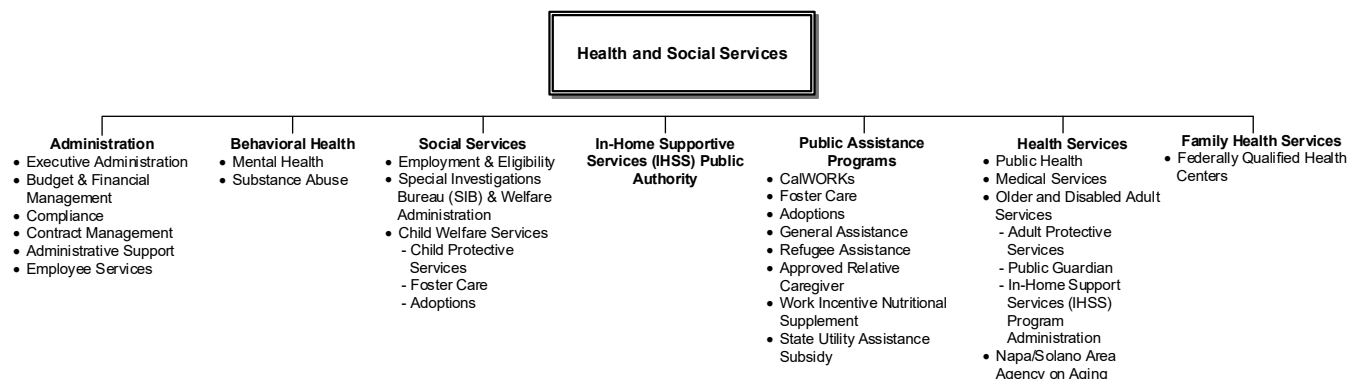


## Functional Area Summary

## 7500 – Fund 902-H&SS-Department Summary Emery Cowan, Director of Health & Social Services Health & Public Assistance



### 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, Behavioral Health, and Social Service safety net programs that counties are mandated to provide under State and federal law

#### Budget Summary:

FY2024/25 Midyear Projection:	491,838,453
FY2025/26 Recommended:	528,797,463
County General Fund Contribution:	45,273,089
Percent County General Fund Supported:	8.6%
Total Employees (FTEs):	1,431.40

### 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 Administration, 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, credentialing and departmental training.

Behavioral Health Services Budget (BU 7780) includes the Mental Health and Substance Use specialty behavioral health mandated programs. The division provides treatment, case management, rehabilitation, residential, and community support specialty services to adults and children with moderate to severe mental health and substance use disorders. Emergency response programs include hospital discharge, emergency psychiatric services, mobile crisis, and involuntary hospitalizations, as well as the implementation of new unfunded mandates such as the Community Assistance, Recovery, and Empowerment (CARE) Act and Lanterman-Petris-Short (LPS) reform. The Mental Health Services Act (MHSA) (see glossary for definition) provides funds to support intensive case management models for high-risk clients and funds a variety of early intervention and prevention services, jail diversion, homeless outreach and housing services, information technology projects, workforce education and training. Substance Use services include screening, assessment, authorization, and treatment services through a subcontract with the Partnership HealthPlan of California (PHC) under a federally approved Drug Medi-Cal Organized Delivery Services (DMC-ODS) regional model.

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, housing subsidy programs, and food and cash assistance.

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

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

**Emery Cowan, Director of Health & Social Services  
Health & Public Assistance**

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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.

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), and State Utility Assistance Subsidy (SUAS). H&SS also administers the CalFresh program eligibility; however, CalFresh 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, 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 §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 Emery Cowan, Director of Health & Social Services Health & Public Assistance

DETAIL BY REVENUE AND APPROPRIATION FUNCTIONAL AREA	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
ADMINISTRATION DIVISION	6,966,959	7,012,365	6,891,451	(120,914)	(1.7%)
BEHAVIORAL HEALTH DIVISION	141,590,447	182,654,300	182,151,770	(502,530)	(0.3%)
SOCIAL SERVICES DIVISION	145,679,798	163,977,062	167,116,704	3,139,642	1.9%
IHSS - PA ADMINISTRATION	831,575	1,069,366	1,011,305	(58,061)	(5.4%)
PUBLIC ASSISTANCE PROGRAMS	67,815,212	72,359,754	77,283,121	4,923,367	6.8%
FAMILY HEALTH SERVICES DIVISION	27,847,082	37,550,172	37,826,024	275,852	0.7%
HEALTH SERVICES DIVISION	54,309,107	52,268,695	50,273,877	(1,994,818)	(3.8%)
<b>TOTAL REVENUES</b>	<b>445,040,180</b>	<b>516,891,714</b>	<b>522,554,252</b>	<b>5,662,538</b>	<b>1.1%</b>
<b>APPROPRIATIONS</b>					
ADMINISTRATION DIVISION	7,672,035	7,012,365	6,891,451	(120,914)	(1.7%)
BEHAVIORAL HEALTH DIVISION	141,560,565	183,218,883	182,631,505	(587,378)	(0.3%)
SOCIAL SERVICES DIVISION	142,877,552	163,977,062	167,116,704	3,139,642	1.9%
IHSS - PA ADMINISTRATION	831,575	1,069,366	1,011,305	(58,061)	(5.4%)
PUBLIC ASSISTANCE PROGRAMS	67,449,691	72,359,754	77,283,121	4,923,367	6.8%
FAMILY HEALTH SERVICES DIVISION	31,284,228	37,550,172	37,826,024	275,852	0.7%
HEALTH SERVICES DIVISION	52,095,595	59,592,051	56,037,353	(3,554,698)	(6.0%)
<b>TOTAL APPROPRIATIONS</b>	<b>443,771,241</b>	<b>524,779,653</b>	<b>528,797,463</b>	<b>4,017,810</b>	<b>0.8%</b>
<b>NET CHANGE</b>	<b>(1,268,939)</b>	<b>7,887,939</b>	<b>6,243,211</b>	<b>(1,644,728)</b>	<b>(20.9%)</b>

<b>STAFFING</b>					
ADMINISTRATION DIVISION	109.00	111.00	111.00	0.00	0.0%
BEHAVIORAL HEALTH DIVISION	241.05	253.55	255.25	1.70	0.7%
SOCIAL SERVICES DIVISION	697.50	727.50	725.50	(2.00)	(0.3%)
IHSS - PA ADMINISTRATION	5.00	4.00	4.00	0.00	0.0%
PUBLIC ASSISTANCE PROGRAMS	0.00	0.00	0.00	0.00	0.0%
FAMILY HEALTH SERVICES DIVISION	158.40	157.40	157.40	0.00	0.0%
HEALTH SERVICES DIVISION	182.25	179.25	178.25	(1.00)	(0.6%)
<b>TOTAL STAFFING</b>	<b>1,393.20</b>	<b>1,432.70</b>	<b>1,431.40</b>	<b>(1.30)</b>	<b>(0.1%)</b>

### Primary Funding Sources

The primary funding sources for H&SS are federal and State program revenues of approximately \$248.3 million (46.9% of total); 1991 Realignment (see glossary for definition) a Statewide (sales tax based) revenue - \$69.9 million; 2011 Public Safety Realignment (see glossary for definition) a Statewide (VLF and sales tax based) revenue - \$82.4 million; and Charges for Services estimated at \$24.9 million in reimbursements for services. The County General Fund Contribution of \$45.3 million represents 8.6% 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

**Emery Cowan, Director of Health & Social Services  
Health & Public Assistance**

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services to H&SS. In FY2025/26, direct charges from other County departments plus Countywide Administrative Overhead total \$38 million of which 91.4%, or approximately \$34.7 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.

**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 Use, Early Periodic Screening Diagnostic and Treatment (EPSDT), and Managed Care from the State to local governments (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; 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 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 but continue to fall short of the increased costs associated with providing mandated services. In FY2023/24, 1991 Realignment sales tax did not meet the base level of funding. The FY2025/26 Recommended Budget includes \$69.9 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 \$4.4 million); however, the State is required to fully replace the 1991 Realignment funds shifted from Mental Health to CalWORKs and is responsible for any shortfall in funding.

A portion of the 1991 Realignment funds previously set aside for the County’s obligation to pay for indigent health care (WIC §17000) has been redirected at the State level to fund Social Services programs with enactment of Assembly Bill (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 health care 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 Senate Bill (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. 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 \$82.4 million in 2011 Realignment funds for FY2025/26. These funds are dedicated to Child Welfare Services, Foster Care, Mental Health, and Substance Use 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 \$45,273,089, a decrease of \$863,631 or 1.9% when compared to the FY2024/25 Adopted Budget. The above amount excludes \$159,451 in additional transfers to H&SS – Administration representing the General Fund Contribution to Non-County Agencies contracted through H&SS.

The decrease is comprised of the following:

- \$800,000 increase in Behavioral Health to fund program operations in lieu of 1991 Realignment due to slower growth projected for 1991 Realignment and costs outpacing the growth.
- \$1,176,928 increase in Social Services primarily due to an increase in spending in the administration of various programs resulting from overall increase in costs and increases in other countywide and departmental administration costs.
- \$732,856 decrease primarily representing decrease in Public Guardian and General Assistance program administration costs.
- \$127,570 decrease in Assistance primarily due to decrease in General Assistance program costs.
- Decrease of \$4,708,209 in ARPA-SLFRF one-time funds which partially funded the ongoing structural deficit within the clinics in FY2024/25.
- Increase of \$2,500,000 in County General Fund to support clinic operations.
- \$126,614 increase to support various County General Fund funded programs and initiatives.
- \$101,462 increase in non-claimable costs.

The County General Fund Contribution of \$45,273,089 is appropriated with \$4,337,626 funding the Assistance Programs, and \$40,935,463 funding the following operations in H&SS:

- \$16,363,365 in mandatory match or County share of costs for federal/State programs for Child Welfare Services, CalSAWS, and administration of CalWORKs, CalFresh, Medi-Cal and IHSS programs (see glossary for definitions). It also includes

## 7500 – Fund 902-H&SS-Department Summary

## Functional Area Summary

### Emery Cowan, Director of Health & Social Services Health & Public Assistance

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County General Fund for the administration of mandated programs when federal and State allocations are not sufficient to cover the costs.

- \$12,726,355 for mandated substance use and adult psychiatric outpatient and inpatient services.
- \$4,260,809 to fund some programs at the minimum level necessary. These programs include Public Health Laboratory, Public Guardian, General Assistance eligibility determination and administration. In most cases, these programs are supplemented by outside sources of funding including competitive grants and charges for services.
- \$2,500,000 to support the Family Health Services primary care and dental clinics.
- \$1,548,019 for mandated public health services.
- \$1,292,955 to support H&SS integration, SSI advocacy, and Nurse Family Partnership.
- \$1,110,756 for required maintenance of efforts (MOEs) for Public Health, California Children's Services, and Mental Health.
- \$1,133,204 for administrative costs that are non-claimable.

#### Primary Operational Expenditures

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

- Administration (BU 7501) includes \$6,891,451 in appropriations which recovers most costs through Administrative Overhead Intrafund Transfers.
- Family Health Services (BU 7580) includes \$37,826,024 in appropriations which includes primary and dental care clinics, including mobile vans.
- Social Services (BU 7680) includes \$167,116,704 in appropriations which includes Employment and Eligibility Services, Welfare Administration, Child Welfare Services, Older and Disabled Adult Services and Napa/Solano Area Agency on Aging.
- IHSS Public Authority - Administration (BU 7690) includes \$1,011,305 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 \$182,631,505 in appropriations which includes Mental Health and Substance Use Services.
- Health Services (BU 7880) includes \$56,037,353 in appropriations which includes Public Health and Medical Services.
- Assistance Programs (BU 7900) includes \$77,283,121 in appropriations which includes above referenced assistance programs.

Other Administered Budgets not part of Fund 902 include \$24,915,874 for the IHSS Public Authority (Fund 152 - BU 1520), \$6,982,597 Napa/Solano Area Agency on Aging (Fund 216 – BU 2160), \$426,840 for Tobacco Prevention and Education (Fund 390 - BU 7950), and am Operating Transfers-Out of \$40,491,280 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.

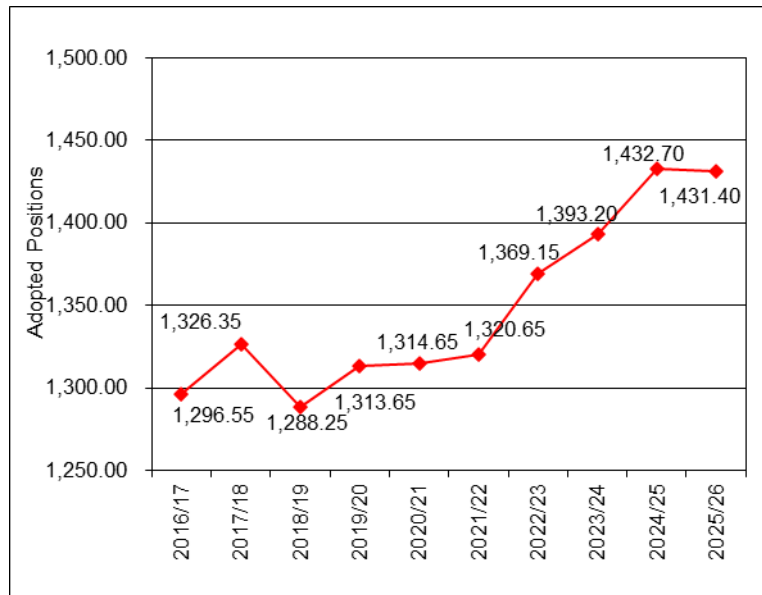
#### **DEPARTMENT COMMENTS**

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**

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

**Emery Cowan, Director of Health & Social Services  
Health & Public Assistance**

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**DEPARTMENTAL PURPOSE**

The Department of 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 700 contracts, MOUs, revenue agreements, and service agreements with a value of approximately \$400 million.

Employee Services

Employee Services facilitates 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**

- The Budget and Financial Management Unit continues to experience significant challenges in the recruitment and retention of fiscal staff 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. Additionally, staffing capacity is also impacted by the demands brought on by new grants, evolving mandates, and changing regulations across all H&SS divisions.



## Summary of Division Budget

## 7501 – Fund 902-H&SS Administration Emery Cowan, Director of Health & Social Services Health & Public Assistance

- ASB coordinated with County Purchasing for the purchase of 409 refresh and 129 OCHIN/EPIC computers and peripherals, for a total of 538 devices. The OCHIN/EPIC computers were prioritized in support of the Family Health Services Division's implementation of a new electronic medical record system.

### WORKLOAD INDICATORS

- Administrative Support Bureau (ASB) facilitated over 2,616 purchase transactions (through purchase orders, credit cards, Office Depot) with expenditures totaling approximately \$8 million across the department.
- ASB completed the annual physical inventory of approximately 8,262 fixed assets assigned to H&SS.
- Budget and Financial Management Unit managed approximately \$743 million in funds: \$522 million which includes: Administration cost, Assistance and In-Home Supportive Services Program for provider wages, benefits and Public Authority Administration and Napa/Solano Area Agency on Aging administration and direct services; \$122 million in client benefits paid by the State; \$18 million in client assets; and \$81 million in other funds (including restricted trust funds).
- The Billing and Collections Units processed approximately \$46 million in Medi-Cal, Medicare, and private insurance claims.
- Accounts Payable and Contracts Units processed approximately 11,666 vendor claims totaling \$199 million.
- The Compliance Unit reviewed over 516 contracts and MOUs, ensuring that the appropriate contract exhibits were included.
- The Employee Services Unit coordinated the processing of 306 new hires, promotions, and transfers, 129 separations, 4,401 personnel action requests (ePARs), and monitored and troubleshooted the timecard reporting of approximately 1,273 employees in the IntelliTime payroll system.

### DIVISION BUDGET SUMMARY

The Recommended Budget represents decreases of \$120,914 or 1.7% in both revenues and appropriations when compared to the FY2024/25 Adopted Budget. The County General Fund Contribution in the Recommended Budget decreased \$93,842.

#### 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 represents a decrease of \$120,914 or 1.7% in revenues primarily due to:

- Decrease of \$27,072 in interest income resulting from lower interest rates benefitting the County's investment pool.
- Decrease of \$93,842 in County General Fund due to decrease in operating costs related to homeless assistance, which is now funded by the Behavioral Health division.

#### Primary Costs

The Recommended Budget represents a decrease of \$120,914 or 1.7% in appropriations primarily due to:

- Salaries and Employee Benefits reflect an increase of \$1,120,371 due to increases in wages, retirement and health benefit costs, and a decrease in anticipated salary savings.
- Services and Supplies reflect a decrease of \$321,510 due to decreases in property insurance, professional services, education and training, and memberships.
- Other Charges reflect a decrease of \$19,625 primarily due to decreases in interest expense and Countywide Administrative Overhead, offset by increases in auditing services and interfund charges from the Department of General Services.
- Fixed Assets reflect a decrease of \$71,000 due to a one-time cost to replace a forklift in the Administrative Support Bureau in FY2024/25.
- Other Financing Uses reflect a decrease of \$171,188 due to the full redemption of the Pension Obligation Bonds (POBs).

**Emery Cowan, Director of Health & Social Services**  
**Health & Public Assistance**

- Intrafund Transfers reflect a decrease of \$663,159 (resulting in less cost reimbursement) primarily due to decreases in H&SS administrative costs and staff that support other divisions/programs (claimable to federal and State programs).

Contracts

The FY2025/26 Recommended Budget includes a total of \$201,316 in consulting services, contracted services, and professional services. H&SS will return to the Board in June 2025 with a master list of contracts for the Board's consideration.

Fixed Assets

None.

**DEPARTMENT COMMENTS**

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
REVENUE FROM USE OF MONEY/PROP	5,209,902	5,236,974	5,209,902	(27,072)	(0.5%)
MISC REVENUE	193,313	296,637	296,637	0	0.0%
OTHER FINANCING SOURCES	124,975	38,000	38,000	0	0.0%
GENERAL FUND CONTRIBUTION	1,438,770	1,440,754	1,346,912	(93,842)	(6.5%)
<b>TOTAL REVENUES</b>	<b>6,966,959</b>	<b>7,012,365</b>	<b>6,891,451</b>	<b>(120,914)</b>	<b>(1.7%)</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	13,753,525	17,794,051	18,914,422	1,120,371	6.3%
SERVICES AND SUPPLIES	3,185,712	5,200,025	4,878,515	(321,510)	(6.2%)
OTHER CHARGES	7,932,622	7,083,260	7,063,635	(19,625)	(0.3%)
F/A EQUIPMENT	8,474	71,000	0	(71,000)	(100.0%)
LEASES	6,681	8,568	13,765	5,197	60.7%
OTHER FINANCING USES	134,605	171,188	0	(171,188)	(100.0%)
INTRA-FUND TRANSFERS	(17,349,584)	(23,315,727)	(23,978,886)	(663,159)	2.8%
<b>TOTAL APPROPRIATIONS</b>	<b>7,672,035</b>	<b>7,012,365</b>	<b>6,891,451</b>	<b>(120,914)</b>	<b>(1.7%)</b>
<b>NET CHANGE</b>	<b>705,076</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100.0%</b>

<b>STAFFING</b>					
ADMINISTRATION DIVISION	109	111	111	0	0.0%
<b>TOTAL STAFFING</b>	<b>109</b>	<b>111</b>	<b>111</b>	<b>0</b>	<b>0.0%</b>

**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

None.

**SUMMARY OF POSITION CHANGES**

Changes in the division's position allocations since the adoption of the FY2024/25 Budget are provided below.

On March 11, 2025, as part of the Midyear Financial Report, the following position allocation changes was approved:

- Extended 1.0 FTE Limited-Term (project) Accounting Technician through June 30, 2026. The position provides financial reporting and budgeting support for federal and State allocations and grants. The position will be funded with various Public Health funding sources based on costs allocated.

There are no changes in position allocation for the FY2025/26 Recommended Budget.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

Any federal funding cuts and/or reductions present a significant risk to Solano County's Health and Social Services (HSS) Divisions, potentially reducing the ability to deliver essential programs and protect community well-being. Several H&SS divisions rely heavily on federal support to sustain critical services, and any reduction in funding forces the County to either absorb additional financial pressure or scale back service delivery. H&SS Administration Division will continue to monitor and review potential cuts and develop plans to reallocate or redistribute funds and/or reduce services as needed.

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**Health & Public Assistance**

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## **DIVISION PURPOSE**

The Department of Health and Social Services - Behavioral Health Division includes the Mental Health Plan (MHP) agreement with the State; Substance Use Disorder services, contracted through a State waiver to Partnership HealthPlan of California managing Drug Medi-Cal (DMC) under a Regional Model; and oversight of the Mental Health Services Act (MHSA) funding. Additional background on MHSA is included in BU9600, Fund 906. Integration of these funding sources and programs allows the Department of Health and Social Services (H&SS), Behavioral Health Division to efficiently monitor and manage programs and expenses as a comprehensive behavioral health system of care.

## **FUNCTION AND RESPONSIBILITIES**

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

The Behavioral Health Division provides a continuum of care across all ages for individuals who 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, and the indigent and uninsured. Federal law requires that service must be provided in the least restrictive setting, appropriate to individualized needs. The County operates as a managed care plan under contract with the State Department of Health Care Services (DHCS), providing both direct services and contracting with community-based providers to provide services. The Behavioral Health Quality Assurance and Performance Improvement Unit oversees compliance with the contractual obligations associated with the MHP as well as quality of care. Services are primarily funded by Medi-Cal, which has federal, State, and local funding components. The Mental Health Services Act – Proposition 63 (MHSA) provides a funding structure designed to expand and transform the mental health system beyond those services traditionally billed to Medi-Cal. In March 2024, the voters approved Proposition 1 which changes the MHSA to the Behavioral Health Services Act (BHSA), decreases county funding from 91% to 85.5% of total BHSA revenues and changes how the funding may be used. See the Pending Issues section below for additional information.

Specialty mental health 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 and eligibility and offer connection to the right place for assessment and ongoing treatment.
- Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a behavioral health crisis through de-escalation and stabilization techniques to reduce the immediate risk of danger and subsequent harm, and to avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement.
- Recovery oriented treatment, rehabilitation, and community support services to children and youth with serious emotional disorders and adults with serious mental illnesses. Youth and adults are served through County outpatient clinics in Vallejo, Fairfield, and Vacaville, as well as through community-based organizations located in all the cities.
- A contracted network augments the County's outpatient capacity and includes adult case management, Full Service Partnership (FSP) 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.

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- Crisis intervention, crisis stabilization, and inpatient services for youth or adults with acute needs. The County is responsible for funding psychiatric inpatient hospitalizations for any Solano County Medi-Cal beneficiary or uninsured Solano resident who is admitted to a hospital in a psychiatric emergency.
  - Community-Based Multidisciplinary service teams, or FSPs utilizing evidence-based practices for youth and adults which can include psychiatrists, nurse practitioners (NP), physician assistants (PA), nurses, mental health clinicians, specialists, and peers in recovery; these programs serve the entire county and include:
    - 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 (IST). The County is responsible for the care to misdemeanants.
  - Collaborative services provided by field-based or onsite behavioral health staff at the Courts, Probation Department, County jail facilities, law enforcement community teams, homeless shelters, 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 community and residential services to youth and families involved with the Child Welfare system under the Katie A. (see glossary for definition) court mandate. AB 403, Continuum of Care (CCR) (see glossary for definition), and Family First Prevention Services Act (FFPSA) (P.L. 115-123, 2018), which all expand services previously required to include other youth who qualify for a more intensive level of care.
  - Administrative functions include quality assurance and performance improvement; 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 Behavioral 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. Proposition 1 will change the funded programs and substantially modify the County planning process for this and other funding sources.
  - Access to drug Medi-Cal or specialty mental health services for California Work Opportunity and Responsibility to Kids (CalWORKs) participants with moderate to severe level of care behavioral health issues that interfere in their ability to obtain employment toward self-sufficiency.
  - Administration of grants which provide supplemental services, including housing and supportive case management and other specialty treatment services through various levels of care.

