

DEPARTMENTAL PURPOSE

The Department of Health and Social Services (H&SS) provides cost-effective services that promote self-reliance and safeguard the physical, emotional, and social well-being of the residents of Solano County. The Department administers Health, Mental Health, and Social Service programs that counties are mandated to provide under State and federal law.

Budget Summary:	
FY2022/23 Midyear Projection:	404,069,076
FY2023/24 Recommended:	453,052,209
County General Fund Contribution:	38,477,788
Percent County General Fund Supported:	8.5%
Total Employees (FTEs):	1,388.20

FUNCTION AND RESPONSIBILITIES

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

Administration Budget (BU 7501) provides day-to-day executive management and direction, budget and fiscal management, compliance activities, contract management, payroll, recruitment, and departmental training.

Behavioral Health Services Budget (BU 7780) includes the Mental Health Plan and Substance Abuse Programs. The division provides treatment, case management, rehabilitation, and community support services to seriously emotionally disturbed youth and mentally ill adults. The programs include emergency psychiatric services and involuntary hospitalizations. Proposition 63, the Mental Health Services Act (MHSA) (see glossary for definition), provides a large portion of the funds for intensive case management for high-risk clients and funds a variety of early intervention and prevention services, information technology projects to assist with this work, and supportive housing. The Substance Abuse program provides assessment, authorization, and treatment services through a subcontract with the Partnership HealthPlan of California (PHC) under a federally approved Organized Delivery Services (ODS) regional model. Substance Abuse also provides case management and sober living housing for clients through the federal Substance Abuse Block Grant (SABG) previously funded under the Proposition 47 grant program which expired in September 2021.

Social Services Budget (BU 7680) includes Employment and Eligibility Services, Welfare Administration, Child Welfare Services, and Older and Disabled Adult Services, which includes the Public Guardian’s Office, Napa/Solano Area Agency on Aging (AAA) serving Planning Service Area (PSA) 28, and In-Home Supportive Services (IHSS) Public Authority.

Employment and Eligibility Services (E&ES) promotes self-sufficiency by assisting low-income families and individuals with obtaining employment, access to health care, and food and cash assistance.

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

Child Welfare Services (CWS) intervenes on behalf of children who need protection from abuse and neglect. The functions of CWS include programs to strengthen families, adoption assistance, foster home licensing, placement assessment, and independent living guidance so children may grow into healthy, productive adults.

Older and Disabled Adult Services (ODAS) focuses on comprehensive, integrated assistance for older and disabled adults, including domestic and personal in-home care services (In-Home Supportive Services (IHSS)), the investigation and prevention of elder abuse and neglect, and assistance accessing Medi-Cal (see glossary for definition), CalFresh (see glossary for definition) and cash assistance programs. ODAS IHSS staff provide coordinated case management services which include program eligibility, intake assessments, annual reassessments, community referral resources, payroll assistance, and referrals to the IHSS Public Authority - Administration for recipient – provider matching services. The Public Guardian's Office serves as the County's guardian/conservator. Appointed by the Courts for individuals who are unable to care for themselves and/or manage their own affairs, the Public Guardian also serves as the Public Administrator when the decedent has no next of kin. The Public Administrator directs the disposition of remains and decedents' estate, as needed. ODAS integrated under the Public Health Division in 2015.

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

IHSS Public Authority-Administration Budget (BU 7690) includes H&SS staff and operating expenditures needed to fulfill the requirements for administering the IHSS Public Authority responsibility under a Memorandum of Understanding with the IHSS Public Authority Board (provider payments are not included in the County budget; wages are paid directly to the provider by the State).

Public Assistance Programs Budget (BU 7900) includes federal, State and County funding for all of the welfare cash assistance programs administered by H&SS. Programs include California Work Opportunity and Responsibility to Kids (CalWORKs) (see glossary for definition), Refugee Resettlement, Adoptions Assistance Program, Foster Care Assistance, General Assistance (GA) funding, Approved Relative Caregiver (ARC) funding, Work Incentive Nutritional Supplement (WINS), State Utility Assistance Subsidy (SUAS), and Low Income Home Energy Assistance Program (LIHEAP). H&SS also administers the CalFresh (see glossary for definition) program eligibility; however, CalFresh (food subsidy) benefits are issued directly to the recipient via a debit card from the State; thus, these costs are not included in the County budget.

