assist providers to ensure programs are in compliance.
- CDA monitored the N/S AAA programs and fiscal processes and conducted a separate fiscal audit. Minor programmatic findings included updating service provider forms, contracts with service providers and the RFP process.

WORKLOAD INDICATORS

- The N/S AAA created and monitored 40 separate contracts and amendments with 18 different service providers for 28 different services. The three-person team of the Executive Director, Staff Analyst and Accountant currently administer and monitor the contracts and respond to service provider needs in addition to providing support to the N/S AAA Advisory Council and Oversight Board.

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

Gerald Huber, Director of Health & Social Services

Health & Public Assistance

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget includes \$2,809,118 or 76.2% increase in revenues and \$2,809,119 or 76.2% in appropriations when compared to the FY2021/22 Adopted Budget. 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.

The Recommended Budget includes \$5,994,447 combined federal and State revenues, \$118,468 in contributions from Napa County, \$340,887 in Solano County General Fund and \$40,000 operating transfers in from the Public Health Division.

The Recommended Budget projects a net increase of \$2,809,118 or 76.2% in revenues primarily due to the following:

- Increase of \$677,216 in combined State and federal revenues primarily due to overall increase in Area Plan and SNAP-Ed funding from the California Department of Aging.
- Increase of \$2,071,149 in COVID-19 Pass-Through revenues primarily due to carry over of funding received in FY2021/22 and appropriated in FY2022/23. In FY2021/22, the Department received one-time funding of \$2,040,390 from the American Rescue Plan Act (ARPA) allocated for Older Americans Act programs through September 30, 2024.
- Increase of \$10,426 in Other Revenues representing Napa County's share of the overall increase in the administration costs of N/S AAA.
- Increase of \$50,327 in Operating Transfers In representing a \$30,327 increase in share of Solano County General Fund due to the overall increase in the administration costs of N/S AAA and a \$20,000 increase in transfers in from the Public Health Division to fund a senior fall prevention program.

Primary Costs

The Recommended Budget includes \$6,493,802 in appropriations, an increase of \$2,809,119 or 76.2%. Primary costs include:

- \$5,651,997 in Contracted Direct Services to provide various supportive services, home-delivered and congregate meals, nutrition counseling and education, ombudsman services, and elder abuse prevention.
- \$47,793 in Countywide Administrative Overhead costs.
- \$794,012 in Operating Transfers Out to Fund 902, Bureau 7685, which represents \$588,788 in Salaries and Employee Benefits and \$205,224 for other operating expenditures to administer the N/S AAA program.

Contracts

The FY2022/23 Recommended Budget includes a total of \$5,651,997 or 87.0% in contracted direct program services. H&SS will return to the Board in June 2022 with a master list of contracts for the Board's consideration.

Fixed Assets

None.

DEPARTMENT COMMENTS

None.

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

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	1,780,963	707,157	3,072,288	2,365,131	334.5%
INTERGOVERNMENTAL REV FEDERAL	2,565,781	2,538,925	2,922,159	383,234	15.1%
MISC REVENUE	190,919	108,042	118,468	10,426	9.6%
OTHER FINANCING SOURCES	232,229	330,560	380,887	50,327	15.2%
TOTAL REVENUES	4,769,892	3,684,684	6,493,802	2,809,118	76.2%
APPROPRIATIONS					
SERVICES AND SUPPLIES	119,895	0	0	0	0.0%
OTHER CHARGES	4,063,332	3,057,923	5,699,790	2,641,867	86.4%
OTHER FINANCING USES	586,665	626,760	794,012	167,252	26.7%
TOTAL APPROPRIATIONS	4,769,893	3,684,683	6,493,802	2,809,119	76.2%
NET COUNTY COST	0	(1)	0	1	(100.0%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

Master Plan for Aging – Many of the priorities included in the statewide plan include creating Aging and Disability Resource Connections. AAAs are being tasked with reviewing the Master Plan for Aging and localizing initiatives and including in local Area Plans, with limited support and funding. Staff continues to participate in discussions with the California Department of Aging and the California Association of Area Agencies on Aging (C4A) to advocate for support, local flexibility, and additional funding.