Substance Use Disorder (SUD) services provide prevention, intervention, treatment, and recovery services for alcoholism and other drug addictions for youth and adults, including probationers and parolees, and include:

- Service linkage through referral to Carelon (formerly known as Beacon) call center and maintenance and growth of the provider network, managed by Partnership HealthPlan of California.
- Use of the American Society of Addiction Medicine (ASAM) assessment to determine level of care and needs. This includes oversight of services and monitoring/authorization of County funded services for those who are not Medi-Cal eligible.
- Administration of drug diversion services through Penal Code §1000, Substance Abuse and Crime Prevention Act of 2000 – Proposition 36 (SACPA) (see glossary for definition), and Adult and Dependency Drug Courts.
- Oversight of services for driving under the influence (DUI) programs operated at contract agencies.

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**Health & Public Assistance**

- Federally mandated Primary Prevention Services, administered by the Public Health Division and contractors, to delay or prevent the early onset of substance misuse among youth and prevention of overdoses across the lifespan.

### **SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

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 Department of Health Care Services (DHCS) launched California Advancing and Innovating Medi-Cal (CalAIM), a system redesign to improve health outcomes and quality of life through person-centered care and Medi-Cal payment reform. Solano County Behavioral Health continues to implement CalAIM components, including billing updates, performance tracking, and adherence to DHCS's Comprehensive Quality Strategy. Counties are now required to report standardized Healthcare Effectiveness Data and Information Set (HEDIS) measures annually. For measurement year 2023, Solano County met State minimums with rates of 52% for Antidepressant Medication Management (AMM), 71.4% for psychosocial care (APP), 77% for hospital follow-up (FUH), 70% for ER follow-up (FUM), and 70% for antipsychotic medication adherence (SAA).
- CalAIM includes a requirement to standardize specialty mental health services (SMHS) for all counties and resulted in current Kaiser Medi-Cal specialty mental health services' clients transitioning to County Behavioral Health caseload in 2024. The transition occurred in two phases: Phase 1 (July–December 2024) involved transferring 57 existing Kaiser clients—40 adults (including 5 in Full Service Partnership programs), 2 Transitional Age Youth (TAY), and 15 children—to Solano County Behavioral Health. Phase 2 began on January 1, 2025, with Behavioral Health becoming the direct provider for all new eligible Kaiser members requiring SMHS. Since July 2024, Behavioral Health's Access line received 379 calls from Kaiser beneficiaries, resulting in 171 adult and 86 youth mental health referrals, and 122 substance use disorder (SUD) treatment referrals through Partnership HealthPlan. The State considers the transition complete, and Behavioral Health is now regularly accepting new Kaiser-referred SMHS clients.
- Substance use and mental health integration is a key focus of the Opioid Settlement Fund and CalAIM, which requires full integration by 2027. Behavioral Health has implemented a co-occurring integrated model for care. Data from 2024 showed that out of 3,560 adult mental health clients, 28% had co-occurring substance use disorders, which often affects their ability to fully engage in mental health treatment. In 2024, overdose deaths dropped from 115 in 2023 to 90 in 2024, underscoring the need for integrated services.
- Community Assistance, Recovery and Empowerment (CARE) Court was implemented in Solano County on December 1, 2024. The program is designed to provide support and treatment for individuals with diagnoses on the psychotic spectrum who are at risk of homelessness or incarceration. The purpose is to connect individuals with treatment by using a civil court process.
- In the Fall of 2023, Solano County Behavioral Health received a provisional award of \$1,191,233 from the Department of Health Care Services (DHCS) under the Providing Access and Transforming Health (PATH) Justice-Involved Capacity Building Round 3 grant program to support collaborative planning with the Sheriff's Office on behavioral health service linkage for individuals with mental health and substance use disorder challenges being released from the jails. As a result of federal approval under CalAIM and AB 133 (establishes a mandate for data sharing), this grant supports the initiation of pre-release and reentry services in the 90 days prior to an individual's release into the community. Between October and December 2024, the PATH team received a total of 84 referrals. Of those 84 referrals, the team served a total of two clients, 33 still remain in custody and a total of 51 were released into the community.
- Solano County's Assisted Outpatient Treatment (AOT) initiative, or Laura's Law, began in Solano County 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 for people who may be too ill to recognize the need for services. In 2024, Solano County received 17 unduplicated referrals, zero referrals were court-ordered to the Department of State Hospitals (DSH), one was supported through treatment linkage and treatment re-engagement, seven were ineligible referrals, one individual was unable to be located, and eight continue to be active referrals the team is working to engage and link to services.

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- The Diversion Community Treatment (DCT) program was funded with a Department of State Hospitals (DSH) grant from July 1, 2020 through June 30, 2024. The DCT program provided intensive services to people on mental health diversion. Services included intensive case management, housing subsidies, vocational rehabilitation, therapy, individual rehabilitation, coordination with mental health court, and linkage to supports. The program served 21 individuals in 2024. Of the 21 clients, two completed the program, seven were discharged (absent without leave, declined services, did not engage in services, or opted out of treatment). There are 14 remaining clients being served in the program.
  - Crisis Intervention Team (CIT) training for law enforcement and first responders started in October 2022. To date, 78 officers and 2 first responders have completed the program. The training provides law enforcement with information on various diagnoses and includes panels and presentations from people and families with lived experience, a hearing voices simulation exercise, de-escalation techniques, suicide prevention, cultural humility, vicarious trauma, and self-care for officers, as well as an overview of the array of services and resources available through Behavioral Health. The goal is to increase the number of trained CIT officers throughout the county with crisis intervention strategies and techniques to address a mental health crisis, and coordinate with mobile crisis teams.
  - Mobile Crisis Services:
    - As of April 15, 2024, mobile crisis is available 24/7, 365 days/year. A community number was launched on May 15, 2024, as part of Mental Health Awareness Month through a marketing campaign with social media, video, television, and radio ads, bus wraps, and posters throughout the community. Mobile Crisis became a Medi-Cal entitlement as of January 2023 and counties had until December 2023 to become fully operational (with new requirements). Behavioral Health has been approved by the State to bill at the new enhanced rate for mobile crisis services. For 2024, the Mobile Crisis Team responded to 945 callers. Of these callers, 71% were stabilized in the community and thus diverted from emergency rooms, jails, and hospitals; others utilized Crisis Stabilization Unit services.
    - 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 serves all students, regardless of insurance or immigration status, with the mission of de-escalating situations, linking families to necessary services, and supporting the coordination of care. In 2024, 221 students were served, 56 (25%) were placed on an involuntary hold and 75% responded to de-escalation intervention and safety planning. SCOE was approved to bill for the new enhanced rate for crisis services.
  - Crisis Aftercare and Recovery Engagement (CARE) team offers direct support to clients utilizing services at Solano County emergency departments, crisis stabilization unit (CSU), mobile crisis, and the crisis residential treatment program. The CARE team assesses the medical necessity of each client to determine the appropriate level of care and support. When clients are discharged from psychiatric facilities, the CARE team helps facilitate a smooth transition by assessing their needs and coordinating referrals for further care. Additionally, the team provides vital linkage to community resources, aiming to reduce the risk of re-hospitalization and promote ongoing recovery. In 2024, the CARE Team served 275 unduplicated clients.
  - The role of the hospital liaison team is to facilitate the coordination of hospital treatment and discharge planning by working closely with psychiatric inpatient hospitals, other county clinics, and community partners to ensure the proper level of client care. In 2024, the Hospital Liaison team served 569 unduplicated adult and 89 unduplicated youth clients.
  - The Homeless Outreach Partnership and Engagement (HOPE) team is a multidisciplinary street medicine program delivering behavioral health and support services to individuals experiencing homelessness. Established in 2019, the team initially focused on broad outreach, connecting with over 150 individuals annually. However, high demand limits the depth of care they could provide. In 2024, HOPE implemented critical time intervention (CTI), an evidence-based, time-limited case management model aimed at supporting individuals during key transitions like moving into housing. This shift allowed the team to focus on a smaller caseload, serving 54 individuals with more intensive, personalized care. The new approach emphasizes quality over quantity, strengthening client relationships and supporting long-term stability.
  - In 2024, Behavioral Health selected Abode Services as its new housing and homeless services provider to manage six key programs: permanent supportive housing (PSH), street outreach, forensic respite, housing navigation, landlord engagement (LLE) and subsidy administration, and rapid re-housing (RRH). These programs rolled out in phases, beginning with PSH in January, which supported 23 households at Blue Oak Landing (No Place Like Home, Vallejo) and is set to expand with an additional 45 households transitioning from Caminar, Inc. by January 2025. Street outreach launched in April, followed by forensic respite and housing navigation in May, LLE in June, and RRH in August. Since launch, Abode has streamlined

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housing support services and improved outreach, with over 100 individuals served across programs and street outreach growing from 14 to 166 individuals served monthly between April and October 2024.

- Affordable supportive housing is critical to the service continuum and Behavioral Health has received several grants to address the needs of the behavioral health population. Through creative braiding of these funding streams, homeless and housing supportive services have been expanded and many activities have been consolidated under a single contract with Abode Services.
  - HHAP Round 2 allocation award of \$574,231 expires June 30, 2026, of which \$505,354 has been obligated to supporting the Community Integration Services (CIS) team. The CIS team provides permanent supportive housing services at Blue Oak Landing and Fair Haven Commons (No Place Like Home, Fairfield), as well as outreach efforts as part of the Homeless Outreach Partnership and Engagement (HOPE) team and Accessible Resources for the Communities' Homeless (ARCH) team.
  - HHAP Round 3 allocation award of \$1,607,846 expires December 31, 2026. This funding is also being used to support permanent supportive housing services at Blue Oak Landing and Fair Haven Commons.
  - HHAP Round 4 allocation award of \$1,470,396 expires December 31, 2027. This allocation provides funding to expand permanent supportive housing services and rapid re-housing programs operated by Abode Services, serving 125 permanent supportive housing residents and 50 rapid re-housing households.
  - HHAP Round 5 grant application was coordinated with the Community Action Partnership Solano (CAP Solano). Behavioral Health will be receiving \$1,655,549 in HHAP Round 5 funding which will be used to maintain and strengthen housing supports and resources that Behavioral Health initially established through one-time grants that are now approaching expiration. HHAP Round 5 funding will help sustain critical services and ensure continued tenancy support for individuals with mental health needs through June 30, 2029.
  - Behavioral Health received a noncompetitive allocation of \$8,352,207 in Behavioral Health Bridge Housing (BHBH) program funding. The BHBH program was signed into law in September 2022 under AB 179 (Ting, Chapter 249, Statutes of 2022), and provides funding through June 30, 2027. The funding supports a variety of programs provided through a contract with Abode. Abode provides bridge housing settings to address the immediate and sustainable housing needs of people experiencing homelessness who have serious behavioral health conditions, including a serious mental illness (SMI) and/or substance use disorder (SUD). These funds are connected to the CARE Act to support enhancements of different types of housing to support CARE Court recipients and others.
  - Other critical funding sources include \$1,366,292 from the Substance Use Block Grant (SUBG) and \$46,216.00 from the Mental Health Block Grant (MHBG), both allocated in 2024 for rental subsidies for individuals with co-occurring substance use and mental health conditions, as well as \$68,199 from the PATH grant to fund HOPE staff conducting homeless outreach in 2024.
- In 2024, the Housing and Homelessness unit expanded its shared-housing network, which includes 35 board and care homes, 20 room and board homes, and 28 sober living environments. Originally launched in 2017, the network has grown with the addition of formal onboarding and evaluation process to ensure quality, ethical housing for Behavioral Health clients. To support landlords, Community Integration Services (CIS) provides onsite coaching, hosts quarterly provider meetings (eight in 2024), follows up on incidents, and ensures fair rental rates across all homes.
- The Homeless Management Information System (HMIS) is a federally mandated tool for tracking and coordinating homeless services. In 2024, Solano County transitioned from the outdated HMIS system to a more user-friendly and robust application, which enhances data entry, reporting, and coordination. A significant achievement for Behavioral Health was integrating contracted housing providers into HMIS, filling a crucial gap in the local homeless services system. This integration began in July 2024, allowing housing programs to be visible to other service providers, improving coordination and data sharing. In 2025, CIS plans to expand the use of HMIS to include supportive services data, further improving care continuity and decision-making in Solano County.
- In 2024, Behavioral Health maintained 71 contracted beds across its transitional and shelter housing programs and implemented key improvements to expand services. Laurel Creek and Gateway, operated by Caminar, were merged and redesigned to extend the stay from 90 to 120 days, offering a more structured, two-phase program. Clients begin with 90 days



at Laurel Creek, then transition to permanent housing or move to Gateway for additional support. The program was reclassified as shelter housing, helping clients retain their “homeless” status for eligibility under the U.S. Department of Housing and Urban Development (HUD). Behavioral Health also expanded Opportunity House’s (a shelter in Vacaville) scope to include clients with co-occurring mental health and substance use disorders. Additionally, Shelter Solano’s (located in Fairfield) contracted beds increased from 15 to 25, boosting shelter capacity.

- H&SS was awarded \$2,851,239 from the State Department of Social Services for the Community Care Expansion (CCE) Preservation program, aimed at supporting licensed care facilities, or “board and care” homes. Behavioral Health administers the program, with funding used for capital improvements and ongoing operating subsidies. A third-party consultant, Thurmond Consulting, was hired to help manage the funds. Through a competitive request for proposal (RFP) process, 14 board and care homes were selected to receive support. As of now, 72% of the funds have been committed, with the remainder reserved for additional awards and contingencies.
- The behavioral medical coordination team is continuing with innovative efforts to meet the need of the expanding population of youth and adults with eating disorders. With the introduction of Kaiser as a Medi-Cal managed care provider there is an increasing need for care coordination to ensure proper care is administered. In 2025, the behavioral medical coordination team plans to continue streamlining the standardization of their screening and assessment process as well as innovating how care is documented throughout the system. The team hopes to continue to partner with other agencies to conduct more training and outreach to ensure that eating disorder cases are identified and provided the opportunity to obtain equitable access to treatment.
- The expanded Internship Program offers workforce development opportunities for master’s students in counseling, social work, and doctoral interns in psychology, providing stipends for those serving underserved communities in Solano County. Interns are placed in county programs with clinical supervision. The program prioritizes bilingual/bicultural recruitment and builds partnerships with higher learning institutions to create a culturally competent workforce. In 2024, the program received the California State Association of Counties (CSAC) award for its innovative hiring practices and had 13 interns. It is now fully accredited by the Association of Psychology Postdoctoral and Internship Centers (APPIC) and participates in a mentorship program. The psychology program is hosting its second cohort, and three new psychologist positions have been filled by entry-level psychologists, including two former interns and one bilingual postdoctoral associate.

#### Substance Use Disorders

- Services continue to be expanded through the Organized Delivery System (ODS) Drug Medi-Cal (DMC) waiver through Partnership HealthPlan of California (PHC) under the seven county regional model, which includes prevention, intervention, treatment, and recovery services for substance use 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. In 2025, Behavioral Health worked with PHC to add a new provider focused on serving youth substance use treatment.
- Behavioral Health is coordinating efforts with the Public Health Division’s prevention team and Drug Safe Solano, the county opioid coalition, to administer funds received through opioid settlement judgements. Key initiatives include a Mobile Harm Reduction Program to improve access to syringe exchange and opioid use disorder (OUD) support, and a Youth Outreach Program. These efforts foster partnerships with local organizations to enhance education, community access, and support for SUD/OUD prevention and recovery.

#### Mental Health Services Act

- The Full Service Partnership (FSP) programs continue to provide the most intensive outpatient level of care with services provided to consumers 2-3 times per week, and more often as necessary. The adult FSPs continue to implement Assertive Community Treatment (ACT), an evidenced-based practice (EBP) model, and the child/youth FSP teams continue to implement the Transitions to Independence Process (TIP) EBP to engage and support young people experiencing emotional and/or behavioral struggles.
- The Employment Services and Support program uses the Individual Placement and Support (IPS) (EBP) model to help people get jobs in the community. In 2024, IPS served 140 consumers, of which 24% (33) were youth under the age of 25 years, and 47% (66) of the consumers secured competitive employment and 31% (43) maintained employment for at least 90 days.

**Emery Cowan, Director of Health & Social Services**  
**Health & Public Assistance**

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- The Solano County Early Psychosis (EP) Treatment program has continued to be a research 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 U.C. 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. This project ended June 2024; however, U.C. Davis Behavioral Health Center of Excellence continues to support the app and data reporting.
- Solano County Behavioral Health collaborated with the Solano County Public Health Division and local hospitals in a new Prevention and Early Intervention (PEI) data tracking project which monitors timely access to completed suicides and suicide attempt data. Public Health accesses aggregated emergency room data through a no-cost, cloud-based platform called BioSense. Memorandums of understanding were developed with three local hospital systems to compile contact information for next of kin and survivors of suicide attempt in order to offer support services and/or referrals. This effort was supplemented with grant funding from the California Department of Public Health.
- Solano County Behavioral Health selected two new prevention and early intervention vendors through a request for proposal (RFP) process to address mental health needs and promote stigma and discrimination reduction within African American/Black, Asian American Pacific Islander, Latino/Hispanic, and Native American/Indigenous communities. The first vendor will conduct at least 16 culturally specific workshops for a minimum of 320 community members and will offer six eight-week open forum support groups and healing circles, reaching at least 240 participants. The second vendor will organize at least eight culturally specific stigma reduction community events for a minimum of 800 attendees, along with eight virtual events or webinars aimed at engaging at least 400 participants from the targeted communities.
- In 2024, MHSA funding was partially utilized to expand permanent supportive housing services to referred residents living in 44 units at an affordable housing community in Solano County. The referred applicants/residents qualified for housing and services as individuals or families with serious mental disorders and/or serious emotional disturbance. Supported housing services offered include, but are not limited to, benefits counseling, referrals to co-occurring treatment resources, linkages and coordination with primary care and medical providers to routine and preventative care and medication management, referral to mental health services, referral to substance use/abuse services, and referrals to employment/vocational/educational training and opportunities.
- Under the Prevention and Early Intervention (PEI) component, Behavioral Health continues to lead an effort to train community members in a new model to support mental health and suicide prevention. Four culturally responsive workshops were held using the Be Sensitive Be Brave (BSBB) curriculum, which infuses culture and diversity. Twenty-eight participants completed the training. The mental health workshops prepare individuals to help friends and loved ones during times of distress and how to recognize mental health conditions, what to do when someone needs support, and tools for maintaining good mental health. The suicide prevention workshops teach individuals to act as eyes and ears for suicidal distress and to connect individuals to help by identifying signs of suicide.
- County and community-based organization programs continue to experience staffing 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 need for individual consumers.

## **WORKLOAD INDICATORS**

The following workload indicators cover calendar year 2024:

- Behavioral Health provided mental health services to approximately 6,586 severely mentally ill adults and youth through county programs, contract programs and the Managed Care Provider Network, a 12% increase over CY2023. The county adult outpatient clinic served 3,560 adults, a 3% increase from 2023. Programs served 1,473 youth, with many served in both contract programs 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.
- In 2024, 1,544 members were served and a total of approximately 152,000 services rendered. Of the members who accessed services, 831 accessed more than one level of care. Service linkage continues through referral to the Carelon (formerly known

as Beacon) call center, substance use disorder providers, or Behavioral Health staff who complete American Society of Addiction Medicine (ASAM) assessments to determine level of care and needs.

- Per WIC §5847 (a) and (b), counties must prepare and submit a Three-Year Program and Expenditure Plan and annual updates for BHSA programs and expenditures to the (BHSOAC) and the (DHCS). Information related to the Three-Year Program and Expenditure Plan is included under BU 7780 – Fund 902. In 2024, Behavioral Health held the required (CPP) meetings with 138 unduplicated attendees and included a presentation on the history and components of MHSA, the role of the community in the CPP process, State and local MHSA updates, and data related to MHSA funded programs and services rendered in FY2023/24. A 30-day public comment period was held and on June 18, 2024, a virtual public hearing was held in partnership with the Solano County Mental Health Advisory Board. On August 13, 2024, the Board approved the MHSA Three-Year Plan. The approved plan was then submitted to BHSOAC and DHCS on September 23, 2024.

The following data indicates services rendered in FY2023/24 by MHSA component:

- Prevention and Early Intervention (PEI): 24% of the total MHSA funds received annually are allocated to PEI to provide support to prevent individuals (with 51% of the funds supporting individuals 25 years of age or younger) from developing mental health conditions and/or to serve those with mild-to-moderate mental health conditions and countywide stigma and suicide prevention efforts.
  - 11,726 people were served across various programs including mobile crisis and school-based services.
- Community Services and Supports (CSS): 68% of the total MHSA funds received annually are allocated to CSS for services to individuals of all ages with more serious mental health conditions.
  - 1,696 clients were served in high intensity programs including FSP, forensics, and others.
  - \$4.0 million or 14.8% of the CSS funds provided supported housing services.
- Innovation (INN): 5% of the total MHSA funds received annually are allocated to INN for increasing access to quality mental health services to underserved or underrepresented communities with measured outcomes and promote interagency and community collaboration related to mental health services, supports, or outcomes. Behavioral Health is not currently working on an innovative plan.
- Workforce Education and Training (WET): this component has not received an allocation since 2014; however, funds from the CSS component may be transferred to this component to fund programs designed to enhance the public mental health workforce, including training on evidence-based practices, stipends for interns, and retention programs for hard to fill positions.
  - Supported over 15 workforce and community trainings, including trainings on evidence-based practices.
  - Supported the Internship Program, including post-graduate and master's level psychology interns and a loan-repayment program.
- Capital Facilities and Technological Needs (CF/TN): this component has not received an allocation since 2014; however, funds from the CSS component may be transferred to this component. Funds can be used for training the workforce on evidence-based practices, stipends for interns, and retention programs for hard to fill positions.
  - In 2024, funds supported implementation of a level of care tool for the children's programs and a data interoperability software to create dashboards across all services.
- Prudent Reserve (PR): counties are permitted to allocate up to 33% of the 5-year average of incoming CSS funds to the PR account. These funds are intended to only be used in a budget crisis and counties must obtain permission from the State. Solano currently has \$5.7 million in the PR account which is 15% of the total current annual BHSA budget.

## **DIVISION BUDGET SUMMARY**

The Recommended Budget represents decreases of \$502,530 or 0.3% in revenues and \$587,378 or 0.3% in appropriations when compared to the FY2024/25 Adopted Budget. The deficit of \$479,735 will be funded with revenues from the restricted Department of State Hospitals (DSH) fund. The County General Fund reflects an increase of \$800,000.

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Primary Funding Sources

Federal revenues are a primary funding source for Behavioral Health services. Federal revenue provides 50% reimbursement for adult mental health and Drug Medi-Cal services provided to traditional Medi-Cal recipients. Children's mental health services are also primarily reimbursed at 50%. For the Medi-Cal recipients that 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 10% difference. In addition to federal Drug Medi-Cal revenues, services that are not Medi-Cal billable are funded with a federal Substance Use Block Grant (SUBG) (previously referred to as Substance Abuse Block Grant or SABG).