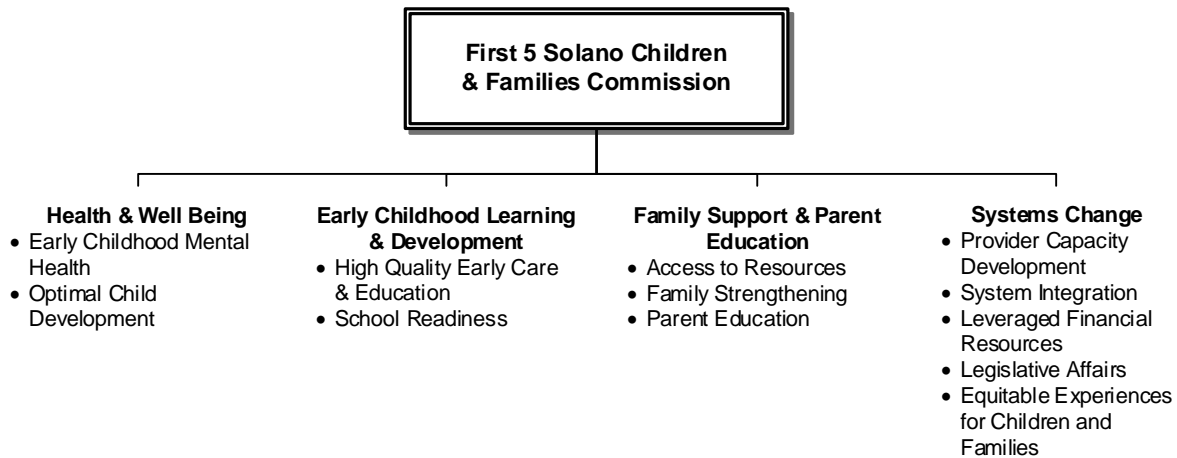
CalAIM – The broad-based delivery system creates the potential opportunity for AAAs and senior services organizations to develop formal contractual partnerships with Medi-Cal Managed Care Plans. Although the N/S AAA will not enter a contractual partnership, some of the program’s service providers may, which will require providers to separate staffing and processes from AAA-funded programs. This may require additional monitoring. Staff continues to participate in webinars and conversations about the potential impacts to AAAs.

COVID-19 Supports Ending – Coronavirus Aid, Relief, and Economic Security (CARES) Act and American Rescue Plan Act (ARPA) funding and flexibilities will end. During the pandemic there was a need for cash/material aid supports for low-income seniors throughout the county. Relatively small amounts of money allowed frail adults to remain in their homes. CARES Act and ARPA funds, and the flexibility to move funding where it was needed, allowed the N/S AAA to support low-income seniors to remain in their homes by paying for home repairs, medical bills, utilities, and purchasing battery back-up units and emergency packs. Post COVID-19, the need will remain but the additional funding to support the programs will have ended.

Increased Reporting Requirements – The California Department of Aging continues to increase the number of reports and detail of the data collected from AAAs and the service providers. The additional data requirements create undue burden on AAAs and providers. One service provider declined to renew their contract this year due to the costs associated with monthly reporting. The N/S AAA staff are participating in discussions with the California Department of Aging and other AAAs to find alternatives.

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 FY2022/23 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 catalyze and strategically advance innovative, prevention-focused approaches across systems 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:	
FY2021/22 Midyear Projection:	4,330,734
FY2022/23 Recommended:	5,678,013
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 ensuring early childhood systems are strong, integrated, sufficiently resourced and equitable. Activities in this priority area include cross system collaboration, increasing capacity of early childhood providers, advocating for legislative and policy changes, 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, and 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.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

- Provided services to over 7,000 Solano residents, including children, parents/caregivers, and providers of services to young children.
- Began plans for the renovation of the Beverly Hills Elementary School in Vallejo to an Early Learning Center, supported through multiple partners including Solano County, First 5 Solano, Solano County Office of Education, Vallejo City Unified School District, Child Start, Inc. and others, with the goal of serving up to 300 children ages 0-5 and their families with child care and early learning opportunities.
- Received \$2 million from the State of California/First 5 California to implement a First 5 Center in Fairfield; began planning with the City of Fairfield to locate the Fairfield First 5 Center within the new North Texas Recreation Complex.
- Implemented the fourth year of the Commission’s 2018-2023 Program Investment Plan to support young children and their families in the community, including:
 - Assisted over 2,000 children and parents/caregivers through the Help Me Grow Solano call center—a national model to connect young children and families to needed services in their community, including over 300 electronic developmental screenings for children at risk of developmental concerns.
 - 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 nine community partners, including workshops, brief intervention, targeted intervention, and groups.