Billing for Mental Health Medi-Cal services changed on July 1, 2023 ("payment reform") from a cost per unit basis to a service rate based on Current Procedure Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) by provider type. Previously, county interim rates were claimed to DHCS and cost settled to actual costs through a lengthy cost settlement process. Under the new system, reimbursement is driven by direct service provision and not cost settled. Counties bear more fiscal risk as they will be responsible for managing the behavioral health system with revenues generated through direct service billing. Another major change under payment reform is how counties will receive Medi-Cal reimbursement. Medi-Cal revenues are now received through an Intergovernmental Transfer (IGT) process with DHCS. Counties will be responsible for providing the non-federal share funding to DHCS so that DHCS can then claim the services to the federal government and, once reimbursed, return both the nonfederal and federal share to the counties. H&SS continues to troubleshoot claiming issues in implementing payment reform and reimbursement has been delayed, impacting cash flow.

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. An annual reconciliation process to actual allowable costs between the County, Partnership HealthPlan, and the Department of Healthcare Services (DHCS) is supposed to occur; however, the reconciliations for FY2020/21, FY2021/22, FY2022/23, and FY2023/24 are still pending. H&SS recently discovered that it has been overpaid for several months due to duplicate services processed. H&SS is working with DHCS and PHP to correct; however, the amount of overpayment is unclear.

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 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 is 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. H&SS 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 based on economic conditions because it is primarily based on the State's sales tax revenues. Concerns remain that the cost of realigned programs will continue to be outpaced by the growth in sales tax revenues.

Mental Health also receives County General Fund to support program operations; historically funding Drug Medi-Cal nonfederal match, adult outpatient services, indigent inpatient stays, Institutes for Mental Disease (IMDs), Augmented Board and Care (ABC) costs. Due to slower growth projected for 1991 Realignment and costs outpacing the growth, the department assessed the use of 1991 Realignment and identified areas where other revenues could be used in lieu of 1991 Realignment. As a result, County General Fund was redistributed within the Behavioral Health Division. For FY2025/26, County General Fund is being used for indigent inpatient stays, Institutes for Mental Disease (IMDs), Augmented Board and Care (ABC) costs and for increases in retirement and health benefit costs while maintaining any required maintenance of efforts.

The Recommended Budget represents a net decrease of \$502,530 in revenues primarily due to the following:

- Increase of \$179,384 in the use of 2011 Realignment primarily due to increases in DMC residential room and board and indigent costs, an increase in revenues for the nonfederal match for DMC services, increases in substance abuse program costs, and repurposing County General Fund previously used for DMC services to Institutions for Mental Disease (IMD)/Augmented Board and Care (ABC) bed days due to insufficient 1991 Realignment revenues. 2011 Realignment increases needed for Mental Health administration and internship costs are offset by a decrease in need for adult service programs due to increased Medi-Cal revenue generation and placeholders for the Kaiser transition not needed. The Recommended Budget includes prior year 2011 Realignment anticipated rollover and projected FY2025/26 receipts to fund ongoing operations.
- Decrease of \$5,863,088 in State grant revenues as the Community Care Expansion (CCE) grant expenditures are anticipated to be distributed in FY2024/25 and the Mental Health Student Services Act (MHSSA) school-based crisis services, the California Department of Public Health (CDPH) Youth Suicide Prevention, and the Crisis Care Mobile Unit grant (CCMU) grants end June 30, 2025. Revenue adjustments were also made for the Behavioral Health Bridge Housing (BHBH) program; Homeless Housing, Assistance and Prevention (HHAP) Rounds 3 and 4; Housing and Homeless Incentive Program (HHIP) and Proposition 47 Cohort 3 grants to reflect available revenue or projected spending patterns. The decreases in revenues are partially offset with increases for the CalAIM Providing Access and Transforming Health (PATH) Justice Involved (JI) Initiative and Child Youth Behavioral Health Initiative (CYBHI) grants.
- Increase of \$800,000 in County General Fund Contribution primarily to support new mandated initiatives and programs.
- Decrease of \$2,873,830 in the use of 1991 Realignment due to less revenue available to fund program expenses, including Institutions for Mental Disease (IMD), board and care, and inpatient/state hospital facilities. As 1991 Realignment revenues rely on sales tax, fluctuations in the economy impact revenue generation Recommended Budget includes unspent FY2024/25 1991 Realignment and projected FY2025/26 receipts to fund ongoing operations. No prior year rollover is projected for FY2026/27.
- Increase in MHSA funding of \$2,195,152 primarily due an increase in MHSA revenues for the school-based crisis service program previously funded with the Mental Health Student Services Act (MHSSA) grant, cash flow for the Intergovernmental Transfer (IGT,) and for the Opeeka Performance Outcome System.
- Decrease of \$1,056,995 in Operating Transfers-In of American Rescue Plan Act (ARPA) Coronavirus State and Local Fiscal Recovery Funds SLFRF) reflecting a reduction in this one time funding.
- Decrease of \$255,554 in Opioid Settlement funding primarily due to adjusting the budget to projected expenditures.
- Decrease of \$182,406 in federal SUBG funding primarily due to prevention SUBG ARPA funding ending in FY2024/25.
- Increase of \$5,986,344 in Federal/State Short Doyle Medi-Cal revenues primarily due to an increase in specialty mental health Medi-Cal revenues due to a 3.08% rate increase, more data available to project revenues under payment reform, and placeholders for new fee for service contracts. Partially offsetting the increase is a reduction in DMC reimbursement based on projected invoicing data and prior year reimbursement percentages. Payment reform challenges continue, especially for DMC reimbursement. The department continues to address the issues with DHCS and may need to adjust projections as part of the FY2025/26 Midyear Financial Report.
- Decrease of \$231,428 in Federal Other revenues primarily due to the Mental Health Block Grant (MHGB) ARPA funding ending in FY2024/25.
- Increase of \$143,109 in Charges for Services primarily due to increases in third-party payer revenues projected based on year-to-date trends.
- Increase of \$738,785 in Federal Quality Assurance revenues primarily due to increases in staffing and operating costs.
- Decrease of \$54,338 in State 2011 Realignment revenues (AB 109) due to fewer reimbursed costs.
- Decrease of \$8,407 in Forfeitures and Penalties due to less fees projected to be received from Probation for drug and alcohol offenses.

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Health & Public Assistance**

- Decrease of \$141,724 in Federal Short Doyle Administration revenue primarily due to less reimbursement projected based on historical reimbursement percentages.
- Increase of \$132,466 in State Other due to Community, Assistance, Recovery and Empowerment (CARE) Act implementation revenues budgeted.
- Decrease of \$10,000 in Other Governmental Revenues due to a lower allocation for the Substance Abuse Friday Night Live (FNL) program.

Primary Costs

Primary costs for Behavioral Health are: \$44,983,145 for Salaries and Employee Benefits; \$11,873,239 for Services and Supplies; \$118,825,952 for Other Charges; \$274,771 for Other Financing Uses; and \$6,674,398 for Intrafund Transfers.

The recommended appropriations for the Behavioral Health Division include \$149,443,805 for Mental Health (BU 7700), \$16,243,162 for Substance Abuse (BU 7560) and \$16,944,538 for Intergovernmental Transfer (BU 7598).

The Recommended Budget represents a decrease of \$587,378 or 0.3% in appropriations primarily due to:

- Salaries and Employee Benefits represent an increase of \$1,554,191 primarily due to increases in wages, retirement and health benefit costs, offset by a decrease in budgeted salary savings and workers' compensation insurance.
- Services and Supplies represent an increase of \$600,063 primarily due to increases in liability and malpractice insurance, consulting and contracted services for program technical assistance and automation improvement projects, software maintenance and support, and central data processing services. The increases are offset with decreases in unallowable cost per audit as information is still pending about future paybacks to DHCS and reductions in education and training and ambulance services to reflect prior year spending patterns.
- Other Charges represent a decrease of \$2,328,621 primarily due to funding adjustments to contracts for housing services (permanent supported housing services, street outreach, forensic respite, landlord engagement and subsidy administration, rapid rehousing and supportive services for adults) based on available funding and current spending patterns, reduction in expenses for the Beck Residential Facility based on historical spending patterns, Community Care Expansion (CCE) Preservation program, fewer indigent inpatient costs, less locum tenens psychiatry costs based on current usage, termination of Full Service Partnership and supportive housing adult contracts due to a change in the provider of services, termination of a contract for intensive children's services, and the ending of the Mental Health Student Services Act (MHSSA) grant. These decreases are partially offset with increases in inpatient bed days for Medi-Cal clients placed in a non-Medi-Cal billable facility, contracts for Transitional Age Youth (TAY), Comprehensive Case Management (CCM), and Prevention and Early Intervention (PEI) services, bed days for clients in Institutions of Mental Disease (IMD) facilities and Augmented Board and Care (ABC), Board and Care facilities, and projected increases in the costs for per utilizer per month (PUPM) for DMC services, substance abuse residential room and board costs, and indigent services. Also offsetting the decreases is an increase in the appropriations for the nonfederal share for the Intergovernmental Transfer (IGT) based on Medi-Cal billing trends, and increases in Countywide Administrative Overhead, interfund charges from the Department of General Services and County Counsel.
- Other Financing Uses represent a decrease of \$469,683 due to the full redemption of the Pension Obligation Bonds (POBs).
- Intrafund Transfers represent an increase of \$56,672 primarily due to increases in Health and Social Services departmental overhead costs.

Contracts

The recommended appropriations for Behavioral Health include \$98,885,000 or 54.1% 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 2025 with a master list of contracts for the Board's consideration.

Fixed Assets

None.

## Summary of Division Budget

## 7780 – Fund 902-Behavioral Health Emery Cowan, Director of Health & Social Services Health & Public Assistance

### DIVISION COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
FINES, FORFEITURES, & PENALTY	20,595	24,024	15,617	(8,407)	(35.0%)
INTERGOVERNMENTAL REV STATE	47,037,032	91,214,340	30,737,076	(60,477,264)	(66.3%)
INTERGOVERNMENTAL REV FEDERAL	36,964,545	37,313,773	42,037,275	4,723,502	12.7%
INTERGOVERNMENTAL REV OTHER	92,311	55,000	54,688,722	54,633,722	99334.0%
CHARGES FOR SERVICES	13,335,963	487,745	630,854	143,109	29.3%
MISC REVENUE	1,270,754	1,455,349	0	(1,455,349)	(100.0%)
OTHER FINANCING SOURCES	34,301,852	39,428,605	40,566,762	1,138,157	2.9%
GENERAL FUND CONTRIBUTION	8,567,396	12,675,464	13,475,464	800,000	6.3%
<b>TOTAL REVENUES</b>	<b>141,590,447</b>	<b>182,654,300</b>	<b>182,151,770</b>	<b>(502,530)</b>	<b>(0.3%)</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	35,949,827	43,428,954	44,983,145	1,554,191	3.6%
SERVICES AND SUPPLIES	7,765,219	11,273,176	11,873,239	600,063	5.3%
OTHER CHARGES	93,159,347	121,130,430	118,804,991	(2,325,439)	(1.9%)
LEASES	13,975	24,143	20,961	(3,182)	(13.2%)
OTHER FINANCING USES	567,991	744,454	274,771	(469,683)	(63.1%)
INTRA-FUND TRANSFERS	4,104,205	6,617,726	6,674,398	56,672	0.9%
<b>TOTAL APPROPRIATIONS</b>	<b>141,560,565</b>	<b>183,218,883</b>	<b>182,631,505</b>	<b>(587,378)</b>	<b>(0.3%)</b>
<b>NET CHANGE</b>	<b>(29,882)</b>	<b>564,583</b>	<b>479,735</b>	<b>(84,848)</b>	<b>(15.0%)</b>
<b>STAFFING</b>					
BEHAVIORIAL HEALTH	241.05	253.55	255.25	1.70	0.7%
<b>TOTAL STAFFING</b>	<b>241.05</b>	<b>253.55</b>	<b>255.25</b>	<b>1.70</b>	<b>0.7%</b>

### SUMMARY OF SIGNIFICANT ADJUSTMENTS

H&SS is repurposing the use of County General Fund due to decreasing 1991 Realignment revenues. 1991 Realignment receipts have not keeping pace with inflation and program expenditures; therefore, H&SS assessed other revenue sources to other potential funding sources for certain program expenditures. 2011 Realignment will support adult outpatient and DMC services and County General Fund will fund Institutes for Mental Disease (IMDs) and Augmented Board and Care (ABC) costs.

### SUMMARY OF POSITION CHANGES

Changes in the division's position allocations since the adoption of the FY2024/25 Budget are provided below.

On January 28, 2025, the Board adopted a resolution to add 1.0 FTE Psychiatrist (Child-Board Certified) and to delete 1.0 FTE Psychiatrist (Board Certified) to allow staff to support children and youth more adequately and program requirements.

On March 11, 2025, as part of the Midyear Financial Report, the following position allocations were approved:

- Extended 2.0 FTE Limited-Term Clinical Psychologist through June 30, 2026. These positions support the Behavioral Health internship program (approved by the Board on January 10, 2023) where incumbents receive training and hours, a prerequisite for moving into regular Clinical Psychologist positions, and a requirement for accreditation with the American Psychological Association. The positions are funded with federal, State and MHSA revenues.

The FY2025/26 Recommended Budget includes the following position allocation changes:

- Add 0.5 FTE Office Assistant II to increase a 0.5 FTE to 1.0 FTE to provide clerical/administration support to Behavioral Health administration resulting from Proposition 1 required reform elements. The position is funded with MHSA/BHSA.

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- Add 0.2 FTE Mental Health Clinician (Licensed) to increase a 0.8 FTE to 1.0 FTE to address increased workload in the Centralized Assessment Team. The position is funded with MHSA/BHSA.
- Add 1.0 FTE Limited-Term project Mental Health Clinician (Licensed) through June 30, 2026 to enhance outreach and coordination services to individuals in the criminal justice system seeking treatment. The position is funded with Providing Access and Transforming Health (PATH) Justice Involved (JI) Round 3 grand funding.

### **PENDING ISSUES AND POLICY CONSIDERATIONS**

The Governor's FY2025/26 Proposed Budget projects minimal growth in revenues; however, program costs continue to increase. Expenses are outpacing growth in revenues in future fiscal years, driving in part by new, unfunded mandates and initiatives. The FY2025/26 Recommended Budget uses all prior year unspent revenues to fund operating costs in FY2025/26.

Behavioral Health is currently not aware of any changes to federal laws that would directly affect the delivery of county behavioral health services for FY2025/26. However, Congress has released a budget framework directing the House Energy and Commerce Committee—which oversees Medicaid—to identify billions in cuts over the next decade. While specific reductions have not been detailed, the proposal includes potential cost-saving measures such as lowering the federal matching rate (FMAP) to states and imposing work requirements, among other proposals. Reductions to or revisions to Medi-Cal (i.e. Medicaid) will necessarily impact behavioral health clients' eligibility and/or service levels. Additionally, on March 24, 2025, the State Department of Health Care Services (DHCS) received notice from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) that grants provided under the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 (H.R. 6074) and the American Rescue Plan Act of 2021 (H.R. 1319) were terminated effective immediately. This termination impacts both mental health and substance use prevention and treatment block grants, resulting in a reduction of COVID-era funding by approximately \$140,000.

Behavioral Health has finalized new MOUs between the County's two managed care plans: Kaiser Permanente and Partnership HealthPlan. The State's guidance on the "division of financial responsibility" for eating disorders, as outlined in BHIN 22-009 and APL 22-003, is interpreted as a 50/50 cost share by Partnership but Kaiser is arguing that the County should absorb a higher cost share. Behavioral Health is working with California Behavioral Health Directors Association (CBHDA), evaluating the fiscal implications, and continuing discussions with Kaiser.

California is increasing accountability measures for local governments to address homelessness, housing, and behavioral health and has a new online tool, [accountability.ca.gov](https://accountability.ca.gov), that tracks local progress on these issues. Additionally, the State is also implementing stronger accountability measures, including funding claw back provisions for failed progress.

Senate Bill (SB43), which is an unfunded mandate, expands California's Lanterman-Petris-Short (LPS) conservatorship law by updating the criteria for determining if a person is "gravely disabled," the standard for LPS conservatorship eligibility. The new definition allows for consideration of whether a person fails to provide for their own medical care or personal safety and includes not just mental illness, but also severe substance use disorder and chronic alcoholism. There is currently an insufficient number of treatment beds to support those with mental health and even fewer beds for those needing SUD residential or withdrawal management/detox. On December 15, 2023, the Board approved deferring implementation until January 2026 to provide time for reviewing and updating policies, 5150 training for staff and peace officers, development of workflows and data tracking of involuntary holds, increasing treatment beds for crisis and inpatient services. A priority in the next year will be to develop or expand inpatient, sobering centers, and crisis and residential placements for the increasingly eligible group of people.

Proposition 1, approved by voters in March 2024, contained two broad components: 1) changes the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA) and adjustments to funding and funding categories; and 2) approval of a \$6.4 billion bond to build more facilities for mental health care and drug or alcohol treatment, and more housing for people with mental health, and drug or alcohol challenges. While Proposition 1 makes no changes to the amount of revenue collected through the tax, it does reduce the amount available to counties and how counties may use the funding. Most significantly, BHSA creates a requirement that one-third (30%) of the funds allocated to each county must be spent on housing. It also shifts 10% of the funding (versus 5%) from counties to the State for workforce initiatives and prevention. Another significant change is the new BHSA planning process requiring an Integrated Plan for all behavioral health services that includes budget and outcome information across all funding sources, not just MHSA as previously established, creating another unfunded mandate for additional administrative functions. Implementation activities are underway in order to adhere to the new Integrated Plan required by July 1, 2026.



The DHCS Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative aims to enhance access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members with significant behavioral health needs. This initiative includes a five-year Medicaid section 1115 demonstration, State Plan Amendments (SPAs) to expand coverage of Evidence-Based Practices (EBPs), and complementary policies to strengthen behavioral health services statewide. BH-CONNECT reduces reliance on facility-based care while focusing on community support to improve outcomes, expands Medi-Cal coverage for both adult and child/youth-focused EBPs, and offers training and technical assistance through Centers of Excellence. Additionally, the initiative supports a \$1.9 billion incentive program to reward behavioral health plans for improving access and outcomes. BH-CONNECT also strengthens family-based services for children and youth, bolsters the State's behavioral health workforce with resources and training, and allows counties to opt into new services and programs to improve care. Solano Behavioral Health has opted in to the EBPs and incentive payments, as four of the required EBPs are already offered, which will be expanded through BHSA.

The DHCS PATH Justice-Involved Initiative allows incarcerated individuals to enroll in Medi-Cal and receive targeted services up to 90 days before their release. California became the first state approved to offer these Medicaid services to eligible youth and adults in state prisons, county jails, and youth correctional facilities. The initiative ensures continuity of healthcare coverage and services during incarceration and post-release, providing medications, medical equipment, and transition support. Successful implementation requires collaboration across multiple agencies, including Behavioral Health, Public Health, Probation, and community organizations. While the PATH funding supports planning and initial implementation, the program does not provide ongoing funding for operational costs. Solano Behavioral Health is pending the Sheriff's Office implementation of PATH requirements that include electronic health records and Medi-Cal billing within the jail in order to coordinate care pre-release and support early access to services.

Broader behavioral health reforms for Medi-Cal Managed Care Plans (MCP) and commercial insurance align behavioral health benefits across all health plans in California. These reforms will require close partnership with both Medi-Cal and commercial health plans to address opportunities to build needed programs and capacity. This would significantly increase accountability for services provided and outcomes achieved for all Californians through greater reporting expectations and transparency around access, quality, equity, and cost/revenue data which is currently applied to all county behavioral health plans.

#### State Audits and Cost Reports

Medi-Cal cost report audits continue to be delayed. DHCS is currently auditing the FY2014/15 and FY2015/16 Short Doyle cost reports, and FY2018/19 Substance Abuse cost report. Counties continue to be concerned about the lag in timing of audits and the lack of consistency in how costs are treated. The County's FY2022/23 Medi-Cal cost report was submitted in July 2024 and is the last cost report that will be reconciled to cost. Proposition 1 requires counties to submit a Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) that encompasses all funding sources. Counties are awaiting details and guidance on this new requirement. DHCS has indicated that this new report will begin in FY2026/27.

DHCS also continues to indicate their intent to recoup from counties previous DHCS errors related to State withholdings for the nonfederal share of some inpatient bed days and State claims for services not federally eligible due to unsatisfactory immigration status. Timing and how the recoupment will occur remain unknown. Total statewide recoupment for both is \$63.5 million.

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**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 mobile clinics that provide medical services, dental services, and integrated mental health support and linkages. The majority of patients served by FHS are Medi-Cal recipients; however, there are a number of uninsured, vulnerable underinsured, and homeless patients served by the clinics as mandated by Welfare and Institutions Code § 17000.

The key functional areas in Family Health Services include primary care, dental care, and behavioral health care for non-specialty mental health services.

**SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

In December 2024, Solano Family Health Services had 28,681 Medi-Cal enrollees assigned through Partnership HealthPlan of California (PHC).

- All FHS clinics are open to new member assignments from PHC with the exception of pediatric services in Vacaville and Vallejo.
- Provider recruitment continues to be an ongoing challenge. In addition to recruitment efforts through the County Department of Human Resources, FHS works with a specialized recruitment firm to recruit providers.
- The OCHIN EPIC electronic medical record system went live in September 2024 and implementation continues towards its full functionality. 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 as well as generate, through increased provider productivity, additional encounter-based revenue. The new system was funded with \$2.57 million in one-time American Rescue Plan Act (ARPA) - Coronavirus State and Local Fiscal Recovery Funds (SLFRF) commitment by the Board of Supervisors and \$1.0 million that was jointly secured by Representative Garamendi and Senator Padilla through the federal Community Project Funding initiative.
- FHS has implemented chiropractic care at the three adult primary care clinics and licensed marriage and family therapist (LMFT) services at the pediatric primary care clinic.

**WORKLOAD INDICATORS**

- In 2024 the *"We're All Family!"* Mobile Food Pharmacy (MFP) program, sponsored by the Yocha Dehe Wintun Nation, saw an increase of 6.4% in the average total pounds of healthy and nutritious produce distributed; however, the number of Food Rx Prescriptions redeemed by clients (food boxes) decreased by 39%. Since the official launch of the program, the MFP has provided more than 1,720 tons of free and fresh produce to low-income families.
- In 2024, FHS provided primary care and dental health services to 17,329 patients, an increase of 149 patients from 2023. There were a total of 45,494 patient visits, which represents a decrease of 9.8% from the prior year
- In 2024, of the 17,329 FHS patients reporting, 49.7% of FHS patients lived below 100% of the Federal Poverty Line (FPL) and 93.9% of FHS patients had Medi-Cal Managed Care as their primary insurance or are dually enrolled in Medicare and Medi-Cal.

**DIVISION BUDGET SUMMARY**

The Recommended Budget represents increases of \$275,852 or 0.7% in both revenues and appropriations when compared to the FY2024/25 Adopted Budget. The Recommended Budget includes a combination of \$9,356,313 in 1991 Public Health Realignment and \$2,500,000 in County General Fund to fund the projected program operational shortfalls.

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 (i.e. patient visit) rate with an interim encounter rate established during a designated rate setting year. The California Department of Health Care Services (DHCS) has established permanent rates for all FHS sites. 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 an insufficient number of daily encounters, ramping up of services of new providers, provider vacancies and the current site-specific encounter rates not keeping up with inflationary costs.

The clinics are currently undergoing a process to submit for encounter rate adjustments at each location through a Change in Scope of Service Request (CSOSR) process. As part of the process two new services were added including chiropractic services for adults and licensed marriage and family therapy services for pediatrics. The outcome of this effort is estimated to be completed in Spring 2026 with any rate adjustments retroactive to July 1, 2025. This effort helps to improve but is not anticipated to fully eliminate the current structural deficit. Productivity (the number of daily encounters) will need to increase along with certain quality measures.

H&SS is utilizing 1991 Public Health Realignment to cover the majority 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 and the continued use of 1991 Public Health Realignment in FHS negatively impacts Public Health's ability to sustain, core functions of Public Health. The FY2024/25 Adopted Budget included a combination of \$3.0 million in 1991 Public Health Realignment and the utilization of \$4.7 million in ARPA (see glossary for definition) revenue replacement/recovery funds to support the FHS clinics; however, ARPA-funds are no longer available.

The Recommended Budget represents an increase of \$275,852 in revenues primarily due to:

- Decrease of \$2,177,021 in Charges for Services resulting from reduced FQHC revenues due to a projected decrease in total encounters resulting from insufficient daily encounter targets, provider vacancies, and the encounter rates.
- Decrease of \$56,608 in Federal Other due to fully expending the rollover balance of one-time federal Community Project funding secured by Representative Garamendi and Senator Padilla for the electronic health record system.
- Decrease of \$100,405 in Federal Direct – COVID-19 due remaining balances of one-time COVID-19 related grants fully expended in FY2024/25.
- Decrease of \$4,708,209 in ARPA one-time funds .
- Increase of \$2,500,000 in County General Fund to support clinic operations.
- Increase of \$6,265,226 in 1991 Public Health Realignment for a total of \$10,652,623 for FY2025/26 and which reflects the use of \$1,296,310 to fund the cost of care of the uninsured and underinsured (under WIC §17000) that cannot be covered by the (HRSA) Section 330 grant and for the cost of Public Health services being provided at the FHS clinics, such as immunization, viral and tuberculosis care. The additional \$6,355,822 of 1991 Public Health Realignment is utilized to support clinic operations.
- Decrease of \$170,334 in Miscellaneous Revenues primarily due to an estimated decrease in quality incentive revenues from Partnership HealthPlan.

The Recommended Budget represents an increase of \$275,852 in appropriations primarily due to:

- Salaries and Employee Benefits reflect a decrease of \$1,637,419 due to an increase in anticipated salary savings resulting from challenges in filling some positions.

**Emery Cowan, Director of Health & Social Services  
Health & Public Assistance**

- Services and Supplies reflect an increase of \$256,199 primarily due to increases in liability and malpractice insurances, information technology costs, offset by decreases in contracted and other professional services.
- Other Charges reflect an increase of \$1,852,453 due to increases in locum tenens contracted services and Countywide Administrative Overhead, offset by decreases in interfund charges from the Department of General Services and Sheriff's Office.
- Fixed Assets reflect a decrease of \$5,000 due to no equipment requests for FY2025/26.
- Other Financing Uses reflects a decrease of \$252,738 due to the full redemption of the Pension Obligation Bonds (POBs).
- Intrafund Transfers reflect an increase of \$62,357 primarily due to increases in H&SS administrative costs and staff from other H&SS divisions that support clinic operations.

Contracts

The FY2025/26 Recommended Budget includes a total of \$3,640,188 or 9.6% in contracted services. H&SS will return to the Board in June 2025 with a master list of contracts for the Board's consideration.

Fixed Assets

None.

**DEPARTMENT COMMENTS**

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
INTERGOVERNMENTAL REV STATE	2,553,387	4,387,397	10,652,623	6,265,226	142.8%
INTERGOVERNMENTAL REV FEDERAL	3,602,611	2,205,003	2,047,990	(157,013)	(7.1%)
CHARGES FOR SERVICES	15,246,051	23,357,666	21,180,345	(2,177,321)	(9.3%)
MISC REVENUE	1,769,545	1,615,400	1,445,066	(170,334)	(10.5%)
OTHER FINANCING SOURCES	189,459	1,276,497	0	(1,276,497)	(100.0%)
GENERAL FUND CONTRIBUTION	4,486,028	4,708,209	2,500,000	(2,208,209)	(46.9%)
<b>TOTAL REVENUES</b>	<b>27,847,082</b>	<b>37,550,172</b>	<b>37,826,024</b>	<b>275,852</b>	<b>0.7%</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	18,244,488	23,932,227	22,294,808	(1,637,419)	(6.8%)
SERVICES AND SUPPLIES	6,604,208	6,622,568	6,878,767	256,199	3.9%
OTHER CHARGES	3,907,226	3,640,491	5,492,944	1,852,453	50.9%
F/A EQUIPMENT	60,384	5,000	0	(5,000)	(100.0%)
LEASES	6,312	6,200	6,200	0	0.0%
OTHER FINANCING USES	184,855	252,738	0	(252,738)	(100.0%)
INTRA-FUND TRANSFERS	2,276,755	3,090,948	3,153,305	62,357	2.0%
<b>TOTAL APPROPRIATIONS</b>	<b>31,284,228</b>	<b>37,550,172</b>	<b>37,826,024</b>	<b>275,852</b>	<b>0.7%</b>
<b>NET CHANGE</b>	<b>3,437,146</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>

<b>STAFFING</b>					
FAMILY HEALTH SVS	158.40	157.40	157.40	0	0.0%
<b>TOTAL STAFFING</b>	<b>158.40</b>	<b>157.40</b>	<b>157.40</b>	<b>0</b>	<b>0.0%</b>

**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

In FY2025/26, the structural deficit is primarily funded with 1991 Public Health Realignment and County General Fund.

**SUMMARY OF POSITION CHANGES**

Changes in the division's position allocations since the adoption of the FY2024/25 Budget are provided below.

On March 11, 2025, as part of the Midyear Financial Report, the following position allocation changes were approved:

- Extended 1.0 FTE Limited-Term Planning Analyst through June 30, 2026. The position provides high-level data analysis for the Quality Assurance Team and is funded with 1991 Public Health Realignment.

The FY2025/26 Recommended Budget includes the following position allocation changes:

- Delete 1.0 FTE Administrative Secretary (vacant).
- Add 1.0 FTE Office Assistant III to provide complex clerical and administrative support to the Clinic Operations Officer. The position will be funded with payer revenues; however, if these revenues are insufficient, 1991 Public Health Realignment will fund the position.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

Family Health Services continues to focus on operational, quality and process improvements in order to optimize client services, quality outcomes and revenue generation and anticipates implementing a number of changes, including provision of a patient portal, improved resources for clients using telehealth, and more robust appointment scheduling. With the implementation of OCHIN EPIC the electronic medical record system, and provider performance and client throughput, as well as access to quality data, is anticipated to substantially improve which can improve overall patient outcomes as well as generate additional encounter-based revenue.

In order to improve the financial sustainability of the clinics, FHS is pursuing several initiatives, including encounter rate adjustments for each of the FHS clinics, increased quality indicator revenue from Partnership HealthPlan of California (PHC), and increased provider productivity. Chiropractic services have been added to the three adult primary care clinics and licensed marriage and family therapy services at the Fairfield pediatric clinic. These new services have been approved by Health Resources and Services Administration (HRSA) and a rate reassessment by the California Department of Health Care Services of the current encounter rates at each of the FHS clinic sites will be submitted during the first quarter of FY2025/26. The outcome of this effort is estimated to be completed in Spring 2026 with any rate adjustments retroactive to July 1, 2025.

**Emery Cowan, Director of Health & Social Services**  
**Health & Public Assistance**

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## **DIVISION PURPOSE**

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

## **FUNCTION AND RESPONSIBILITIES**

### 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 collaborates with the healthcare community and community partners to inform and coordinate on issues of importance and communicates 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, emergency services, public health laboratory, maternal, child and adolescent health, nutrition services, and vital statistics. In 2015, the Older and Disabled Adult Services Bureau (ODAS) operationally merged with Public Health including services provided through In-Home Supportive Services (IHSS), Adult Protective Services, Public Administrator / Public Guardian / Public Conservator, and the IHSS Public Authority (PA). In 2019, the Napa/Solano Area Agency on Aging (N/S AAA) was established in the Older and Disabled Adult Services Bureau. For financial purposes, the budget and metrics for ODAS, the IHSS PA and the N/S AAA are included in Budget Unit 7680, Social Services.

In 2022, the Solano County Board of Supervisors approved a reorganization of Public Health to create the Emergency Services, Preparedness, Immunizations and Communicable Disease (EPIC) Bureau to integrate the Emergency Services Bureau and Communicable Disease Program under one public health bureau. The EPIC Bureau was formed to integrate and coordinate efforts across disciplines that need to respond during a public health emergency, including a pandemic. In addition to overseeing the timely detection, prevention and control for all reportable diseases, the EPIC Bureau is comprised of Emergency Medical Services (EMS), Emergency Preparedness and Response, and the Immunization Program. In a public health emergency, the bureau works closely with the health care community to monitor hospital capacity, reduce the spread of disease, conduct contact tracing and case investigations to reduce spread of disease, provide support for emergency operations, distribute critical supplies (e.g., personal protective equipment), coordinate emergency medical services (EMS) resources, distribute vaccines and therapeutic agents as needed and operate vaccination clinics.

## **SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

- The Epidemiology Unit expanded its workforce and continues to take 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 influenza, coronavirus, and other transmissible diseases. With the end of the COVID-19 pandemic, this unit has returned to analyzing data related to health equity issues. In 2025, the Epidemiology Unit will launch a new health indicator and social determinants of health data resource for the community on the new Solano County website. This data will help community partners with program planning and resource development.
- The Oral Health Education Program of the Health Promotion and Community Wellness Bureau provided 305 children with free fluoride varnish application/dental screening and children received oral health education.
- With CalAIM implementation, Medi-Cal managed care plans and behavioral health are required to work with local health jurisdictions to develop the Community Health Assessment, Community Health Improvement Plan, and Public Health's Strategic Plan. A Community Health Assessment update will begin in 2025.
- Public Health continued its partnership with Trauma Transformed to implement a Trauma Informed Systems (TIS) framework toward becoming a more healing organization. Over the past four years this has involved providing TIS 101 trainings to hundreds of H&SS staff and community partners; a trauma informed continuous quality improvement series including an

organizational assessment and a Public Health Trauma Informed Leadership Team (TILT) formation; a trauma informed leadership learning series; healing circles offerings; and quarterly Public Health Informational Relational Meetings (PHIRM) to connect with colleagues and discuss putting TIS principles into practice. In 2025, Solano Public Health will focus on providing reflective supervision training to managers, supervisors and employees.

- The Women, Infants and Children (WIC) program collaborated with the Solano County Library to provide an early literacy program through the California Department of Public Health's Books for Kids grant. WIC staff referred clients to the Solano County Library to enroll them into the 1000 Books Before Kindergarten program and get a library card, and each child would receive an age appropriate and culturally diverse book bundle. In FY2024/25, the State eliminated funding for the program. Nutrition Services is seeking local resources and other grant funding to restart the program.
- In 2024, Public Health launched the *TakeMeHome campaign*. The campaign provided free, confidential sexually transmitted disease home testing to 213 individuals.

### WORKLOAD INDICATORS

- The Women, Infants and Children (WIC) program's caseload continues to increase. In June 2024, 9,411 clients received WIC benefits in Solano County resulting in 103% of the funded caseload being served. Due to the increased caseload, WIC will receive additional funding to serve more clients in FY2025/26. WIC also continued an online pre-screening form and in 2024, 218 new families enrolled into WIC via the online form.
- In 2024, the Communicable Diseases program tracked 313 cases of syphilis, 528 cases of gonorrhea, and 1,932 cases of chlamydia.
- During 2024, Healthy Families Solano enrolled 63 new families, a 185% increase, increased the total number of families served from 101 to 124, and completed more than 1,576 virtual and in-person home visits.
- The Black Infant Health program grew from 136 clients in 2023 to 237 in 2024, a 174% increase.
- Nurse-Family Partnership served 228 families in 2024; 82 new clients were enrolled, and 74 infants were born, with 98.6% initiating breastfeeding at birth.
- The Community Nursing IMPACT program served 520 families and made 1,404 home visits.
- In 2024, Solano Car Seat Connection distributed 125 new car seats. The Bicycle Helmet Safety Program distributed 212 helmets to school aged children and youth.
- The Public Health Laboratory tested more than 11,900 human, animal, tick, and environmental specimens in 2024.
- In 2024, Public Health, Vital Statistics Unit issued 2,072 birth certificates, 19,868 death certificates, and 5,054 burial permits.
- In FY2023/24, there were 293 Emergency Medical Technicians certified, recertified, and/or registered in Solano County and a total of 168 Paramedics were newly accredited or recertified.

### DIVISION BUDGET SUMMARY

The Recommended Budget represents a decrease of \$1,994,818 or 3.8% in revenues and a decrease of \$3,554,698 or 6.0% in appropriations when compared to the FY2024/25 Adopted Budget. The Recommended Budget includes appropriations of \$6,884,123 in Public Health, \$1,288,100 in Administration and \$662,338 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 \$3,335,438 includes a \$300,000 increase when compared to FY2024/25 Adopted Budget.

#### Primary Funding Sources

Funding sources for Public Health include various federal grants, fee-for-service, revenue contracts with other counties, 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, Community Nursing IMPACT Program, Childhood Lead Poisoning Prevention, Immunization, California Children's Services, Child

**Emery Cowan, Director of Health & Social Services  
Health & Public Assistance**

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Health and Disability Prevention, Nutrition Services, and Maternal, Child and Adolescent Health (MCAH). The funding sources for Medical Services are 1991 Realignment, Forfeitures and Penalties, and County General Fund.

On June 30, 2022, Public Health received notification from the California Department of Public Health (CDPH) that Solano County would receive \$2,060,478 in Future of Public Health (FoPH) funding provided through the California Budget Act of 2022. This new ongoing annual State funding is to be used to build the capacity for local health jurisdictions to respond to current and future emergencies through strengthening and expanding the local public health workforce.

The Recommended Budget represents a decrease of \$1,994,818 or 3.8% in revenues primarily due to:

- Increase of \$380,074 in interest income on restricted IGT funds.
- Decrease of \$483,323 in COVID-19 State Direct and State Pass Through primarily due to a decrease in the Epidemiology and Laboratory Capacity (ELC) grant funding, Maternal, Infant, Early Childhood Home Visiting Program (MIECHV) American Rescue Plan Act Supplemental funding and the ending of one-time COVID-19 Immunization revenues.
- Net decrease in federal and State grants and allocations of \$2,853,738 and \$1,184,349, respectively. The decreases are largely due to a decrease in prior year revenues resulting from cash flow and revenue recognition of prior year claims offset by increases in Title XIX funding for home visiting programs, WIC program allocation and increase in staff budgeted in MCAH programs.
- Increase of \$383,246 in Future of Public Health (FoPH) infrastructure funds due to timing of claims and reimbursements.
- Increase of \$3,042,406 in 1991 Public Health Realignment primarily due to decreases in prior year revenues and ending of one-time COVID-19 funding and reduction in IGT revenues as the pool of participants has increased, reducing available funding. In prior years, 1991 Public Health Realignment has been used to fill in gaps in funding due to cash flow delays in delays of payments for various allocations and grants.
- Decrease of \$1,577,266 in IGT revenues due to decrease in available funding as a result of an increased number of participants in the IGT program.
- Increase of \$157,942 in Charges for Services primarily due to an increase in administrative service fees from the Solano Emergency Medical Services Cooperative (SEMSC) and offset by a decrease in recording fees.
- Decrease of \$148,558 in Miscellaneous Revenues is primarily due to decreases in revenue for the bicycle helmet and car seat programs, and a partial year of Yocha Dehe Wintun Nation (YDWN) donation funding for the Vibe Solano program. The YDWN donation is for a calendar year, therefore funding is included through December 2025.

**Primary Costs**

Primary costs for Health Services are \$30,054,475 for Salaries and Employee Benefits, \$10,338,891 for Services and Supplies, \$11,983,772 for Other Charges, \$20,000 for Other Financing Uses, and \$3,628,283 for Intrafund Transfers.

The Recommended Budget for the Health Services Division includes \$48,902,933 in appropriations for Public Health (BU 7800) and \$7,134,420 for Medical Services (BU 7588).

The Recommended Budget represents a decrease of \$3,554,698 or 6.0% in appropriations primarily due to:

- Salaries and Employee Benefits reflect an increase of \$332,899 primarily due to increases in wages, retirement and health benefit costs, offset by decreases in extra-help, compensation insurance and accrued leave payoff.
- Services and Supplies reflect a decrease of \$1,979,980 in primarily due to decreases in software maintenance and support, contracted services and special departmental expenditures.
- Other Charges reflect a decrease of \$862,535 primarily due to decreases in non-federal share of the IGT, supports for indigent clients, Interfund charges from the Auditor-Controller, and Countywide Administrative Overhead.
- Fixed Assets reflect a decrease of \$95,000 in Fixed Assets as there are no equipment requests for FY2025/26.
- Other Financing Uses reflect a decrease of \$283,170 due to the full redemption of the Pension Obligation Bonds (POBs).



## Summary of Division Budget

## 7880 – Fund 902-Health Services Emery Cowan, Director of Health & Social Services Health & Public Assistance

- Intrafund Transfers reflect a decrease of \$666,424 due to decreases in H&SS administrative costs and costs charged by other H&SS divisions.

### Contracts

The FY2025/26 Recommended Budget for Health Services includes \$3,166,703 or 5.6% in contracted services for the provision of services to Public Health. H&SS will return to the Board in June 2024 with a master list of contracts for the Board's consideration.

### Fixed Assets

None.

### DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
LICENSES, PERMITS & FRANCHISE	28,073	30,000	29,000	(1,000)	(3.3%)
FINES, FORFEITURES, & PENALTY	233,164	275,000	274,000	(1,000)	(0.4%)
REVENUE FROM USE OF MONEY/PROP	1,067,098	689,926	1,070,000	380,074	55.1%
INTERGOVERNMENTAL REV STATE	35,712,354	32,922,658	33,103,372	180,714	0.5%
INTERGOVERNMENTAL REV FEDERAL	10,656,156	11,471,839	8,618,101	(2,853,738)	(24.9%)
INTERGOVERNMENTAL REV OTHER	1,012,551	932,004	922,752	(9,252)	(1.0%)
CHARGES FOR SERVICES	1,844,287	2,511,381	2,669,323	157,942	6.3%
MISC REVENUE	534,466	400,449	251,891	(148,558)	(37.1%)
GENERAL FUND CONTRIBUTION	3,220,957	3,035,438	3,335,438	300,000	9.9%
<b>TOTAL REVENUES</b>	<b>54,309,107</b>	<b>52,268,695</b>	<b>50,273,877</b>	<b>(1,994,818)</b>	<b>(3.8%)</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	25,573,898	29,721,576	30,054,475	332,899	1.1%
SERVICES AND SUPPLIES	11,211,040	12,318,871	10,338,891	(1,979,980)	(16.1%)
OTHER CHARGES	12,354,074	12,846,307	11,983,772	(862,535)	(6.7%)
F/A EQUIPMENT	73,554	95,000	0	(95,000)	(100.0%)
LEASES	8,584	12,420	11,932	(488)	(3.9%)
OTHER FINANCING USES	421,453	303,170	20,000	(283,170)	(93.4%)
INTRA-FUND TRANSFERS	2,452,993	4,294,707	3,628,283	(666,424)	(15.5%)
<b>TOTAL APPROPRIATIONS</b>	<b>52,095,595</b>	<b>59,592,051</b>	<b>56,037,353</b>	<b>(3,554,698)</b>	<b>(6.0%)</b>
<b>NET CHANGE</b>	<b>(2,213,512)</b>	<b>7,323,356</b>	<b>5,763,476</b>	<b>(1,559,880)</b>	<b>(21.3%)</b>

<b>STAFFING</b>					
HEALTH SERVICES	182.25	179.25	178.25	(1.00)	-0.6%
<b>TOTAL STAFFING</b>	<b>182.25</b>	<b>179.25</b>	<b>178.25</b>	<b>(1.00)</b>	<b>-0.6%</b>

### SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

### SUMMARY OF POSITION CHANGES

Changes in the division's position allocations since the adoption of the FY2024/25 Budget are provided below.

On March 11, 2025, as part of the Midyear Financial Report, the following position changes were approved:

- Extended 1.0 FTE Limited-Term Health Assistant through June 30, 2026. The position provides screening, assessments, enrollment and case management services in the Maternal Child and Adolescent Health (MCAH) and California Work

**Emery Cowan, Director of Health & Social Services  
Health & Public Assistance**

Opportunity and Responsibility to Kids (CalWORKs) Home Visiting Programs and is funded by CalWORKs Home Visiting Program (HSP) revenues.

- Extended 1.0 FTE Limited-Term Health Education Specialist (Supervising) through June 30, 2026. The position supervises and oversees quality assurance of MCAH program services for parenting families that participate in the CalWORKs program and is funded with CalWORKs HSP revenue.
- Extended 1.0 FTE Limited-Term Mental Health Clinician (Licensed) through June 30, 2026. This position provides perinatal mental health services within Maternal, Child and Adolescent Health (MCAH) and funded with MCAH Title V and Title XIX funds and MHSA revenue. The position will transition to providing mental health services to clients enrolled in home visiting programs and funded with MHSA revenue and/or Public Health Intergovernmental Transfer (IGT).
- Extended 1.0 FTE Limited-Term Community Services Coordinator through June 30, 2026. This position supports Behavioral Health's homeless outreach efforts with case management linkages to healthcare, social services support, rapid rehousing and permanent housing, and contract management. The position is funded primarily with Public Health IGT revenues and partially with Hepatitis C Virus Prevention and Collaboration funding.
- Extended 1.0 FTE Limited-Term Health Education Specialist through June 30, 2026. This position supports Behavioral Health's homeless and street outreach efforts with health education around unmanaged chronic disease and reproductive health. The position is funded with Public Health IGT revenues.

The FY2025/26 Recommended Budget includes the following position allocation change:

- Expiring on June 30, 2025 is 1.0 FTE Limited-Term Health Education Specialist (vacant).

**PENDING ISSUES AND POLICY CONSIDERATIONS**
Public Health

As of January 1, 2024, Kaiser Foundation Health Plan, Inc. contracts with DHCS under a new direct contract to provide Medi-Cal services (managed care plan) to enrollees in Solano County. DHCS requires Medi-Cal managed care plans to establish Memorandums of Understandings (MOUs) with local health jurisdictions and WIC programs. Public Health has concerns with the proposed MOUs and continues to work with the Medi-Cal managed care plans to address the concerns, which require prioritizing the managed care clients over other clients and imposing unfunded mandates on local health jurisdictions.

As part of California Advancing and Innovating Medi-Cal (CalAIM) implementation, Medi-Cal managed care plans are required to work with county public health and behavioral health agencies to develop Community Health Needs Assessments. For about 20 years, Solano County Public Health has worked with health care agencies, including Kaiser Permanente, NorthBay Medical Center, and Sutter Solano Medical Center to develop the Community Health Needs Assessment. This partnership will be expanded to Solano County Behavioral Health and Partnership HealthPlan of California. Additionally, Solano County Public Health will continue to work with these partners to develop the Community Health Improvement Plan and use it as a tool for prioritizing funding and contracts with community-based organizations. The next Community Health Assessment update process will begin in 2025.