WORKLOAD INDICATORS

- During the period of July 1, 2021 – June 30, 2022, First 5 Solano managed over 50 ongoing contracts and Memorandums of Understanding totaling approximately \$3 million, which provided services to over 7,000 Solano residents.
- Through the Vallejo First 5 Center, provided over 55 six-week classes to parents with children ages 0-5 on a variety of topics including healthy eating, getting ready for kindergarten, tiny paleontologists, infant massage, mindful music, and many others.

DETAIL BY REVENUE AND APPROPRIATION FUNCTIONAL AREA	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
FIRST 5 SOLANO	5,252,652	4,222,838	4,530,324	307,486	7.3%
TOTAL REVENUES	5,252,652	4,222,838	4,530,324	307,486	7.3%
APPROPRIATIONS					
FIRST 5 SOLANO	4,227,410	4,626,062	5,678,013	1,051,951	22.7%
TOTAL APPROPRIATIONS	4,227,410	4,626,062	5,678,013	1,051,951	22.7%
CHANGE IN FUND BALANCE					
FIRST 5 SOLANO	(1,025,242)	403,224	1,147,689	744,465	184.6%
CHANGE IN FUND BALANCE	(1,025,242)	403,224	1,147,689	744,465	184.6%

STAFFING					
FIRST 5 SOLANO	7	7	7	0	0.0%
TOTAL STAFFING	7	7	7	0	0.0%

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

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents an overall increase of \$307,486 or 7.3% in revenues and an increase of \$1,051,951 or 22.7% in appropriations when compared to FY2021/22 Adopted Budget, resulting in an increase of \$744,465 in the Commission’s Fund Balance.

The FY2022/23 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 Recommended Budget includes a projected increase in revenue of \$307,486 or 7.3% from FY2021/22 Adopted Budget. This projected increase is primarily due to an increase in interest, Mental Health Services Act (MHSA) revenue, and Proposition 10 tobacco tax.

Primary Costs

The Recommended Budget includes an overall increase \$1,051,951 or 22.7% in appropriations primarily due an increase in expenditures for First 5 Solano’s contribution toward the construction of the Fairfield First 5 Center.

First 5 Solano will be providing \$3.1 million to community agencies to implement services and programs in alignment with the Commission’s Strategic Plan.

Contracts

The FY2022/23 Recommended Budget includes \$3,100,000 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-40 childcare sites.
- \$200,000 - Annual Grants.
- \$160,000 - Pre-Kindergarten Academies.
- \$75,000 - Raising a Reader.

Fixed Assets

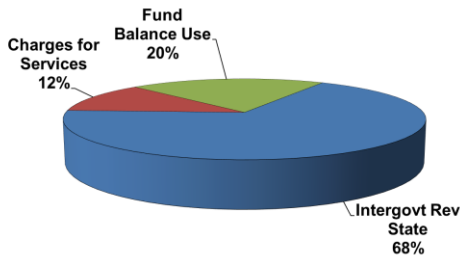
None.

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

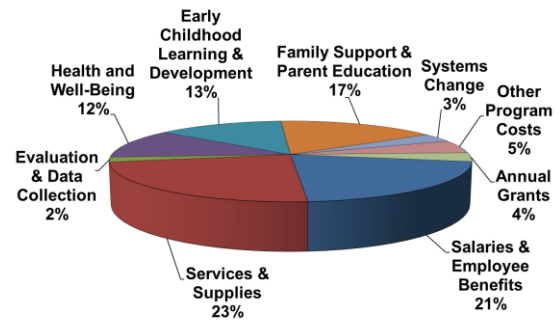
DEPARTMENTS COMMENTS

None.

SOURCE OF FUNDS



USE OF FUNDS



DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	81,012	0	53,211	53,211	0.0%
INTERGOVERNMENTAL REV STATE	3,946,392	3,588,299	3,793,648	205,349	5.7%
INTERGOVERNMENTAL REV FEDERAL	110,700	0	0	0	0.0%
CHARGES FOR SERVICES	643,133	596,539	678,465	81,926	13.7%
MISC REVENUE	471,414	38,000	5,000	(33,000)	(86.8%)
TOTAL REVENUES	5,252,652	4,222,838	4,530,324	307,486	7.3%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	1,094,072	1,169,854	1,186,092	16,238	1.4%
SERVICES AND SUPPLIES	260,364	301,688	1,321,010	1,019,322	337.9%
OTHER CHARGES	2,861,902	3,142,994	3,159,127	16,133	0.5%
OTHER FINANCING USES	11,073	11,526	11,784	258	2.2%
TOTAL APPROPRIATIONS	4,227,410	4,626,062	5,678,013	1,051,951	22.7%
CHANGE IN FUND BALANCE	(1,025,242)	403,224	1,147,689	744,465	184.6%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