In mid-2025, Solano Emergency Medical Services Cooperative will issue a Request for Proposals (RFP) for ambulance services within the Exclusive Operating Area.

Public Health continues to partner with Employment and Eligibility Services to strengthen the relationship and referrals between the CalFresh and WIC programs. Many WIC clients are eligible for the CalFresh program; however, only about a quarter are enrolled in the program. Additionally, Public Health and Child Welfare Services are strengthening referral processes between the Maternal, Child, and Adolescent Health Bureau's home visiting programs and Child Welfare Services. Additionally, Solano Public Health and Solano County Behavioral Health continue to meet and collaborate on joint projects, including Solano County Outreach for the Unhoused Team (SCOUT), prevention of behavioral health issues, emergency medical service response to behavioral health clients, perinatal mental health services, and many other initiatives. These collaborative efforts, among many others, aim to realize an integrated Health and Social Services Department and improve customer service to clients.

Federal funds have long supported vital public health services to vulnerable populations and prevention of disease, disability, and other harmful health outcomes. These services are now in jeopardy due to threatened federal budget cuts and policy rollbacks, putting the health and well-being of millions of Californians at risk.

## Summary of Division Budget

**7880 – Fund 902-Health Services**  
**Emery Cowan, Director of Health & Social Services**  
**Health & Public Assistance**

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Congress passed a continuing resolution to keep the federal government open, ensuring that WIC continues to operate with funding through September 30, 2025. This means that eligible families can continue to enroll and receive WIC benefits. However, there have been discussions about potential work requirements for Medicaid and SNAP, which could impact WIC eligibility through adjunctive eligibility.

**Emery Cowan, Director of Health & Social Services**  
**Health & Public Assistance**

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## **DIVISION PURPOSE**

The Department of Health and Social Services (H&SS) – 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 support, 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 to determine 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.

- 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 consist of Resource Family Approval, Staff Development and Training, Family Preservation, and Visitation Services. These ancillary services support program operations, service delivery and staff development. Resource Family Approval ensures children are placed in a safe, least restrictive environment and are provided with timely reunification services and positive parent child interactions in order to reunify. Staff Development and Training supports the development of the skills and knowledge social workers. Family Preservation and Visitation Services ensure parents have the visits and support they need to successfully reunify with their children.

#### 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), 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 CalFresh over issuances, as well as the collection of General Assistance debts. The Fair Hearings Unit within SIB is responsible for the timely hearing of appeals requested by aid recipients related to adverse actions filed by the County. 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 California Automated Welfare System (CalSAWS). 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.

**Emery Cowan, Director of Health & Social Services**  
**Health & Public Assistance**

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

- Securing appropriate placements for youth with complex, unmet needs presents substantial fiscal challenges. These individuals often require specialized care that surpasses funding limits set by Federal Foster Care rates or CalAIM billable claims for specialty mental health services. Moreover, the demand for on-demand placement options has prompted the exploration of innovative strategies like "bed holds," which enable providers to reserve spaces for emergencies, though at an increased cost.
- To further improve staff retention, Child Welfare Services has continued to invest in the provision of Emotional Intelligence training and coaching for its supervisors and managers. This leadership strategy focuses on promoting self-awareness and social awareness to enhance leadership skills. As a result, retention rates have increased from 67% in 2021 to 85% in 2024.

### Employment and Eligibility Services

- Applications and active caseload growth continue to grow, impacting timely processing mandates and customer service. To mitigate, E&ES launched a continuous quality improvement effort to evaluate workflows and identify opportunities to improve efficiencies, beginning with application processing. As a result of the quality improvement effort, application processing timeliness improved by 13% for expedited CalFresh, 15% for CalFresh, 8% for CalWORKs, and 15% for Medi-Cal between the first quarter of 2024 and the fourth quarter, despite a year-over-year increase in applications.
- Federal policies implemented in response to the COVID-19 pandemic contributed to a substantial increase in the Medi-Cal caseload between March 2020 and June 2023. Effective June 2023, the Consolidated Appropriations Act of 2023 reinstated annual Medi-Cal eligibility redetermination requirements that had been paused under a continuous coverage mandate. As of July 2024, the California Department of Health Care Services (DHCS) reported that 84.2% of the required renewals had been completed statewide. Following the guidelines set by the Centers for Medicare and Medicaid Services (CMS), DHCS extended the deadline to initiate all continuous coverage unwinding renewals to March 31, 2025 and complete all redeterminations by June 30, 2025. E&ES employed various strategies to complete the redetermination backlog and received confirmation of successful completion from DHCS on April 22, 2025, meeting the statewide deadline.
- CalFresh benefits are subject to federal quality control reviews to ensure payment accuracy. States that exceed the 6% error tolerance threshold and the national average are subject to sanctions. For FFY2023/24, California's cumulative error rate is 10.21% and the national average is 10.83%. However, the Food and Nutrition Services Branch recently released a policy clarification that will allow states to review certain cases to determine if they remain errors in accordance with the clarified policy. Therefore, the State will not know until June 2025 if California will be placed on a year one sanction for FFY2023/24, which would place counties at risk for potential financial sanctions if FFY2024/25 error rates exceed the 6% threshold and the national average. Solano County is one of only two California counties with a 0% active payment error rate FFY2023/24.
- Effective January 1, 2023, the State of California mandated that all counties implement a Pre-Release Medi-Cal Application Process to ensure all inmates and youth released from County Correctional Facilities, California Department of Corrections and Rehabilitation, and County Youth Correctional Facilities have timely access to Medi-Cal services, provided they are eligible. In 2022, planning and collaboration began between E&ES, the Sheriff's Office, and Probation to automate the identification and reporting of application outcomes for incarcerated individuals not in receipt of Medi-Cal or who required temporary benefit suspension. In 2024, E&ES processed a total of 427 applications for individuals identified as potentially eligible for these benefits utilizing a manual process. The automated go-live milestone for this process was achieved on January 22, 2025.
- Supplemental Security Income (SSI) is a federal program that provides financial assistance to older adults and people with federally qualified disabilities who have low income and few resources. Establishing eligibility based on disability is a complex process that can be difficult to successfully navigate. In 2024, E&ES provided SSI application assistance and advocacy for 55 disabled community members and 17 of those assisted were approved for SSI payments.

- In 2024, through the CalWORKs Housing Support Program, E&ES supported 437 CalWORKs-eligible families who were unhoused or at risk of eviction, providing application fees, rent and eviction prevention assistance, landlord engagement, and housing locator support. During the year, E&ES permanently housed 146 new families and prevented evictions for 79 families. While many families remain on the waitlist, enhanced funding for this program ends in June 2025.

#### Welfare Administration

- The increased workload from Medi-Cal redeterminations continues to strain capacity throughout FY2024/25, with 131 more cases compared to FY2023/24 and an estimated 60% rise in fair hearings related to Medi-Cal programs. The Special Investigations Bureau will continue to evaluate internal business processes to properly manage the growing caseload and consider opportunities to increase staffing when appropriate.
- The State Hearings Division has experienced an increase in CalFresh hearings since CalFresh emergency allotments were discontinued in 2023. Approximately 33,344 Solano County families receive CalFresh benefits. In 2024, there was a 45% increase in administrative hearings associated with CalFresh compared to the previous year and this increased workload is projected to remain consistent throughout 2025.
- In August 2024, the Special Investigations Bureau implemented a new records management system, transitioning from a legacy Access database management system to a state-of-the-art records management system (RMS). Nearly 50,000 records from 2013 through 2024 were effectively migrated to the new system. The new RMS, which is fully supported by DoIT, provides simplified data management, advanced performance analysis, and reduced duplication of effort.

#### Older and Disabled Adult Services

- In August 2024, the California Department of Social Services (CDSS) informed program staff of the successful completion of a Quality Improvement Action Plan for maintaining at least 80% in overall reassessments. Calendar year 2024 was the first year since 2020 that a corrective action plan on reassessment compliance goals has not been issued by the State IHSS.
- Staff continued to participate in the California Office of Emergency Services Victim Services Program Unit Elder Abuse (XE) grant program through October 2024. The community organization, Empowered Aging, obtained the grant and used a portion of the funding to sponsor multidisciplinary team meetings to create a larger safety net for older and disabled adults that are victims of crime. Due to reduced funding, the multidisciplinary team meetings ended in October 2024.
- Continued the State's Home Safe Program, administered by E&ES, which serves APS clients who are homeless or at risk of homelessness to receive housing support and housing location services. Clients received an array of services including, but not limited to information and referral, emergency placement in hotel rooms and provision of temporary housing in residential care facilities. In the first six months of 2024, 38 clients were evaluated for services with 37 cases receiving interventions to either stabilize an at-risk for homelessness or provided shelter if experiencing homelessness. The State discontinued funding for this program as of June 30, 2024.
- The IHSS client caseload was at 6,802 by the end of 2024, which is an additional 756 clients over last year. Caseloads continue to grow in IHSS, and current staff are challenged to meet both the intake and annual reassessment requirements.
- In December 2024, the Board honored 44 centenarians, people aged 100 years and older. More than 325 centenarians have been honored since the celebration's inception 18 years ago. According to the Pew Research Center, for 2024 there are an estimated 101,000 centenarians in the U.S., which is the second highest number in the world. Remarkable examples of longevity and the meaning of quality of life, centenarians age with dignity and grace. In Solano County, centenarians come from diverse ethnic, socioeconomic, religious, and educational backgrounds.

### **WORKLOAD INDICATORS**

#### Child Welfare Services

- In 2024, CWS received 5,269 reports, 107 more than in 2023 and 731 more than in 2022, for allegations of child abuse and neglect which were evaluated and addressed. Of these 5,269 reports, 2,242 led to investigations. These investigations led to 106 children being placed in out of home care. During this same period, 51 children were returned home, and 68 adoptions or guardianships were legally ordered.
- As of December 2024, CWS had 311 children and youth in out of home placement, as compared to 353 in December 2023. Of the 311 children in out of home placements, 78 were with a relative or non-related extended family member, 14 in Short

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**Health & Public Assistance**

Term Residential Therapeutic Placements (STRTP's) (all out of county), 45 in Non-Relative Solano County Resource Family/Foster homes, 108 in Foster Family Agency Certified Homes, 20 young adults in Supervised Independent Living placements, 45 youth in non-dependent Legal Guardianship placements, and 1 youth in other placement types (court ordered or specialty homes).

Employment and Eligibility Services

- In 2024, E&ES provided public assistance to 172,517 unduplicated county residents, representing 38% of the county population, an increase of 7% compared to 2023. E&ES issued over \$41 million in cash assistance and over \$122 million in food assistance to county residents in 2024, providing financial support to eligible individuals and families while generating local economic activity.
- E&ES is responsible for processing applications and managing active cases for key safety net programs, including CalWORKs cash assistance and employment readiness, CalFresh nutrition assistance, Medi-Cal health coverage, and the General Assistance loan program for indigent adults. In 2024, the average monthly caseload for these programs increased compared to 2023: CalWORKs rose by 5.5% to 3,465 cases, CalFresh grew by 6% to 32,556, Medi-Cal remained steady at 76,859, and General Assistance saw a significant 10% increase, reaching 468 cases.
- CalWORKs, General Assistance cash assistance, and CalFresh food assistance caseloads continue to increase. Contrary to State projections that the Medi-Cal caseload would experience a significant decline in 2024 as a result of the unwinding of the pandemic-era continuous coverage mandate, Medi-Cal caseloads remained flat.
- In 2024, E&ES processed 66,201 safety net program applications, a 12% increase compared to the 58,885 applications processed in 2023. The reported program applications included in the FY2024/25 Recommended Budget was not correct due to the transition from the CalWIN to the CalSAWS statewide system.
- Public assistance beneficiaries primarily engage with E&ES in-person and via the toll-free call center. In 2024, the average number of lobby visits and phone calls to the call center reached 16,754 interactions per month, marking a 17% increase from the 2023 average of 14,339. Consequently, wait times for both the call center and in-person service have increased.

Welfare Administration

In calendar year 2024:

- The Special Investigations Bureau (SIB) had 1,488 fraud complaints in need of investigation, of which 1,142 investigations were conducted. At the conclusion of the investigations, 558 resulted in the reduction, denial or discontinuance of benefits or the referral for Administrative Disqualification Hearing (ADH) or prosecution.
- The Overpayment Recovery Unit computed 580 (176 CalWORKs and 404 CalFresh) overpayments/over issuances totaling \$1,568,101.
- The Appeals Unit held 2,116 hearings from represented programs, including CalFresh, CMSP, CalWORKs, General Assistance, IHSS, and Medi-Cal, representing a 74% workload increase.

Older and Disabled Adult Services

In calendar year 2024:

- APS investigated 3,336 reports of elderly adult and dependent adult abuse, which is a 11.6% increase compared to 2023. Complexity of cases as measured by the number of allegations investigated have steadily increased each year with financial abuse and self-neglect being the most common.
- Public Guardian / Public Conservator managed 379 cases and closed 24 PG / PC cases.
- Public Administrator investigated 42 open cases and closed 19 cases.
- IHSS received 3,202 new applications for services which is a 16% increase compared to 2023. Of this total, 1,812 were assigned for intake assessments and 1,390 were denied due to program eligibility criteria not being met. As of December 31, 2024, IHSS caseload totaled 6,802 recipients.



- The IHSS Enrollment Team provided new provider orientations to 2,146 individuals and phone and walk-in assistance was provided to 6,529 individuals.

**DIVISION BUDGET SUMMARY**

The Recommended Budget represents increases of \$3,139,642 or 1.9% in both revenues and appropriations when compared to the FY2024/25 Adopted Budget. The County General Fund Contribution of \$20,277,649 reflects an increase of \$465,990 or 2.4%.

Primary Funding Sources

The primary funding sources for Social Services 23 major programs are State allocations, federal funds, 2011 Realignment (see glossary for definition), and 1991 Realignment (see glossary for definition). Federal funding includes the following: Title IV-E for Adoptions, Commercially Sexually Exploited Children (CSEC) Program, Child Welfare Services, Independent Living Program (ILP) and Kinship Guardianship Assistance Payment Program (Kin-GAP); Title XIX for Medi-Cal and Health Related (CWS, IHSS and APS); Temporary Assistance for Needy Families (TANF – see glossary for definition) for CalWORKs and CWS Emergency Assistance; Title XX for Child Welfare Services; Title IV-B for Child Welfare Services and Promoting Safe and Stable Families (PSSF); Title IIIB, IIIB C1 and C2, and Title IIIE for Napa/Solano AAA Administration, and State Administrative matching grants for the Supplemental Nutrition Assistance Program (SNAP) from the Department of Agriculture, also known as CalFresh.

State funds are primarily used for the following programs: Napa/Solano AAA, IHSS, CalWORKs, and CalFresh administration. State funds are also allocated to support components of administering child welfare services that are not part of 2011 Realignment which include the implementation of Continuum of Care Reform (CCR). In the FY2025/26 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 \$27.4 million in Realignment revenues in FY2025/26. The estimated Realignment receipts are projected to be the same as FY2024/25 base receipts. Realignment revenues, both 1991 and 2011, are funded through sales tax and Vehicle License Fees (VLF). H&SS is projecting that there will be sufficient combined 1991 and 2011 Realignment revenues to cover projected expenditures in FY2025/26.

County General Fund is used to fund 100% of the administration costs of the General Assistance, Public Guardian (net of fees collected), and SSI Advocacy programs. The County provides County General Fund for the administration of Child Welfare Services equivalent to 24% of the non-federal costs. It also provides County General Fund for the administration of CalFresh, CalWORKs, Medi-Cal, and IHSS when federal and State allocations are not sufficient to cover the costs.

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 for 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. In developing the budget, various assumptions must be made based on these factors.

The Recommended Budget represents an increase of \$3,139,642 in revenues primarily due to:

- Increase of \$2,106,332 in combined 1991 and 2011 Realignment revenues representing increased need of Realignment revenue to cover projected program costs and cash flows in Social Services and resulting in a larger transfer from the Realignment reserve accounts
- Increase of \$8,061,260 in combined State and federal revenues primarily due to projected increases in Medi-Cal, CalWORKs, and Child Welfare Services revenues.
- Decrease of \$7,367,108 in prior year State and federal revenues primarily due to change in revenue recognition compared to FY2024/25 Adopted Budget. Revenues are now recognized in the same year the expenditures are incurred.
- Decrease of \$181,548 in Other Revenues primarily due to lower projected charges for services of Public Guardian Unit based on FY2024/25 year-to-date collections and expiration of the Local Aging and Disability Action Program (LADAP) grant in FY2024/25.
- Increase of \$465,990 in County General Fund Contribution primarily due to increase in allocated costs to the administration of Medi-Cal program.
- Decrease of \$935 in Operating Transfers-In.

**Emery Cowan, Director of Health & Social Services**  
**Health & Public Assistance**
Primary Costs

Child Welfare Services (BU 7600) – With recommended appropriations of \$41,200,367, 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, Emergency Child Care Bridge Program, and contracted Community Services.

Employment and Eligibility Services (BU 7650) – With recommended appropriations of \$91,697,531, 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 \$10,355,610, 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 \$2,276,255, Special Projects includes the costs for the Transitional Housing Assistance Program for emancipated foster youth, the CalSAWS database and case management system used to determine eligibility for Assistance programs and other costs covered by the CalSAWS allocation, and other grants for ODAS, E&ES, and CWS divisions.

Older and Disabled Adult Services (BU 7640) – With recommended appropriations of \$20,762,895, 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 \$1,384,737, Napa/Solano AAA includes the costs of staff dedicated to Napa/Solano AAA.

Social Services Support (BU 7670) – With recommended appropriations of (\$560,691), this primarily represents funding from Public Health to fund positions in ODAS.

The Recommended Budget represents an increase of \$3,139,642 in appropriations primarily due to:

- Salaries and Employee Benefits reflect an increase of \$969,590 due to increases in wages, retirement and health benefit costs, offset by an increase in salary savings.
- Services and Supplies reflect an increase of \$1,905,549 primarily due to increases in liability insurance, computer related assets, postage charges, contracted services, and DoIT charges. These increases are offset by decreases in various other line items such as other professional services and special departmental expenses.
- Other Charges reflect an increase of \$112,251 due to increases in contracted direct services, subsidized employment and family stabilization expenditures for welfare-to-work clients, Countywide Administrative Overhead and charges from other departments. These are offset by decreases in employment and transportation expenditures for welfare-to-work clients, and housing assistance due to a projected decrease in funding for various housing programs.
- Other Financing Uses reflect a decrease of \$1,054,611 due to the full redemption of the Pension Obligation Bonds (POBs).
- Intrafund Transfers reflect an increase of \$1,209,033 primarily due to increases in Social Services' share of H&SS Administration Division costs and revenue transfer to Public Health for the Home Visiting Program, offset by decrease in IGT transfer from Public Health to fund positions in ODAS.

Contracts

The FY2025/26 Recommended Budget for Social Services includes \$5,921,456 or 3.5% in contracted direct services for the provision of services to CWS, E&ES and ODAS. H&SS will return to the Board in June 2025 with a master list of contracts for the Board's consideration.

## Summary of Division Budget

## 7680 – Fund 902-Social Services Emery Cowan, Director of Health & Social Services Health & Public Assistance

### Fixed Assets

None.

### DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
REVENUE FROM USE OF MONEY/PROP	1	0	0	0	0.0%
INTERGOVERNMENTAL REV STATE	41,322,625	63,311,408	55,592,585	(7,718,823)	(12.2%)
INTERGOVERNMENTAL REV FEDERAL	86,613,091	78,686,185	89,205,492	10,519,307	13.4%
CHARGES FOR SERVICES	460,976	407,632	463,283	55,651	13.7%
MISC REVENUE	576,819	402,698	221,150	(181,548)	(45.1%)
OTHER FINANCING SOURCES	1,081,450	1,357,480	1,356,545	(935)	(0.1%)
GENERAL FUND CONTRIBUTION	15,624,837	19,811,659	20,277,649	465,990	2.4%
<b>TOTAL REVENUES</b>	<b>145,679,798</b>	<b>163,977,062</b>	<b>167,116,704</b>	<b>3,139,642</b>	<b>1.9%</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	92,704,348	106,583,357	107,552,947	969,590	0.9%
SERVICES AND SUPPLIES	14,702,320	17,176,723	19,082,272	1,905,549	11.1%
OTHER CHARGES	26,004,406	30,050,761	30,163,012	112,251	0.4%
F/A EQUIPMENT	51,735	0	0	0	0.0%
LEASES	34,745	49,315	47,145	(2,170)	(4.4%)
OTHER FINANCING USES	894,697	1,054,611	0	(1,054,611)	(100.0%)
INTRA-FUND TRANSFERS	8,485,300	9,062,295	10,271,328	1,209,033	13.3%
<b>TOTAL APPROPRIATIONS</b>	<b>142,877,552</b>	<b>163,977,062</b>	<b>167,116,704</b>	<b>3,139,642</b>	<b>1.9%</b>
<b>NET CHANGE</b>	<b>(2,802,246)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>

<b>STAFFING</b>					
SOCIAL SERVICES DIVISION	697.50	727.50	725.50	(2.00)	-0.3%
<b>TOTAL STAFFING</b>	<b>697.50</b>	<b>727.50</b>	<b>725.50</b>	<b>(2.00)</b>	<b>-0.3%</b>

### SUMMARY OF SIGNIFICANT ADJUSTMENTS

The County General Fund Contribution of \$20,277,649 increased by \$465,990 when compared to the FY2024/25 Adopted Budget.

The FY2025/26 Recommended Budget reflects a net increase of \$1.4 million in various countywide charges, including DoIT charges and Countywide Administrative Overhead, which are allocated to program costs particularly in E&ES, CWS, ODAS and Welfare Administration.

### SUMMARY OF POSITION CHANGES

Changes in the division's position allocations since the adoption of the FY2024/25 Budget are provided below by program.

#### Child Welfare Services

On March 11, 2025, as part of the Midyear Financial Report, the following position changes were approved:

- Extended 4.0 FTE Limited-Term Social Worker IIs through June 30, 2026. These positions will continue to support the Emergency Response (ER) program with case management functions and Resource Family Approval application processing. The positions were originally funded with one-time State General Fund allocation and one-time State ER augmentation revenues. The positions will be funded for one-year only (FY2025/26) with 1991 Social Services Realignment

There are no changes in position allocation in the FY2025/26 Recommended Budget.

**Emery Cowan, Director of Health & Social Services  
Health & Public Assistance**


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Employment and Eligibility Services

There are no changes in position allocation in the FY2025/26 Recommended Budget.

Welfare Administration

The FY2023/24 Recommended Budget included the addition of 2.0 FTE Limited-Term Appeals Specialists through June 30, 2025 to address increases in appeals resulting from Med-Cal redeterminations that resumed with the end of the Public Health Emergency (COVID-19). The positions are currently vacant and will expire on June 30, 2025.

On October 22, 2024, the Board approved the deletion of 1.0 Accounting Clerk III (vacant) and the addition of 1.0 FTE Accounting Technician. At the June 28, 2025 Budget Hearings, the Human Resources Director was authorized to reclassify Accounting Clerk III classifications to Accounting Clerk II or Accounting Technician (as appropriate) as the positions are vacated or to reflect current position occupant's job classification, pursuant to the Memorandum of Understanding (MOU) with bargaining units. H&SS and Human Resources reviewed the job specification and based on duties being requested of the full-time position, it was determined this position be reclassified as an Accounting Technician.

There are no changes in position allocation in the FY2025/26 Recommended Budget.

Older and Disabled Adult Services

On March 12, 2024, as part of the Midyear Financial Report, the following position change was approved by the Board:

- FY2023/24 Midyear included a 'TBD' position to provide support for the administration of the Napa/Solano Area Agency on Aging. Based on the work duties, Human Resources determined that the duties aligned with the Project Manager classification. The Board approved the Project Manager classification determination in December 2024.

There are no changes in position allocation in the FY2025/26 Recommended Budget.

**PENDING ISSUES AND POLICY CONSIDERATIONS**
Child Welfare Services

Foster Family Agencies (FFAs) are required to maintain insurance. The largest insurance provider for California FFAs, Nonprofits Insurance Alliance of California (NIAC), announced in 2024 that it would no longer renew policies for FFAs. As a result, FFAs are being forced to seek new insurance providers, often at significantly higher costs. This financial strain has put many FFAs at risk of closure as their insurance policies expire.

As of December 2024, there are 108 children placed in an FFA. There is growing concern that potential FFA closures could lead to the displacement of some or all of these children. The situation is being closely monitored to ensure that the well-being and placement stability of these children are not adversely affected.

Employment and Eligibility Services

The Governor's FY2025/26 Proposed Budget includes several proposals that would impact Employment and Eligibility Services (E&ES) program administration. The division will closely monitor the May Revise and the final State Budget for impacts.

There are currently several proposals for federal funding cuts to social service programs, including Medi-Cal, CalFresh, and other income security programs. With the significant change in federal priorities, it is anticipated that additional budget and policy changes may impact eligibility, program enrollment rates, benefit levels, and/or service delivery for public assistance programs in FY2025/26.

CalFresh, CalWORKs, and General Assistance benefits are delivered to eligible recipients on Electronic Benefit Transfer (EBT) cards, which function like debit cards. Electronic theft of benefits from EBT cards continues to be a significant issue. In 2024, \$2,324,483 in cash and food benefits were stolen from county residents. In most circumstances, benefits must be replaced by Employment and Eligibility staff within 10 days of the reported theft. To combat electronic benefit theft, the State announced that it would be replacing existing EBT cards with new Chip EMV/Tap enabled cards, which was originally scheduled to begin in the summer of 2024. However, CDSS commenced distribution of replacement EMV chip/tap cards in February 2025. The FY2025/26 State budget assumes a significant reduction in skimming as a result of this strategy, but success is largely dependent on retailer adoption of chip/tap EBT card devices and customer use of the tap option.

**Welfare Administration**

Over payment and over issuance claim establishment rule changes mandated by the California Department of Social Services (CDSS) continue to impact the number, recovery time period, and monetary value of claims established. During 2022, the timeframe for CalWORKs overpayment determinations decreased from no time limitation to a maximum of two years preceding notification. CalFresh timelines decreased from three to two years. In addition, a systemic 9-month lag in the receipt of quarterly wage information reported by the Employment Development Department (EDD), coupled with restrictions on the immediate verification of income discrepancies with the payment source and frequently uncooperative on non-responsive clients and employers further increases the demands placed upon staff and negatively impact timely claim establishment and resulting in lowered or no citable claims.

**Older and Disabled Adult Services**

In 2024, Medi-Cal eligibility asset limits were eliminated and eligibility was expanded to include adults aged 26-49 years who qualify by income, regardless of immigration status. These changes are factors in the 11.8% growth in IHSS caseloads compared to a smaller percentage in prior years.

In 2019, Governor Newsom signed an executive order calling for the creation of a Master Plan for Aging (MPA). The State MPA is a 10-year blueprint that reflects California's future vision of and commitment to an age- and ability-forward state. The MPA outlines five key areas related to aging, including housing, health care, equity and inclusion, and affordability of aging. In 2023, ODAS received a \$200,000 Local Aging and Disability Action Plan (LADAP) grant from the California Department of Aging to create a local aging and disability friendly community plan. The 15-month process consisted of 19 community listening sessions of over 361 seniors and people with disabilities capturing 1,011 comments. The information gathered with the community engagement identified trends that are presented in the Solano Master Plan on Aging and Disability report which is available on the Napa / Solano Area Agency on Aging website. The report provides insight into the thoughts and concerns of older adults and adults with disabilities living in Solano County communities.

In addition, Napa/Solano Area Agency on Aging, in collaboration with Independent Living Resources of Solano and Contra Costa Counties, began the second year of the Solano Aging and Disability Resource Connection (ADRC). The ADRC promotes integration of service delivery, one stop information and referrals for more coordination of services between aging service delivery entities, including county and community agencies. By the end of 2024, the ADRC was averaging serving nearly 600 people every month. Funding for continued operation and growth of the ADRC is not certain through stable funding with the California Department of Aging. Federal funding cuts to Aging and Disability Resource Centers are a significant concern, as funding cuts could lead to reduced access to critical services for older adults and people with disabilities, longer wait times, and potentially closure of some centers.

The Home Safe Program offers strategies to address and prevent homelessness and support ongoing housing stability for Adult Protective Services (APS) clients. Clients have received an array of services including, but not limited to information and referral, emergency placement in hotel rooms and provision of temporary housing in residential care facilities and permanent housing. Current program funding expires June 30, 2025.

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## **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

## **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 §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 calendar year 2024:

- IHSS PA continued to recruit providers to the Registry, receiving 448 applications which is 147 or 49% more applications than last year. New interventions were attempted to assist applicants in completing the Registry onboarding such as reducing the wait time to interview, providing one-on-one sessions for onboarding details, and prioritizing provider orientation for Registry provider applicants. Staff were successful at adding 99 new IHSS Caregivers to the Registry which was a 115% increase compared to 2023.
- The average number of active IHSS providers on the Registry was 274, with 137 already fully assigned to work for one or more consumers. The IHSS PA received 1,043 requests for caregivers in 2024. Due to limited available caregivers on the Registry, 87% of IHSS consumers were not able to get matched with a caregiver on the Registry. IHSS PA staff assisted consumers with connections and resources to find alternative caregivers.
- The Backup Provider System (BUPS), implemented in October 2022, allows the IHSS PA to refer or dispatch an emergency caregiver to an IHSS consumer in need of an emergency or backup caregiver for up to 80 hours per fiscal year. In 2024, there were seven requests for emergency providers.

## **WORKLOAD INDICATORS**

In calendar year 2024:

- The IHSS PA maintained an average of 274 providers on the IHSS PA Provider Registry to serve an average of 419 IHSS consumers per month. These providers represent a subset on the 5,821 IHSS paid providers countywide as of November 2024.
- Processed 448 applications from individuals interested in being placed on the IHSS PA Provider Registry, resulting in 99 new providers added.
- Received and processed 1,043 provider list requests from IHSS recipients who requested assistance in finding a provider.
- Provided 3,108 intervention services including intake, information and assistance, mediation to resolve complex issues, and follow-up.
- IHSS PA staff administered health benefits to an average of 1,351 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 20,480 pairs of gloves and 2,070 masks to IHSS consumers upon request.
- IHSS PA advertised the availability of First Aid and CPR classes to all IHSS providers and assisted with their enrollment in the classes and the issuance of their First Aid/CPR card.

**BUREAU BUDGET SUMMARY**

The Recommended Budget represents decreases of \$58,061 or 5.4% in both revenues and appropriations when compared to the FY2024/25 Adopted Budget.

Budget unit 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 – Public Authority Administration is primarily funded with an Operating Transfer-In of \$1,001,305 from the IHSS Public Authority operating fund (Fund 152, BU 1520) to reimburse H&SS for administrative support staff and operating costs.

The Recommended Budget represents a decrease of \$58,061 or 5.4% in revenues and primarily represents a decrease in reimbursement from Fund 152 due to an overall decrease in costs.

Primary Costs

Primary costs for IHSS PA Administration are \$596,849 for Salary and Employee Benefits; \$111,439 for Services and Supplies; \$251,572 for Intra-fund Transfers; and \$51,445 for Other Charges.

The Recommended Budget represents a decrease of \$58,061 in appropriations primarily due to:

- Salaries and Employee Benefits reflect a decrease of \$25,213.
- Services and Supplies reflect a decrease of \$6,771 primarily due to decreases in DoIT charges, computer related controlled assets and membership dues; offset by increases in liability insurance and managed print services.
- Other Charges reflect a decrease of \$20,128 primarily due to decreases in Countywide Administrative Overhead costs and contracted direct services.
- Other Financing Uses reflect a decrease of \$7,470 due to the full redemption of the Pension Obligation Bonds (POBs).
- Intra-fund Transfers reflect an increase of \$1,521 primarily due to higher transfer of salaries and benefits from Older and Disabled Adult Services (ODAS) budget unit for staff support to the IHSS Public Authority, offset by a decrease in H&SS administration costs allocated to BU 7690.

Contracts

The FY2025/26 Recommended Budget includes the following significant contracts:

- \$17,180 for software licenses and maintenance services.
- \$10,000 for provider training and support services.

Fixed Assets

None.

**BUREAU COMMENTS**

None.

**Emery Cowan, Director of Health & Social Services**  
**Health & Public Assistance**

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
MISC REVENUE	10,500	18,750	10,000	(8,750)	(46.7%)
OTHER FINANCING SOURCES	821,075	1,050,616	1,001,305	(49,311)	(4.7%)
<b>TOTAL REVENUES</b>	<b>831,575</b>	<b>1,069,366</b>	<b>1,011,305</b>	<b>(58,061)</b>	<b>(5.4%)</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	622,083	622,062	596,849	(25,213)	(4.1%)
SERVICES AND SUPPLIES	119,948	118,210	111,439	(6,771)	(5.7%)
OTHER CHARGES	51,028	71,573	51,445	(20,128)	(28.1%)
LEASES	2,182	0	0	0	0.0%
OTHER FINANCING USES	6,002	7,470	0	(7,470)	(100.0%)
INTRA-FUND TRANSFERS	30,332	250,051	251,572	1,521	0.6%
<b>TOTAL APPROPRIATIONS</b>	<b>831,575</b>	<b>1,069,366</b>	<b>1,011,305</b>	<b>(58,061)</b>	<b>(5.4%)</b>
<b>NET CHANGE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>

<b>STAFFING</b>					
IHSS - PA ADMINISTRATION	5	4	4	0	0.0%
<b>TOTAL STAFFING</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0.0%</b>

### 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 grows, service needs increase, and fewer applicants are following through on their Registry application.

California Assembly Bill (AB) 283 would transition the collective bargaining for In-Home Supportive Services (IHSS) providers from the current county-level system to a statewide model, where the State would be the employer of record. The Budget Act of 2023 (Chapter 38, Statutes of 2023) required CDSS to prepare an analysis of the costs and benefits of transitioning IHSS collective bargaining from the counties to the State. The required workgroup met throughout 2024 and included representatives from the California State Association of Counties (CSAC), the County Welfare Directors Associations (CWDA), the California Association of Public Authorities (CAPA), IHSS provider unions, and IHSS consumers. The report was released in April 2025 and does not provide a recommendation on whether IHSS collective bargaining should transition from counties to the State, but rather includes a comprehensive analysis of the various fiscal and policy considerations that would be involved in moving bargaining to the State level. A statewide approach could significantly affect County finances, particularly 1991 Realignment funding and County General Fund

California Advancing and Innovating Medi-Cal (CalAIM) is a State initiative to transform California's Medi-Cal program. CalAIM allows for greater service coordination between Medi-Cal managed care and IHSS by allowing managed care plans to provide eligible beneficiaries with personal care and home care services while they await IHSS approval, and if needed, provide services above and beyond authorized IHSS service levels. The Solano County In-Home Supportive Services leadership team has been in memorandum of understanding (MOU) discussions with Kaiser Permanente and Partnership HealthPlan. The process has been guided by the California Welfare Directors Association to ensure optimal services and collaboration.



The IHSS Career Pathways program offered through the California Department of Social Services (CDSS) ended September 2024. The program provided training and stipends to IHSS caregivers who attended classes to advance their careers through approved training vendors. While there have been discussions about starting a similar IHSS provider training program funded by counties, there have been no definitive plans for this service.

Lastly, beginning January 1, 2024, California expanded Medi-Cal eligibility for individuals between the ages of 26 and 49 years who qualify by income regardless of their immigration status. And in 2025, California eliminated asset limits for Medi-Cal eligibility, with the exception of Supplemental Security Income (SSI). Medi-Cal eligibility is now determined solely by income, not by the amount of assets an individual or family possesses. In 2024, there was an 11.8% increase in IHSS recipients, and the number of providers increased by 777 or 13.0%.

**Emery Cowan, Director of Health & Social Services**  
**Health & Public Assistance**
**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), and State Utility Assistance Subsidy (SUAS).

**SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

Projecting the cost of Assistance Programs is challenging, given frequent changes in federal and State regulations for eligibility, duration, fluctuations in caseloads, assistance program criteria, as well as court decisions and economic conditions. The Recommended Budget projections are based on current trends in caseloads. Adjustments, if needed, will be included in the FY2025/26 Midyear Financial Report.

**WORKLOAD INDICATORS**

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

**DIVISION BUDGET SUMMARY**

The Recommended Budget represents increases of \$4,923,367 or 6.8% in both revenues and appropriations when compared to the FY2024/25 Adopted Budget. The County General Fund (CGF) contribution of \$4,337,626 represents a decrease of \$127,570 or 2.9%.

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. The cost to the County General Fund may increase if sales tax revenues are not sufficient to cover costs the non-federal 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, Assembly Bill (AB) 85 (see glossary for definition) changed the 1991 Realignment structure to capture counties' indigent health care savings resulting from California's election to implement Medi-Cal expansion under the Affordable Care Act, and redirect these funds 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 also 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; however, there is no backfill for counties should the 18.45% Health subaccount be insufficient to cover counties' costs.

The Recommended Budget for Assistance Programs projects a \$4,923,367 net increase in revenues compared to the FY2024/25 Adopted Budget primarily due to projected cost increases in Adoptions, Kin-Gap, Foster Care, and CalWORKs, offset by a

## Summary of Division Budget

## 7900 – Fund 902-Assistance Programs Emery Cowan, Director of Health & Social Services Health & Public Assistance

decrease in projected Refugees, General Assistance, ARC Assistance and WINS and SUAS costs. The changes are reflected in the following revenue sources:

- \$1,700,825 increase in State and federal revenues.
- \$3,350,112 increase in combined 1991 and 2011 Realignment revenues.
- \$127,570 decrease in County General Fund contribution.

### Primary Costs

The FY2025/26 Recommended Budget for Assistance Programs projects \$4,923,367 net increase in appropriations compared to the FY2024/25 Adopted Budget. The projected increase is primarily the result of the following:

Adoptions Assistance Program (BU 7901) – \$1,957,215 or 15.2% net increase in appropriations due to increase in projected paid cases based on current trends.

Foster Care Assistance programs – \$1,618,886 or 10.2% net increase in appropriations due to the following:

- Kin-GAP (BU 7902) – Costs are projected to increase by \$136,129 or 7.8% when compared to FY2024/25 Adopted Budget.
- Foster Care (BU 7903) – Costs are projected to increase by \$1,690,944 or 12.4% when compared to FY2024/25 Adopted Budget.
- County Only Foster Care (BU 7908) – Costs are projected to decrease by \$208,187 or 49.7% when compared to FY2024/25 Adopted Budget.

CalWORKs Assistance (BU 7904) – \$1,575,310 or 3.9% net increase in appropriations due to increase in projected paid cases based on current trends.

Refugee Assistance (BU 7906) – \$69,053 or 47.8% net decrease in appropriations due to a decrease in projected paid cases.

General Assistance (BU 7907) – \$110,738 or 3.6% net decrease in appropriations due to decrease in average grant and projected paid cases based on current trends.

Approved Relative Caregiver (BU 7909) – \$15,318 or 10% net decrease in appropriations due to 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)) – \$32,935 or 9.7% decrease in appropriations based on current trends.

### Contracts

The FY2025/26 Recommended Budget includes \$4,166,547 in contracted direct services for the provision of Adoption and Foster Care Wraparound services and \$437,062 in Emergency Child Care Bridge Program for Foster Care. H&SS will return to the Board in June 2025 with a master list of contracts for the Board's consideration.

### Fixed Assets

None.

## **DIVISION COMMENTS**

None.

**7900 – Fund 902-Assistance Programs****Summary of Division Budget**

**Emery Cowan, Director of Health & Social Services**  
**Health & Public Assistance**

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
INTERGOVERNMENTAL REV STATE	47,422,459	44,031,996	55,799,279	11,767,283	26.7%
INTERGOVERNMENTAL REV FEDERAL	16,384,283	23,862,562	17,146,216	(6,716,346)	(28.1%)
GENERAL FUND CONTRIBUTION	4,008,469	4,465,196	4,337,626	(127,570)	(2.9%)
<b>TOTAL REVENUES</b>	<b>67,815,212</b>	<b>72,359,754</b>	<b>77,283,121</b>	<b>4,923,367</b>	<b>6.8%</b>
<b>APPROPRIATIONS</b>					
SERVICES AND SUPPLIES	465,179	651,648	506,326	(145,322)	(22.3%)
OTHER CHARGES	66,984,512	71,708,106	76,776,795	5,068,689	7.1%
<b>TOTAL APPROPRIATIONS</b>	<b>67,449,691</b>	<b>72,359,754</b>	<b>77,283,121</b>	<b>4,923,367</b>	<b>6.8%</b>
<b>NET CHANGE</b>	<b>(365,521)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>

**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

None.

**SUMMARY OF POSITION CHANGES**

There are no positions allocated to this budget.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

Please see pending issues relative to the Assistance Programs which are included under Budget Unit 7680.

## Summary of Other Administered Budgets

## 7900 – Fund 902-Assistance Programs Emery Cowan, Director of Health & Social Services Health & Public Assistance

DETAIL BY REVENUE AND APPROPRIATION OTHER ADMINISTERED BUDGETS	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	20,508,995	23,524,766	24,915,874	1,391,108	5.9%
9600 MHSA	39,381,438	31,119,021	27,867,425	(3,251,596)	(10.4%)
7950 TOBACCO PREVENTION & EDUCATION	473,726	530,027	426,840	(103,187)	(19.5%)
<b>APPROPRIATIONS</b>					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	20,508,995	23,524,766	24,915,874	1,391,108	5.9%
9600 MHSA	32,834,276	38,296,438	40,491,280	2,194,842	5.7%
7950 TOBACCO PREVENTION & EDUCATION	473,726	530,222	426,840	(103,382)	(19.5%)
<b>NET CHANGE</b>					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	0	0	0	0	0.0%
9600 MHSA	(6,547,162)	7,177,417	12,623,855	5,446,438	75.9%
7950 TOBACCO PREVENTION & EDUCATION	0	195	0	(195)	(100.0%)

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

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## **DEPARTMENTAL PURPOSE**

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

## **FUNCTION AND RESPONSIBILITIES**

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

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

## **SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

IHSS PA and SEIU 2015 completed negotiations in 2021, which fixed the IHSS provider wage at \$1.20 over the California State minimum wage. In January 2025, the California minimum wage increased to \$16.50 per hour. As a result of this increase, the Solano IHSS wage is fixed at \$17.70 per hour. IHSS providers in Solano County 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 \$1,391,108 or 5.9% in both revenues and appropriations when compared to the FY2024/25 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 represents an increase of \$1,391,108 or 5.9% in revenues primarily due to the following:

- \$49,997 increase in County General Fund due to increase in IHSS MOE.
- \$731,321 increase in combined State and federal revenues due to increases in projected provider health benefit costs offset by a decrease in IHSS administrative revenue
- \$624,198 increase in 1991 Social Services Realignment revenue representing an increase in share of the IHSS MOE funded with 1991 Realignment.
- \$14,408 decrease in Administration Overhead representing a decrease in Countywide Administrative Overhead.

### Primary Costs

Primary costs for IHSS Public Authority are \$23,902,519 in Other Charges, \$1,001,305 in Operating Transfers-Out, and \$12,050 in Services and Supplies.

The Recommended Budget represents an increase of \$1,391,108 in appropriations primarily due to:

- \$696,926 increase in IHSS MOE primarily representing an annualized adjustment in IHSS MOE for the 4% annual inflation increase per SB 80 (2019).
- \$776,001 increase in Individual Providers-IHSS costs representing the projected increase in health premium payments based on projected provider hours multiplied by \$0.55 hourly approved benefit rate.

## Summary of Other Administered Budgets

## 1520 – Fund 152-IHSS Public Authority Emery Cowan, Director of Health & Social Services Health & Public Assistance

- \$49,311 decrease in Operating Transfers-Out due to decreased costs in BU 7690 to reimburse H&SS for staff time study costs and operating support costs to administer the IHSS Public Authority program.
- \$32,508 decrease in combined Countywide Administrative Overhead offset by an increase in interest expense on county pool.

### Contracts

The FY2025/26 Recommended Budget includes a total of \$5,664,546 in contracted services for estimated health plan costs.

### Fixed Assets

None.

### DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
REVENUE FROM USE OF MONEY/PROP	83,382	0	0	0	0.0%
INTERGOVERNMENTAL REV STATE	8,144,598	10,248,300	11,203,364	955,064	9.3%
INTERGOVERNMENTAL REV FEDERAL	2,188,888	3,139,719	3,540,174	400,455	12.8%
CHARGES FOR SERVICES	6,897	14,813	405	(14,408)	(97.3%)
GENERAL FUND CONTRIBUTION	10,085,230	10,121,934	10,171,931	49,997	0.5%
<b>TOTAL REVENUES</b>	<b>20,508,995</b>	<b>23,524,766</b>	<b>24,915,874</b>	<b>1,391,108</b>	<b>5.9%</b>
<b>APPROPRIATIONS</b>					
SERVICES AND SUPPLIES	6,166	12,050	12,050	0	0.0%
OTHER CHARGES	19,681,754	22,462,100	23,902,519	1,440,419	6.4%
OTHER FINANCING USES	821,075	1,050,616	1,001,305	(49,311)	(4.7%)
<b>TOTAL APPROPRIATIONS</b>	<b>20,508,995</b>	<b>23,524,766</b>	<b>24,915,874</b>	<b>1,391,108</b>	<b>5.9%</b>
<b>NET CHANGE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>

### SUMMARY OF SIGNIFICANT ADJUSTMENTS

The FY2025/26 Recommended Budget includes an increase of \$72,728 in County General Fund share of IHSS MOE compared to the FY2024/25 Adopted Budget.

IHSS MOE adjustments on the FY2019/20 MOE Base, resulting from a 4% annual inflation rate in FY2024/25 and FY2025/26, were funded with 1991 Realignment. In prior years, annual adjustments due to inflation were County General Fund costs.

### SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

### PENDING ISSUES AND POLICY CONSIDERATIONS

IHSS PA and SEIU 2015 labor contract expired on June 30, 2024. When the successor contract is completed, it is anticipated that there will be changes in wages or benefits resulting in increased costs and adjustments.

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**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) §5892(f) to facilitate the MHSA County Fiscal Accountability Certification required by the State. The MHSA funding is managed under the Department of Health and Social Services, Behavioral Health Division.

**FUNCTION AND RESPONSIBILITIES**

MHSA was established in November 2004 with 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.

In March 2024, California voters narrowly passed Proposition 1, the Behavioral Health Services Act (BHSA) which maintains the 1% income tax on personal income in excess of \$1 million and makes significant shifts in how funds are spent and renames the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA). The Behavioral Health Services Act (BHSA) became effective January 1, 2025, with the implementation of changes taking effect in July 2026.