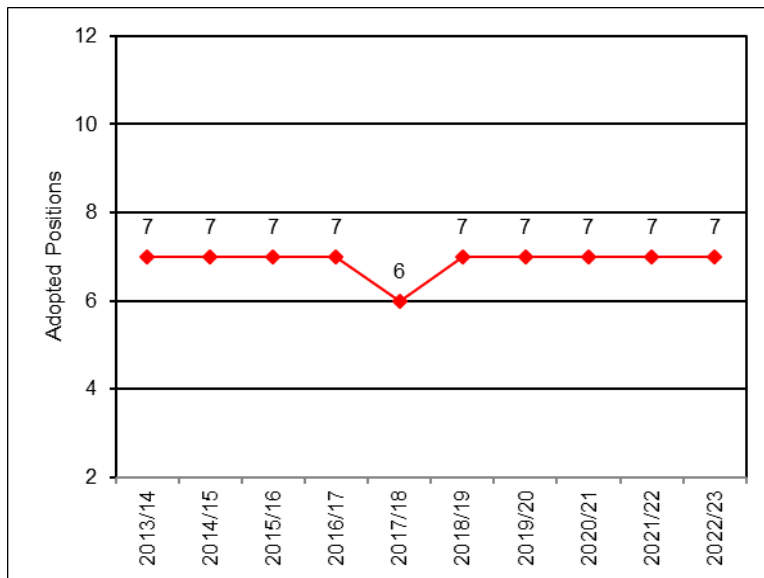
None.

SUMMARY OF POSITION CHANGES

There are no changes in position allocation.

Michele Harris, Executive Director
Health & Public Assistance

STAFFING TREND



PENDING ISSUES AND POLICY CONSIDERATIONS

First 5 Solano is continuing to seek ways in which the early childhood system can be sustained and 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 FY2022/23 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	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
1570 GRANTS/PROGRAMS ADMIN	1,617,284	1,615,000	1,664,440	49,440	3.1%
APPROPRIATIONS					
1570 GRANTS/PROGRAMS ADMIN	1,284,281	1,615,000	1,664,440	49,440	3.1%
NET CHANGE					
1570 GRANTS/PROGRAMS ADMIN	(333,003)	0	0	0	0.0%

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

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

DEPARTMENTAL PURPOSE

This budget unit was established to track County Administrative Office/First 5 Solano's administration and program costs related to Solano Children's Alliance (SCA) and has expanded to include other Board of Supervisors approved programs/contributions, such as the Community Investment Fund, outside 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.

The Human Services Needs Assessment (HSNA) was guided by a planning team who reviewed extensive community data, conducted key informant interviews, and considered data results from a community survey before recommending that the Board of Supervisors establish a Community Investment Fund to address the top human services needs in Solano County.

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

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

Community Investment Fund:

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

1. Legacy Programs—3-year commitment to sustain programs 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 and \$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, FY2022/23 will be the third year of contracts for the following:

- Touro University's Public Health Department has mapped the mental health System of Care and has created a portal to connect residents to appropriate services. In FY2022/23, Touro will maintain the portal and navigators to assist residents to connect to the mental health system. In addition, they will begin a community engagement campaign and evaluation efforts.
- 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. FY2022/23 is the third year.

2. *Housing* – Housing was ranked the second highest need in Solano County. The HSNA 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 FY2022/23, the County is continuing the contract for \$200,000 with Habitat for Humanity to develop three (3) single-family homes for low-income families. The County continues to seek "ready-to-go" housing projects that could align with County interests in 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 FY2022/23, the County continues the \$250,000/year 3-year contract with Volunteers of America for rapid rehousing services and the \$250,000/year contract with Vacaville Solano Services Corporation as the contractor to provide a shelter 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. The 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. Children's Alliance (included in Child Welfare Services BU 7780).
2. Senior Coalition (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).

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

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

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. There are no additional Yocha Dehe grants funds included in the FY2022/23 budget at this time.

In FY2020/21, the Board also received assessments on the Children’s Alliance and the Senior Coalition. As a result, the Children’s Alliance transitioned to focus on Child Abuse Prevention utilizing Children’s Trust fund matched by \$30,000 in General Fund. The management of this contract transitioned to Child Welfare Services. Additionally, 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.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

- Six community partners with annual grants 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 and services to over 2,000 residents and provided wrap-around services to address challenges such as substance abuse, unemployment, housing needs, and food insecurity.
 - Supported over 300 high school and transitional aged youth with a drop-in center and resources for safe and affordable housing and paid internship opportunities.
 - Provided over 100 parents with an evidence-based parent education group to support positive parenting practices.
 - One annual grant contract to provide mental health groups for youth had significant challenges and terminated their contract early.
- Launched the SolanoConnex web app to connect residents to mental and emotional health services in the community.
- Opened a transitional aged youth shelter with 8 beds to house youths ages 18-24.
- Provided rapid rehousing services to 20 residents to secure permanent housing.
- Provided evidence-based Mental Health First Aid training countywide. Training attendance was lower than anticipated and staff is working closely with the contractor to identify remedies.

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 an increase of \$49,440 or 3.1% in both revenues and in appropriations when compared to the FY2021/22 Adopted Budget, resulting in no net change in fund balance. The Recommended Budget includes a General Fund Contribution of \$1,664,440, an increase of \$49,440 over the FY2021/22 Adopted Budget.

Primary Funding Sources

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

Contracts

The FY2022/23 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.
- \$200,000 Housing provider-TBD-Housing Deep Investment.

Summary of Other Administered Budgets

1570 – Fund 151-Grants/Programs Administration

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

- \$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	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	7,596	0	0	0	0.0%
CHARGES FOR SERVICES	12,000	0	0	0	0.0%
MISC REVENUE	200,000	0	0	0	0.0%
GENERAL FUND CONTRIBUTION	1,397,688	1,615,000	1,664,440	49,440	3.1%
TOTAL REVENUES	1,617,284	1,615,000	1,664,440	49,440	3.1%
APPROPRIATIONS					
SERVICES AND SUPPLIES	0	0	40,000	40,000	0.0%
OTHER CHARGES	1,284,281	1,615,000	1,624,440	9,440	0.6%
TOTAL APPROPRIATIONS	1,284,281	1,615,000	1,664,440	49,440	3.1%
NET CHANGE	(333,003)	0	0	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

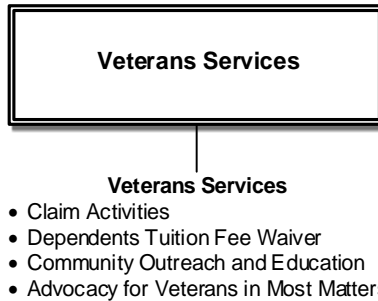
Significant adjustments for FY2022/23 include:

- \$40,000 to reassess the highest needs for the Community Investment Fund.

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 FY2022/23 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:	
FY2021/22 Midyear Projection:	1,128,291
FY2022/23 Recommended:	1,140,561
County General Fund Contribution:	590,561
Percent County General Fund Supported:	51.8%
Total Employees (FTEs):	8

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 37.0% of the veteran population when compared to a 27.0% 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 6,206 claims in FY2021/22 resulting in \$25.1 million in new dollars for veterans and their dependents. In light of the high veteran participation rate and overall veteran population in the county, the Department is monitoring 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 50 veterans per day in FY2021/22, projected to increase to an anticipated 52-55 veterans per day in FY2022/23, including those veterans served as part of a virtual office experience.

Functional Area Summary

5800 – Fund 001-Veterans Services
Alfred C. Sims, Director of Veterans Services
Veterans Services

DETAIL BY REVENUE AND APPROPRIATION FUNCTIONAL AREA	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
VETERANS SERVICES	331,548	330,000	550,000	220,000	66.7%
TOTAL REVENUES	331,548	330,000	550,000	220,000	66.7%
APPROPRIATIONS					
VETERANS SERVICES	852,215	938,462	1,140,561	202,099	21.5%
TOTAL APPROPRIATIONS	852,215	938,462	1,140,561	202,099	21.5%
NET COUNTY COST					
VETERANS SERVICES	520,668	608,462	590,561	(17,901)	(2.9%)
NET COUNTY COST	520,668	608,462	590,561	(17,901)	(2.9%)

STAFFING					
VETERANS SERVICES	6	6	8	2	33.3%
TOTAL STAFFING	6	6	8	2	33.3%

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents an increase of \$220,000 or 66.7% in revenues and \$202,099 or 21.5% in appropriations when compared to the FY2021/22 Adopted Budget, resulting in a decrease in Net County Cost of \$17,901 or 2.9%.

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 helps 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 will receive \$550,000 in subvention funding.