BHSA continues under the oversight of the Behavioral Health Oversight and Accountability Commission (BHSOAC), now known as the “Commission for Behavioral Health” under the Department of Health Care Services (DHCS). Included programs and services will be based upon community specific needs which will include all Behavioral Health funding sources, not just BHSA—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.

**SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

Significant challenges and accomplishments can be found under BU 7780 – Fund 902.

**WORKLOAD INDICATORS**

Per WIC §5847 (a) and (b), counties must prepare and submit a Three-Year Program and Expenditure Plan and annual updates for BHSA programs and expenditures to the (BHSOAC) and the (DHCS). Information related to the Three-Year Program and Expenditure Plan is included under BU 7780 – Fund 902.

**DEPARTMENTAL BUDGET SUMMARY**

The Recommended Budget represents a decrease of \$3,251,596 or 10.4% in revenues and an increase of \$2,194,842 or 5.7% in appropriations when compared to the FY2024/25 Adopted Budget. There is no County General Fund Contribution to this fund. MHSA revenues are directly recognized in this fund and transferred to the Health and Social Services Fund (Fund 902) via Operating Transfer Outs to reimburse MHSA qualifying expenditures.

Fixed Assets

None.



**Summary of Other Administered Budgets****9600 – Fund 906-Mental Health Services Act  
Emery Cowan, Director of Health & Social Services  
Health & Public Assistance**

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
REVENUE FROM USE OF MONEY/PROP	2,113,036	1,559,330	2,148,630	589,300	37.8%
INTERGOVERNMENTAL REV STATE	37,268,394	29,559,691	25,717,695	(3,841,996)	(13.0%)
CHARGES FOR SERVICES	8	0	1,100	1,100	100.0%
<b>TOTAL REVENUES</b>	<b>39,381,438</b>	<b>31,119,021</b>	<b>27,867,425</b>	<b>(3,251,596)</b>	<b>(10.4%)</b>
<b>APPROPRIATIONS</b>					
OTHER CHARGES	3,173	776	466	(310)	(39.9%)
OTHER FINANCING USES	32,831,103	38,295,662	40,490,814	2,195,152	5.7%
<b>TOTAL APPROPRIATIONS</b>	<b>32,834,276</b>	<b>38,296,438</b>	<b>40,491,280</b>	<b>2,194,842</b>	<b>5.7%</b>
<b>CHANGE IN FUND BALANCE</b>	<b>(6,547,162)</b>	<b>7,177,417</b>	<b>12,623,855</b>	<b>5,446,438</b>	<b>75.9%</b>

**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

The decrease of \$3,251,596 in revenues is primarily due to a projected decrease in statewide MHSA revenues when compared to the FY2024/25 Adopted Budget. The State transfers 1.76% of all personal income tax payments to the MHSA fund monthly. An annual adjustment is typically done two years later to reconcile the fund. Depending on the result, the adjustment may be either positive or negative against the State MHSA Fund.

Due to economic conditions in FY2021/22 and FY2022/23, the annual adjustments received in FY2023/24 and FY2024/25 were significantly higher than previous fiscal years. The annual adjustment expected for FY2025/26 is significantly lower primarily due to lower capital gains expected to be realized. Partially offsetting the decrease is an increase in interest income as the fund is yielding higher rates of return.

The increase of \$2,194,842 in appropriations is primarily due to an increase in transfers out to Fund 902 for MHSA program costs to balance the draw against anticipated future revenues.

**SUMMARY OF POSITION CHANGES**

There are no positions allocated to this budget.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

In March 2024, California voters approved Proposition 1, which makes significant revisions to the Mental Health Services Act and authorizes a \$6.4 billion bond to finance supportive housing and behavioral health treatment settings. Proposition 1 renames the Mental Health Services Act to the Behavioral Health Services Act (BHSA), redirects up to 10%, versus 5%, of annual revenues to the State, broadens the eligible uses of funds to include the provision of substance use disorder treatment services, revises the BHSA funding categories, and establishes extensive additional oversight, accountability, and sanction provisions.

## **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), California Tobacco Control Program (CTCP), 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, CTCP. 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 in November 2016, California voters approved a \$2.00 per pack tax on cigarettes and other tobacco products, effective April 1, 2017. This measure provided the Tobacco Prevention and Education Program (TPEP) with additional funding to enhance its comprehensive tobacco control strategy, building upon the existing Proposition 99-funded plan.

The increased funding contributed to the implementation of a robust 2017-2021 Tobacco Prevention Plan. However, funding is now declining as anticipated, driven by multiple factors. The \$2.00 per pack price increase, coupled with local flavor sales restrictions—most notably Senate Bill (SB) 793, signed into law on August 28, 2020, and later affirmed by voters through Proposition 31 in the November 8, 2022 statewide ballot—has encouraged many consumers to either quit or reduce their tobacco consumption.

The TPEP program embarked on a new three-year plan for 2022-2025, starting January 1, 2022. Subsequently, CDPH extended the plan for an additional two years through June 30, 2027. The following are TPEP's three current objectives with the goal of completing by June 30, 2027:

- Collaborate with youth and youth-serving organizations to recruit, retain, develop and train at least ten 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**

In FY2023/24, significant progress was made toward the implementation of a tobacco retail license (TRL) with the City of Vallejo. However, the ordinance stalled due to local retailer objections. In early FY2024/25, collaborative efforts continued forward with multiple meetings with City of Vallejo staff, advocates, and local retailers to find common ground with the ultimate passage of the TRL in December 2024 with a unanimous vote from the Vallejo City Council. This success was a collaborative effort by multiple groups that took the lead and TPEP provided technical assistance. The continued advocacy of youth from Bay Area Community Resource (BACR) Youth Tobacco-Control Advocacy Policy Program (YTAPP) who testified at Vallejo City Council meetings was critical to the final passage of this ordinance.

Between May and July 2024, TPEP recruited six (6) young adult surveyors to attempt purchase of flavored vape products. Surveyors visited sixty-eight (68) licensed tobacco retailers in Solano County, fifty-three (53) in Fairfield and fifteen (15) in Suisun City. In total sixteen (16) retailers sold flavored tobacco products that have a flavor characteristic and or flavor in the product name.

## Summary of Other Administered Budgets      7950 – Fund 390-Tobacco Prevention & Education

### Emery Cowan, Director of Health & Social Services

### Health & Public Assistance

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The majority of sales, fourteen (14), were conducted by Fairfield tobacco retailers and two (2) sales were carried out by Suisun City tobacco retailers. The Project Director has had a meeting with the Fairfield City Manager and is seeking meetings with City Council members as well as reaching out to the Suisun City Manager and City Council Members. TPEP will share these findings with Fairfield and Suisun City leaders and will continue efforts on the implementation of a TRL policy and for a smoke-free multi-unit housing ordinance.

#### WORKLOAD INDICATORS

- In FY2024/25, a community group of ten individuals representing small business owners and community leaders was formed to focus on promoting health and well-being across the local business landscape. The goal is to encourage business owners to shift away from selling tobacco, vape/e-cigarette, nicotine-based products and adopt healthier, more sustainable alternatives.
- Tobacco-Free Solano Coalition members, along with other volunteers, plan to conduct a smoke-free outdoor dining survey in Vacaville, Fairfield, Suisun City, Dixon and Rio Vista to see if opinions have changed since the public opinion polls were conducted in FY2023/24.

#### DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents decreases of \$103,187 or 19.5% in revenues and \$103,382 or 19.5% in appropriations when compared to the FY2024/25 Adopted Budget. There is no County General Fund contribution to this budget.

##### Primary Funding Sources

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

The Recommended Budget represents a decrease of \$103,187 in revenues and is due to a decrease in contracted services needed for the program, therefore reducing the amount of revenue needed.

##### Primary Costs

- Salaries and Employee Benefits reflect an increase of \$5,482 primarily due to an increase in wages, and retirement benefit costs. The increase is partially offset by a decrease health benefit costs and workers' compensation.
- Services and Supplies reflect a decrease of \$80,350 primarily due to a decrease in contracted services, advertising and marketing and travel expense offset by an increase in liability insurance costs.
- Other Charges reflect a decrease of \$26,979 primarily due to decreases in Public Health personnel staff time for TPEP programs and Countywide Administrative Overhead costs.
- Other Financing Uses reflect a decrease of \$1,535 due to the full redemption of the Pension Obligation Bonds (POBs).

##### Fixed Assets

None.

#### DEPARTMENT COMMENTS

None.

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

**Summary of Other Administered Budgets**

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
REVENUE FROM USE OF MONEY/PROP	8,042	6,169	0	(6,169)	(100.0%)
INTERGOVERNMENTAL REV STATE	431,949	509,353	406,346	(103,007)	(20.2%)
CHARGES FOR SERVICES	33,736	14,505	20,494	5,989	41.3%
<b>TOTAL REVENUES</b>	<b>473,726</b>	<b>530,027</b>	<b>426,840</b>	<b>(103,187)</b>	<b>(19.5%)</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	148,182	161,549	167,031	5,482	3.4%
SERVICES AND SUPPLIES	118,582	118,540	38,190	(80,350)	(67.8%)
OTHER CHARGES	205,500	248,598	221,619	(26,979)	(10.9%)
OTHER FINANCING USES	1,462	1,535	0	(1,535)	(100.0%)
<b>TOTAL APPROPRIATIONS</b>	<b>473,726</b>	<b>530,222</b>	<b>426,840</b>	<b>(103,382)</b>	<b>(19.5%)</b>
<b>CHANGE IN FUND BALANCE</b>	<b>(0)</b>	<b>195</b>	<b>0</b>	<b>(195)</b>	<b>(100.0%)</b>

<b>STAFFING</b>					
TOBACCO PREVENTION & EDUCATION	1	1	1	0	0.0%
<b>TOTAL STAFFING</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0.0%</b>

**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

Restrictions on the use of Proposition 56 and Proposition 99 funding for administrative costs will require these costs to be funded with 1991 Health Realignment through interfund services provided by the Public Health Division.

**SUMMARY OF POSITION CHANGES**

There are no changes in position allocation.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

California has strengthened its restrictions on flavored tobacco products through AB 3218 and SB 1230, which went into effect on January 1, 2025. These laws ban the sale of most flavored tobacco products, including e-cigarettes, and prohibit online and delivery sales of prohibited products. The Attorney General is tasked with creating an unflavored tobacco list of permitted products, and penalties are increased for non-compliant retailers. TPEP staff will continue to provide education and offer technical assistance to local partners.

TPEP funding continues to decline as smoking rates decrease.

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

## Emery Cowan, Director of Health & Social Services Health & Public Assistance

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### 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 of 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, effective January 1, 2019. This new entity was formed following the closure of the non-profit in July 2018 that previously served as the program administrator. The Napa/Solano Area Agency on Aging operates via a Joint Exercise of Powers Agreement between Napa and Solano Counties with Solano County, as the lead entity, overseeing the Agency's administration.

In 2023, "designation" status was awarded to the Aging and Disability Resource Connection (ADRC) of Solano. The ADRC is a joint program with Independent Living Resource Center of Contra Costa and Solano Counties. The mandated program integrates multiple resources to create a client focused support system for countywide services.

This budget unit includes administrative costs incurred by the AAA (BU 2161) and direct services costs (BU 2162, 2163, and 2164), and tracks financials for the Napa/Solano Area Agency on Aging (N/S AAA), and the 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 2024:

- The N/S AAA continued to focus on nutrition services and ensuring that all older adults have access to food. N/S AAA contracted for the preparation and delivery of meal boxes to seniors in low-income areas and with a new provider for congregate meals. Funds were also provided for the upgrade of kitchen equipment used in the production of meals for the senior nutrition program.
- The N/S AAA Executive Director continued to co-chair the Data and Outcomes Workgroup of the statewide Aging and Disability Resource Connection (ADRC) Advisory Committee. The 19-member committee includes four AAA directors tasked with identifying and implementing strategies to strengthen, sustain, and expand the ADRC and the 'No Wrong Door' model throughout the State.
- The N/S AAA Executive Director continued to co-chair the Communications Committee for the California Association of Area Agencies on Aging (C4A). The committee is creating a statewide communications strategy and customizable materials for local AAAs to use in local outreach efforts.
- The N/S AAA completed a request for proposal (RFP) for all N/S AAA services. New contracts were awarded for 34 services, including six new providers of services for congregate meals, friendly calling program, emergency assistance, case management, Medicare Improvement for Patients and Providers Act (MIPPA) outreach, and information and assistance services. Under the new contracts, all providers will work with the local ADRC to provide wraparound services for the most vulnerable older adults.
- N/S AAA was asked by CDA to create a new evidence-informed community garden curriculum for the CalFresh Healthy Living SNAP-Ed program. The program will be completed in 2025. Once approved, it will be adopted and available statewide for all local Area Agencies on Aging to use.
- N/S AAA purchased 900, 4-day emergency packs to distribute to low-income older adults. The Red Cross approved backpacks include food, water tablets, blankets, lights, masks, folding canes, and other items which may be needed in a local emergency. The packs are being distributed through N/S AAA service providers and the ADRC.
- The Advisory Council to the N/S AAA took on a more active role in community outreach by attending five separate community tabling events, giving out resource materials and explaining how to connect with services. Members also attended legislative meetings in Sacramento to support senior legislation.

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

Emery Cowan, Director of Health & Social Services

Health & Public Assistance

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- AgeWell e-newsletter, written and produced by the Advisory Council to the N/S AAA, moved from a quarterly publication to bi-monthly with a circulation of over 20,000 older adults.
- N/S AAA released a new Area Plan in May. The plan outlines the focus areas and services for the next four years and aligns with the statewide Master Plan for Aging. Implementation of the new plan begins in July 2025.
- N/S AAA continued as the lead project manager for the grant to create a countywide strategy for localizing the statewide Master Plan for Aging. The Local Aging and Disability Action Planning grant program builds on local survey data and includes new community input to present a report for creating a blueprint for incorporating age-friendly focus into planning processes.

### WORKLOAD INDICATORS

- In 2024, the N/S AAA created and monitored 68 separate contracts and amendments with 20 different service providers supporting 42 different types of services. This is a 282% increase in types of services being provided compared to 2018 when Solano County assumed the role of the Napa/Solano Area Agency on Aging when there were 11 different services being provided and funded.
- Through nonprofit service providers, the N/S AAA provided over 175,000 meals to homebound seniors, connected over 12,000 older and disabled adults to services, made 36,000 phone calls to check on homebound older adults, provided over 5,000 rides by volunteers, and installed over 650 assistive devices to help reduce falls for 95 individuals.
- As the complexity of the N/S AAA program grows along with the needs of Solano County seniors and people with disabilities, staff look for creative ways to expand service delivery to reach more people. In February 2025, three program staff members will be dedicated to the N/S AAA program.
- In 2024, the ADRC served an average of 600 clients per month, of which 20% on average needed assistance with Medicare benefits.

### DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents decreases of \$191,402 or 2.7% in revenues and in appropriations when compared to the FY2024/25 Adopted Budget. This Department is primarily comprised of contracted direct services and an Operating Transfers 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 \$6,094,716 in combined federal and State revenues, a contribution of \$231,898 from Napa County and \$635,983 in Solano County General Fund, and \$20,000 from the Public Health Division.

The Recommended Budget represents a decrease of \$191,402 in revenues primarily due to:

- Increase of \$77,896 in combined federal and State revenues (excluding COVID-19 funding) primarily due to an increase in funding from the California Department of Aging.
- Decrease of \$367,828 in COVID-19 Pass-through revenues primarily due to the expiration of various one-time COVID-19 related funding.
- Decrease of \$21,958 in Other Revenues represents a decrease in Napa County's share for the overall administration costs of N/S AAA.
- Increase of \$120,488 in Operating Transfers In represents a \$120,488 increase in share of Solano County General Fund due to the overall increase in the administration costs of N/S AAA.

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

## Emery Cowan, Director of Health & Social Services

### Health & Public Assistance

#### Primary Costs

The Recommended Budget includes \$6,982,597 in appropriations, a decrease of \$191,402 or 2.7% when compared to the FY2024/25 Adopted Budget. Primary costs include:

- \$5,564,781 in Contracted Direct Services to provide various supportive services, home-delivered and congregate meals, nutrition counseling and education, ombudsman services, and elder abuse prevention.
- \$61,271 in Countywide Administrative Overhead costs.
- \$1,356,545 in Operating Transfers Out to Fund 902, Bureau 7685, which represents \$498,316 in Salaries and Employee Benefits and \$886,421 for other operating expenditures to administer the N/S AAA program.

#### Contracts

The FY2025/26 Recommended Budget includes a total of \$5,564,781 or 79.7% in contracted direct program services. H&SS will return to the Board in June 2025 with a master list of contracts for the Board's consideration.

#### Fixed Assets

None.

#### DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
INTERGOVERNMENTAL REV STATE	4,217,538	2,938,694	2,618,340	(320,354)	(10.9%)
INTERGOVERNMENTAL REV FEDERAL	3,398,202	3,445,954	3,476,376	30,422	0.9%
MISC REVENUE	123,036	253,856	231,898	(21,958)	(8.6%)
OTHER FINANCING SOURCES	338,651	535,495	655,983	120,488	22.5%
<b>TOTAL REVENUES</b>	<b>8,077,427</b>	<b>7,173,999</b>	<b>6,982,597</b>	<b>(191,402)</b>	<b>(2.7%)</b>
<b>APPROPRIATIONS</b>					
OTHER CHARGES	7,035,000	5,831,519	5,626,052	(205,467)	(3.5%)
OTHER FINANCING USES	1,076,949	1,342,480	1,356,545	14,065	1.0%
<b>TOTAL APPROPRIATIONS</b>	<b>8,111,949</b>	<b>7,173,999</b>	<b>6,982,597</b>	<b>(191,402)</b>	<b>(2.7%)</b>
<b>NET COUNTY COST</b>	<b>34,522</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>

#### SUMMARY OF SIGNIFICANT ADJUSTMENTS

On March 12, 2024, the Board approved the addition of 1.0 FTE Office Coordinator (TBD) position to provide support to the Napa/Solano Area Agency on Aging pending a review and recommendation by the Department of Human Resources (HR). HR reviewed the work requirements and determined the appropriate classification to be a Project Manager. The Operating Transfers In increase of \$120,488 represents an increase for Solano County's funding share for the Project Manager added in ODAS-AAA Administration (BU 7685). The cost of the position is split in accordance with the program sharing ratios between Napa and Solano Counties.

#### SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

#### PENDING ISSUES AND POLICY CONSIDERATIONS

The broad-based CalAIM 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 contract directly with the

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

**Emery Cowan, Director of Health & Social Services**

**Health & Public Assistance**

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managed care plans (Partnership HealthPlan and Kaiser Permanente), some 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.

A reduction in federal funding for senior nutrition programs, which began in FY2024/25 with a reduction to the Nutrition Services Incentive Program (NSIP) funding, combined with the increased demand for home delivered meals and increase in operational costs, has resulted in waiting lists for meals. Wait lists are anticipated to continue to increase as federal and State funding for several programs has been reduced or eliminated while costs continue to increase.

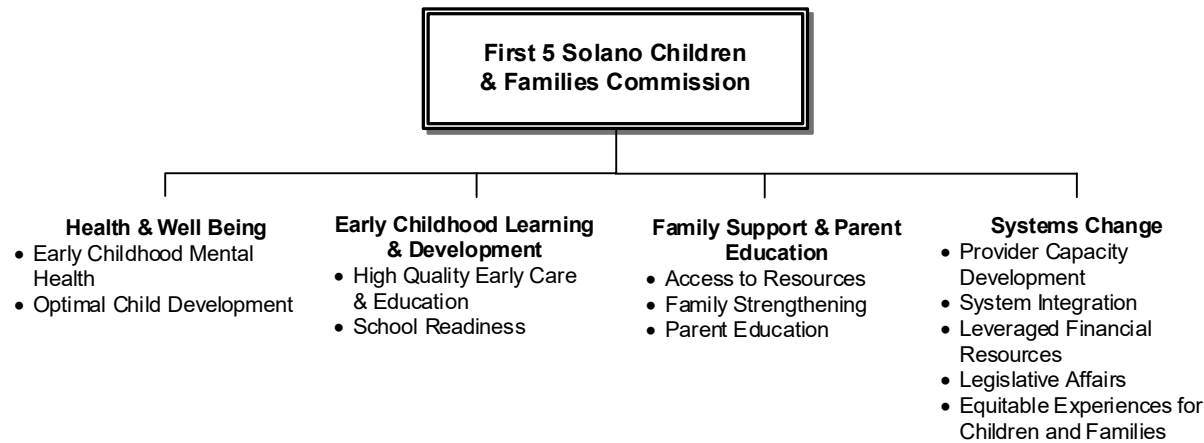
The California Department of Aging continues to increase the number of required reports and level of data and details collected from AAAs and their service providers. The additional data requirements create undue burden on AAAs and providers. Some service providers have already declined contracts due to the reporting requirements and future contracts may be in jeopardy if data reporting requirements grow.

Emergency preparedness for wildfires and power outages will continue to be especially critical for home bound older and disabled adults in rural areas. Identifying at-risk individuals and ensuring a support plan is in place for individuals and service providers will increase in importance.

Many of the priorities included in the statewide Master Plan for Aging are being mandated locally, which includes 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.

Lastly, the Solano Master Plan for Aging and Disability report was released in April 2025. The 15-month process to develop the plan, funded by a local planning grant received from the California Department of Aging, consisted of 19 community listening sessions of over 361 participants. Older adults and adults with disabilities living in Solano County provided their input on what the ideal age and disability friendly community would look like. The information gathered through the community engagement identified trends that are presented in the Solano Master Plan for Aging and Disability report which is available on the Napa/Solano Area Agency on Aging website. The report provides insight into the thoughts and concerns of older adults and adults with disabilities living in Solano County communities.





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:	
FY2024/25 Midyear Projection:	9,363,319
FY2025/26 Recommended:	7,827,744
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, early literacy, and a childcare and early learning facility.
- Family Support and Parent Education, including family strengthening services, First 5 Centers, and evidence-based parent education.

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 inclusive and equitable. Activities in this priority area include cross system collaboration, increasing capacity of early childhood providers, advocating for legislative and policy change, and expanding financial resources for the early childhood system. The systems building cross initiative approach includes funding a referral call center known as “Help Me Grow Solano” to increase the connection of young children to services and increase the number of developmental screenings for children.

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

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**SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

- Over the last year, provided services to over 11,000 Solano residents, including children, parents/caregivers and providers of services to young children.
- Continued overseeing the renovation of Rise Vallejo Early Learning Center (Rise Vallejo), supported by multiple partners, including Solano County, First 5 Solano, Child Start, Inc., the Solano County Office of Education (SCOE), the State of California, the City of Vallejo, and others, with the goal of serving up to 250 children ages 0-5 and their families annually with child care and early learning opportunities, set to fully open in the summer 2026.
- Implemented the second year of the Commission's 2023-2028 Program Investment Plan to support young children and their families in the community, including:
  - In its seventh year, Help Me Grow Solano assisted over 3,200 children and parents/caregivers through the Help Me Grow Solano call center; a national model for connecting young children and families to essential services in their community. This included over 600 developmental screenings for children who may be at risk of developmental or behavioral concerns.
  - Worked with Solano HEALS - Aliados Health and Solano Health and Social Services to train 13 African American Doulas to provide prenatal and postpartum support to African American mothers. This is in addition to the 14 African American Doulas trained in the prior fiscal year.
  - Provided Triple P Positive Parenting Program to over 1,350 families through four community partners, including workshops, brief intervention, targeted intervention, and groups.
  - 792 families who completed a class series and completed a post-series survey demonstrated increased knowledge and awareness of healthy behaviors and activities such as 1) Increased awareness of healthy eating for kids; 2) Increased ability to implement age-appropriate activities; and 3) Increased understanding of the importance of preschool and kindergarten readiness activities.