Primary Costs

Salaries and Employee Benefits represents an increase of \$177,181 or 23.6%, primarily due to the addition of 1.0 FTE Veteran Benefits Counselor and 1.0 FTE Office Assistant II, and other increases due to negotiated and approved labor contracts, increases in wages, CalPERS retirement costs and changes in health benefit costs.

Services and Supplies represents an increase of \$11,083 or 11.5% due to an increase in computer and software purchases, providing CVSO employees the tools necessary to succeed in providing their clients increased access to programs and benefits in a virtual office experience.

Other Charges represents an increase of \$15,982 or 19.9% primarily due to an increase Countywide Admin Overhead costs.

Contracts

None requiring Board approval.

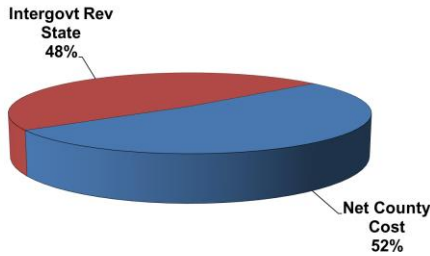
Fixed Assets

None.

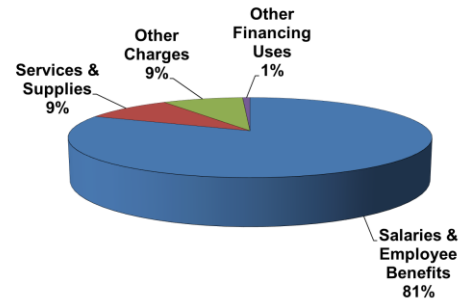
DEPARTMENT COMMENTS

None.

SOURCE OF FUNDS



USE OF FUNDS



DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2020/21 ACTUAL	2021/22 ADOPTED BUDGET	2022/23 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	327,718	330,000	550,000	220,000	66.7%
INTERGOVERNMENTAL REV FEDERAL	3,830	0	0	0	0.0%
TOTAL REVENUES	331,548	330,000	550,000	220,000	66.7%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	673,690	751,029	928,210	177,181	23.6%
SERVICES AND SUPPLIES	84,590	96,215	107,298	11,083	11.5%
OTHER CHARGES	84,382	80,233	96,215	15,982	19.9%
OTHER FINANCING USES	6,114	6,985	8,838	1,853	26.5%
INTRA-FUND TRANSFERS	3,438	4,000	0	(4,000)	(100.0%)
TOTAL APPROPRIATIONS	852,215	938,462	1,140,561	202,099	21.5%
NET COUNTY COST	520,668	608,462	590,561	(17,901)	(2.9%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in position allocations since the adoption of the FY2021/22 Budget are provided below:

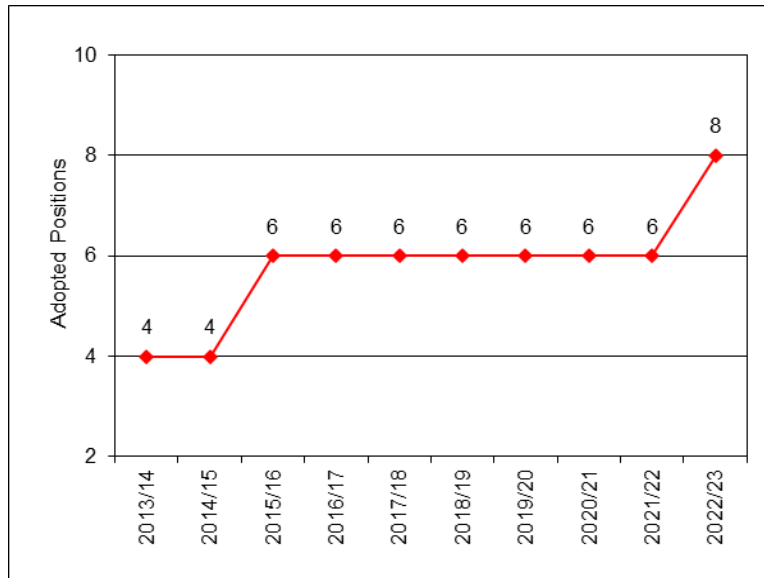
On September 14, 2021, the Board approved:

- Added 1.0 FTE Office Assistant II, funded by State Subvention revenues.

The FY2022/23 Recommended Budget includes the following position allocation changes:

- Add 1.0 FTE Veterans Benefit Counselor, funded by State Subvention revenues to help manage and process the increasing number of veteran benefit claims by Solano County veterans, their families, and dependents.

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 FY2022/23 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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