**WORKLOAD INDICATORS**

- From July 1, 2024, to June 30, 2025, First 5 Solano managed over 50 ongoing contracts and Memorandums of Understanding totaling approximately \$5.1 million, which provided services to over 11,000 Solano residents.
- In partnership with Child Start, Inc., continued the design and renovation of Rise Vallejo Early Learning Center in preparation for partial operations beginning in August 2025, opening up to seven classrooms.
- Provided 4,238 referrals and connections to services to 2,078 families and 617 developmental screenings through Help Me Grow Solano.

## Functional Area Summary

## 1530 – Fund 153-First 5 Solano Children & Families

Michele Harris, Executive Director  
Health & Public Assistance

DETAIL BY REVENUE AND APPROPRIATION FUNCTIONAL AREA	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
FIRST 5 SOLANO	11,262,965	3,694,817	3,703,104	8,287	0.2%
<b>TOTAL REVENUES</b>	<b>11,262,965</b>	<b>3,694,817</b>	<b>3,703,104</b>	<b>8,287</b>	<b>0.2%</b>
<b>APPROPRIATIONS</b>					
FIRST 5 SOLANO	10,085,929	8,155,773	7,827,744	(328,029)	(4.0%)
<b>TOTAL APPROPRIATIONS</b>	<b>10,085,929</b>	<b>8,155,773</b>	<b>7,827,744</b>	<b>(328,029)</b>	<b>(4.0%)</b>
<b>CHANGE IN FUND BALANCE</b>					
FIRST 5 SOLANO	(1,177,037)	4,460,956	4,124,640	(336,316)	(7.5%)
<b>CHANGE IN FUND BALANCE</b>	<b>(1,177,037)</b>	<b>4,460,956</b>	<b>4,124,640</b>	<b>(336,316)</b>	<b>(7.5%)</b>

### DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents an increase of \$8,287 or 0.2% in revenues and decrease of \$328,029 or 4.0% in appropriations when compared to FY2024/25 Adopted Budget. The projected shortfall of \$4,124,640 will come from the Commission's Fund Balance, as these expenditures, primarily for costs associated renovations for the Early Learning Center (Rise Vallejo), are covered by revenues received in prior years.

The FY2025/26 Recommended Budget implements the third year of the Commission's 2023-2028 Program Investment Plan.

#### Primary Funding Sources

The primary ongoing funding source for First 5 Solano is Proposition 10 Tobacco Tax, received from the statewide collection of this tax.

The FY2025/26 Recommended Budget includes a net increase of \$8,287 of 0.2% in revenue primarily due to an increase in Charges for Services for staff support for the Mental Health Services Act Prevention and Early Intervention Program, offset by a decrease in Proposition 10 Tobacco Tax and interest income.

#### Primary Costs

The Recommended Budget includes a decrease of \$328,029 or 4.0% in appropriations primarily due to decreases in contract expenditures.

First 5 Solano will be providing \$3.9 million to community agencies to implement services and programs in alignment with the Commission's Strategic Plan with an additional \$2.9 million to continue renovations and provide year one operations for Rise Vallejo.

#### Contracts

The FY2025/26 Recommended Budget includes the following significant contracts:

- \$2,883,000 for Early Learning Center renovations and year one operations (Rise Vallejo).
- \$783,500 for family strengthening and support services at the Vallejo First 5 Center, Children's Network and Rio Vista CARE.
- \$548,000 for Systems Change support activities.
- \$480,000 for the Help Me Grow Solano call center with Solano Family & Children's Services.
- \$425,000 for Triple P Parent Education – Parents by Choice, Child Start, Fairfield Suisun Unified School District.
- \$160,000 for annual grants.

## 1530 – Fund 153-First 5 Solano Children & Families

## Functional Area Summary

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

- \$150,000 for Aliados Health for the Solano HEALs program and Early Periodic Screening and Diagnostic and Treatment (EPSDT) support with Solano County Health and Social Services.
- \$100,000 for quality early care and education services with Solano County Office of Education.

### Fixed Assets

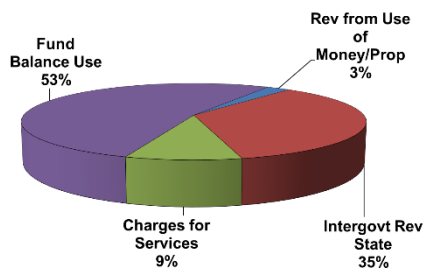
None.

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

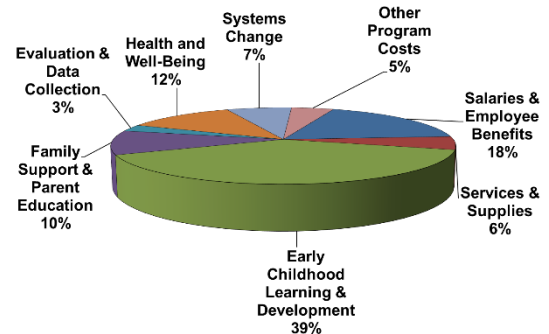
### DEPARTMENTS COMMENTS

None.

**SOURCE OF FUNDS**



**USE OF FUNDS**



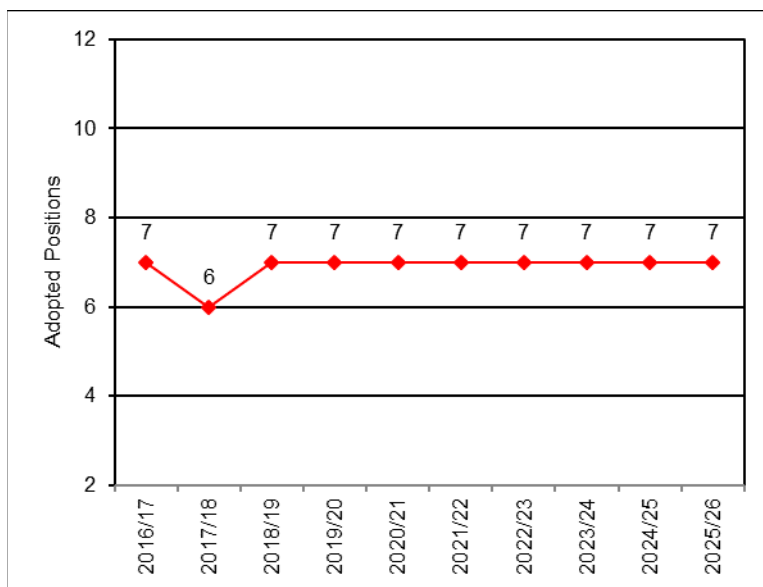
DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
REVENUE FROM USE OF MONEY/PROP	676,142	275,000	200,000	(75,000)	(27.3%)
INTERGOVERNMENTAL REV STATE	9,588,803	2,790,390	2,753,677	(36,713)	(1.3%)
CHARGES FOR SERVICES	680,959	624,427	724,427	100,000	16.0%
MISC REVENUE	317,062	5,000	25,000	20,000	400.0%
<b>TOTAL REVENUES</b>	<b>11,262,965</b>	<b>3,694,817</b>	<b>3,703,104</b>	<b>8,287</b>	<b>0.2%</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	1,245,166	1,353,296	1,396,206	42,910	3.2%
SERVICES AND SUPPLIES	386,307	423,608	425,452	1,844	0.4%
OTHER CHARGES	7,642,307	6,365,956	6,006,086	(359,870)	(5.7%)
OTHER FINANCING USES	812,149	12,913	0	(12,913)	(100.0%)
<b>TOTAL APPROPRIATIONS</b>	<b>10,085,929</b>	<b>8,155,773</b>	<b>7,827,744</b>	<b>(328,029)</b>	<b>(4.0%)</b>
<b>CHANGE IN FUND BALANCE</b>	<b>(1,177,037)</b>	<b>4,460,956</b>	<b>4,124,640</b>	<b>(336,316)</b>	<b>(7.5%)</b>

### SUMMARY OF SIGNIFICANT ADJUSTMENTS

Construction and renovation activities for the Fairfield First 5 Center and Rise Vallejo are expected to continue throughout FY2025/26, with the completion of both projects in early FY2026/27.

### SUMMARY OF POSITION CHANGES

There are no changes in position allocation.

**STAFFING TREND****PENDING ISSUES AND POLICY CONSIDERATIONS**

First 5 Solano is continuing to seek ways to sustain and even expand the early childhood system as its revenues and reserves decline. First 5 Solano has 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 making legislative and policy changes.

Two significant capital projects, the Fairfield First 5 Center and the Rise Vallejo will continue to require additional contracts for services, Requests for Proposals, and policies and procedures to be established to prepare for each effort's operation. Construction at the Fairfield First 5 Center began March 2025 with an anticipated completion date in Spring 2026. This project is funded by a state earmark. Construction at the Rise Vallejo Early Learning Center began January 2025, with the initial phase (seven classrooms) targeted for completion in August 2025. This project is utilizing a variety of funding sources, including American Rescue Plan Act (ARPA), First 5 Solano funds, a state earmark, and grants. As both projects are subject to rising construction and material costs, staff will continue to monitor project budgets and provide updates to the Board as necessary.

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

DETAIL BY REVENUE AND APPROPRIATION OTHER ADMINISTERED BUDGETS	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
1570 GRANTS/PROGRAMS ADMIN	1,903,925	2,348,970	3,457,352	1,108,382	47.2%
<b>APPROPRIATIONS</b>					
1570 GRANTS/PROGRAMS ADMIN	1,214,762	2,938,076	3,797,643	859,567	29.3%
<b>NET CHANGE</b>					
1570 GRANTS/PROGRAMS ADMIN	(689,163)	589,106	340,291	(248,815)	100.0%

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

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**DEPARTMENTAL PURPOSE**

This budget unit includes Board approved programs/contributions such as the Community Investment Fund, which are outside of the scope of First 5 Solano Children and Families Commission (First 5 Solano) but managed by First 5 Solano on behalf of the County.

**FUNCTION AND RESPONSIBILITIES**

On behalf of the Board, the County Administrator's Office initiated a Community Investment Fund (CIF) to address the greatest human services needs in the county. This effort resulted in the creation of a durable framework of desired outcomes with clearly defined indicators to support a process that directs \$2 million in General Fund resources toward the highest needs in the county.

After the initial three-year funding cycle which began in 2020, a CIF Planning Group was formed to evaluate progress toward meeting the objectives of the fund, consider new information in each area as the landscape had changed over the last three years, and present any modifications that should be made to better improve achieving outcomes within the durable framework. The CIF Planning Group reaffirmed the top priority human services needs in Solano County:

- Priority Need 1: Mental Health – Upon consultation with the Mental Health Chief Deputy Director in Health & Social Services, the planning team recommended continuing the overarching community goal to “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 – Since housing is primarily developed within the boundaries of cities, the recommendation is the Board continue investing in the Solano County Housing Trust Fund to increase the supply of affordable housing under the community goal of “reducing homelessness.”
- Priority Need 3: Homelessness – Upon consultation with CAP Solano Administration (the designee for homelessness issues in Solano County) the planning team recommended that the Board continue to support the community goal to “reduce homelessness” by addressing prevention services.
- Priority Needs 4-6: Early Education, Youth Development, Safe and Stable Environments for Children – While mental health, housing, and homelessness continue to be the highest priorities, early education, youth development, and safe and stable environments for children were also identified as needs.

The Planning Group also reaffirmed the CIF’s three-pronged approach which includes:

1. Legacy Programs—three-year commitment to sustain programs previously funded by the Board to serve a specific population.
2. Deep Programming—three-year commitment to address the top three priority needs. Community partners are selected following the County’s Purchasing Policy, utilizing a competitive 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 six priority needs. Community partners are selected by a competitive Request for Proposals process.

This budget contains \$2,775,000 to implement deep programming and \$365,000 to implement one-time annual grants. This includes \$1,325,000 in matching funds from All Home, and \$150,000 in new funding from the Solano Transportation Authority (STA). All Home and STA funds are exclusively dedicated for the Keep People Housed Solano program under Deep Programming. Funds associated with Legacy Programs are included in the budget units associated with those programs and are not included in this budget unit.

In addition to the above, Board of Supervisors established a \$250,000 Emergency Fund. This fund will address one-time emergency projects for agencies who offer services addressing one or more of the six priority CIF needs. Any established nonprofit that is facing an emergency and needs bridge funding to remain operational in the county can apply to this Emergency Fund. These applications will be considered directly by the Board after a comprehensive application review process is conducted. The \$250,000 Emergency Fund is only utilized if necessary.

This budget unit also includes \$207,643 to manage and operate the CIF, which includes one Contract and Programs Manager position and contributions for supervision and overall management of the Community Investment Fund.

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

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### **SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS**

- Five community partners with annual grants have provided 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:
  - Successfully assisted 80 families with housing support, maintaining 100% engagement in Family Resource Center services and a 100% retention rate for housing stability within 30 days.
  - Continued the SolanoConnex web app to connect residents to mental and emotional health services in the community. Also offered Be Sensitive, Be Brave training to front-line workers.
  - Conducted 20 Triple P Parenting group sessions and served 120 unduplicated clients, with 98% reporting increased knowledge of parenting skills.
  - Conducted over 100 food distribution events, far surpassing the goal, serving over 30,000 Solano County residents.

### **WORKLOAD INDICATORS**

- Managed eight contracts for the Community Investment Fund.
- Launched Keep People Housed -Solano in November 2024; received over 500 applications in the first 6 weeks, with an average of \$3,106 provided to approved applications.

### **DEPARTMENTAL BUDGET SUMMARY**

The Recommended Budget represents an increase of \$1,108,382 or 47.2% in revenues and an increase of \$859,567 or 29.3% in appropriations when compared to the FY2024/25 Adopted Budget. The Recommended Budget includes a General Fund Contribution of \$1,902,352, an increase of \$183,382 or 10.7% over the FY2024/25 Adopted Budget.

#### Primary Funding Sources

The primary funding source for the budget is County General Fund. Miscellaneous Revenue of \$1,475,000 reflect anticipated funding from All Home and STA to match the County's contribution toward the Homeless Prevention Strategy.

#### Primary Costs

The Recommended Budget includes a \$859,567 increase in appropriations, primarily due to increased match funding from All Home and STA.

#### Contracts

The FY2025/26 Recommended Budget includes the following significant contracts:

- \$2,175,000 in Homelessness Prevention services to United Way California Capital Region.
- \$600,000 for navigation to mental health services to Touro University California.
- \$365,000 Annual Grants-multiple contracts which will be selected through a Request for Proposals process.

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

### **DEPARTMENT COMMENTS**

None.



**Summary of Other Administered Budgets****1570 – Fund 151-Grants/Programs Administration****Michele Harris, Executive Director  
Health & Public Assistance**

<b>DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY</b>	<b>2023/24 ACTUAL</b>	<b>2024/25 ADOPTED BUDGET</b>	<b>2025/26 RECOMMENDED</b>	<b>FROM ADOPTED TO RECOMMENDED</b>	<b>PERCENT CHANGE</b>
<b>REVENUES</b>					
REVENUE FROM USE OF MONEY/PROP	55,627	30,000	80,000	50,000	166.7%
MISC REVENUE	200,000	600,000	1,475,000	875,000	145.8%
GENERAL FUND CONTRIBUTION	1,648,298	1,718,970	1,902,352	183,382	10.7%
<b>TOTAL REVENUES</b>	<b>1,903,925</b>	<b>2,348,970</b>	<b>3,457,352</b>	<b>1,108,382</b>	<b>47.2%</b>
<b>APPROPRIATIONS</b>					
SALARIES AND EMPLOYEE BENEFITS	0	176,236	168,300	(7,936)	(4.5%)
SERVICES AND SUPPLIES	0	0	3,294	3,294	0.0%
OTHER CHARGES	1,214,762	2,560,207	3,426,049	865,842	33.8%
OTHER FINANCING USES	0	201,633	200,000	(1,633)	(0.8%)
<b>TOTAL APPROPRIATIONS</b>	<b>1,214,762</b>	<b>2,938,076</b>	<b>3,797,643</b>	<b>859,567</b>	<b>29.3%</b>
<b>NET CHANGE</b>	<b>(689,164)</b>	<b>589,106</b>	<b>340,291</b>	<b>(248,815)</b>	<b>(42.2%)</b>

**SUMMARY OF POSITION CHANGES**

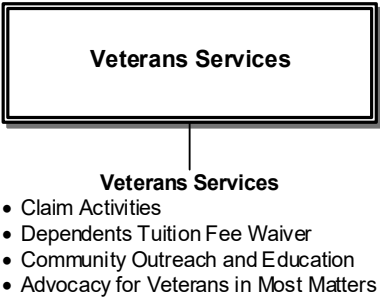
There are no changes in position allocation.

**SUMMARY OF SIGNIFICANT ADJUSTMENTS**

None.

**PENDING ISSUES AND POLICY CONSIDERATIONS**

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



DEPARTMENTAL PURPOSE

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

<b>Budget Summary:</b>	
FY2024/25 Midyear Projection:	1,137,700
FY2025/26 Recommended:	1,390,828
County General Fund Contribution:	1,140,828
Percent County General Fund Supported:	82.0%
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 Veteran Service Office (CVSO) serves more than 31,000 veterans, their families, and dependents in Solano County, helping them gain access to the benefits and services they have earned as part of their military service. The CVSO continues to look for ways to best serve clients, including offering them opportunities for walk-in appointments, scheduled appointments, and appointments with a Benefit Counselor at Travis Air Force Base. The department filed 1,707 claims in the first ten months of FY2024/25, resulting in \$4.68 million in monetary benefits for veterans and their dependents.

WORKLOAD INDICATORS

CVSO is currently providing service to more than 100 clients per day, which includes a combination of walk-in, virtual and scheduled appointments, phone appointments, and email correspondence at the Fairfield office and Travis Air Force Base locations.

## Functional Area Summary

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

DETAIL BY REVENUE AND APPROPRIATION FUNCTIONAL AREA	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
<b>REVENUES</b>					
VETERANS SERVICES	425,990	550,000	250,000	(300,000)	(54.5%)
<b>TOTAL REVENUES</b>	<b>425,990</b>	<b>550,000</b>	<b>250,000</b>	<b>(300,000)</b>	<b>(54.5%)</b>
<b>APPROPRIATIONS</b>					
VETERANS SERVICES	1,078,475	1,361,659	1,390,828	29,169	2.1%
<b>TOTAL APPROPRIATIONS</b>	<b>1,078,475</b>	<b>1,361,659</b>	<b>1,390,828</b>	<b>29,169</b>	<b>2.1%</b>
<b>NET COUNTY COST</b>					
VETERANS SERVICES	652,485	811,659	1,140,828	329,169	40.6%
<b>NET COUNTY COST</b>	<b>652,485</b>	<b>811,659</b>	<b>1,140,828</b>	<b>329,169</b>	<b>40.6%</b>

<b>STAFFING</b>					
VETERANS SERVICES	8	8	8	0	0.0%
<b>TOTAL STAFFING</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>0.0%</b>

### DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents a decrease of \$300,000 or 54.5% in state subvention revenues and an increase of \$28,169 or 2.1% in appropriations when compared to the FY2024/25 Adopted Budget, resulting in an increase in Net County Cost of \$329,169.

#### Primary Funding Sources

The CVSO is primarily funded by the County General Fund and Intergovernmental funding from the State. Revenues are received from the State through a subvention program that helps offset costs to counties for providing services to veterans. This funding is distributed based on individual counties' workload data. Solano County anticipates receiving \$250,000 in subvention funding in FY2025/26.

#### Primary Costs

Salaries and Employee Benefits represent an increase of \$27,216 primarily due to increases in wages, retirement and health benefit costs. Services and Supplies represent an increase of \$16,872 primarily due to increases in computer equipment replacement costs.

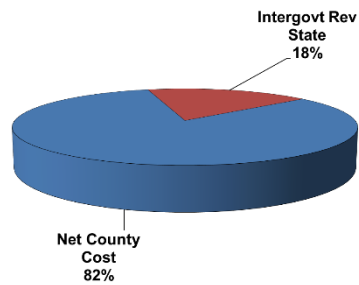
#### Fixed Assets

None.

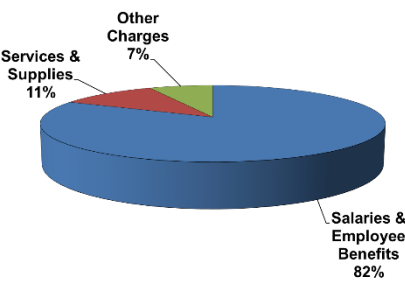
### DEPARTMENT COMMENTS

None.

SOURCE OF FUNDS



USE OF FUNDS



DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2023/24 ACTUAL	2024/25 ADOPTED BUDGET	2025/26 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	425,990	550,000	250,000	(300,000)	(54.5%)
TOTAL REVENUES	425,990	550,000	250,000	(300,000)	(54.5%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	845,502	1,112,885	1,140,101	27,216	2.4%
SERVICES AND SUPPLIES	120,395	134,007	150,879	16,872	12.6%
OTHER CHARGES	100,204	102,072	97,648	(4,424)	(4.3%)
OTHER FINANCING USES	8,192	9,995	0	(9,995)	(100.0%)
INTRA-FUND TRANSFERS	4,182	2,700	2,200	(500)	(18.5%)
TOTAL APPROPRIATIONS	1,078,475	1,361,659	1,390,828	29,169	2.1%
NET COUNTY COST	652,485	811,659	1,140,828	329,169	40.6%

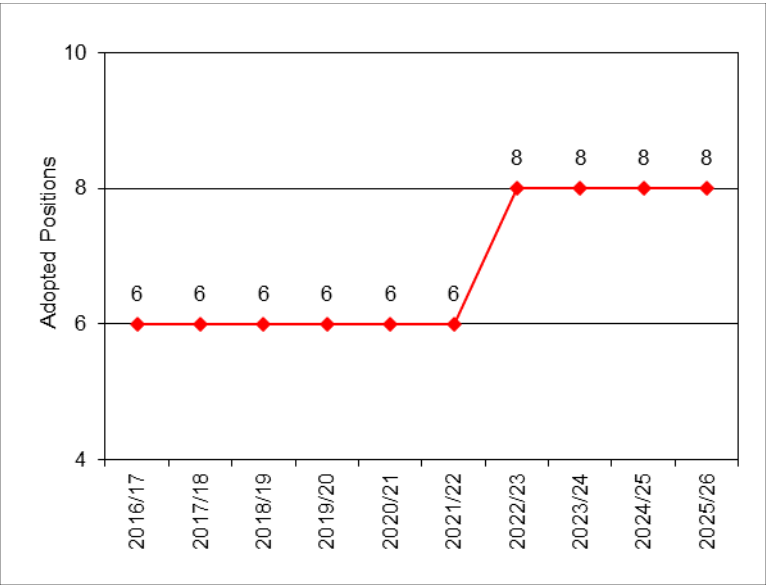
SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

There are no changes in position allocation.

STAFFING TREND



PENDING ISSUES AND POLICY CONSIDERATIONS

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

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