Family Health Services Budget (BU 7580) includes operations of the Federally Qualified Health Center (FQHC) medical and dental clinics in Fairfield, Vacaville, and Vallejo. These are comprised of three primary care clinics and a pediatric clinic, three dental clinics, 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
Gerald Huber, Director of Health & Social Services
Health & Public Assistance**

DETAIL BY REVENUE AND APPROPRIATION FUNCTIONAL AREA	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
ADMINISTRATION DIVISION	3,399,355	2,172,979	3,719,460	1,546,481	71.2%
BEHAVIORAL HEALTH DIVISION	99,048,361	117,075,320	136,926,763	19,851,443	17.0%
SOCIAL SERVICES DIVISION	118,924,498	136,148,906	151,562,390	15,413,484	11.3%
IHSS - PA ADMINISTRATION	720,856	908,258	1,037,107	128,849	14.2%
PUBLIC ASSISTANCE PROGRAMS	57,197,790	58,686,463	66,780,787	8,094,324	13.8%
FAMILY HEALTH SERVICES DIVISION	25,138,472	32,827,932	33,604,960	777,028	2.4%
HEALTH SERVICES DIVISION	45,951,998	52,215,745	53,692,786	1,477,041	2.8%
TOTAL REVENUES	350,381,331	400,035,603	447,324,253	47,288,650	11.8%
APPROPRIATIONS					
ADMINISTRATION DIVISION	3,399,355	2,172,979	3,719,460	1,546,481	71.2%
BEHAVIORAL HEALTH DIVISION	99,047,357	117,075,320	136,427,393	19,352,073	16.5%
SOCIAL SERVICES DIVISION	118,953,017	136,148,906	151,562,390	15,413,484	11.3%
IHSS - PA ADMINISTRATION	720,856	908,258	1,037,107	128,849	14.2%
PUBLIC ASSISTANCE PROGRAMS	57,197,790	58,686,463	66,780,787	8,094,324	13.8%
FAMILY HEALTH SERVICES DIVISION	25,156,004	32,827,932	33,604,960	777,028	2.4%
HEALTH SERVICES DIVISION	46,024,861	57,722,685	59,920,112	2,197,427	3.8%
TOTAL APPROPRIATIONS	350,499,240	405,542,543	453,052,209	47,509,666	11.7%
NET CHANGE	117,908	5,506,940	5,727,956	221,016	4.0%

STAFFING					
ADMINISTRATION DIVISION	108.00	108.00	109.00	1.00	0.9%
BEHAVIORAL HEALTH DIVISION	216.25	229.25	241.05	11.80	5.1%
SOCIAL SERVICES DIVISION	669.00	694.50	695.50	1.00	0.1%
IHSS - PA ADMINISTRATION	5.00	5.00	5.00	0.00	0.0%
PUBLIC ASSISTANCE PROGRAMS	0.00	0.00	0.00	0.00	0.0%
FAMILY HEALTH SERVICES DIVISION	152.40	156.40	156.40	0.00	0.0%
HEALTH SERVICES DIVISION	170.00	176.00	181.25	5.25	3.0%
TOTAL STAFFING	1,320.65	1,369.15	1,388.20	19.05	1.4%

Primary Funding Sources

The primary funding sources for H&SS are federal and State Program revenues of approximately \$233.8 million (52.3% of total); 1991 Realignment (see glossary for definition) a Statewide (sales tax based) revenue - \$53.4 million; 2011 Public Safety Realignment (see glossary for definition) a Statewide Vehicle License Fee (VLF) and sales tax based revenue - \$45.9 million; and Charges for Services estimated at \$27.3 million in reimbursements for services. The County General Fund Contribution of \$38.5 million represents 8.5% of H&SS funding and includes the required local (County) maintenance of effort (MOE) for several State and federal program areas. The County General Fund Contribution includes \$5 million from American Rescue Plan Act (ARPA) under the Coronavirus State and Local Fiscal Recovery Funds (SLFRF) program to Health and Social Services to primarily fund the ongoing structural deficit in Family Health Services due to insufficient revenues.

Program Revenue

Program revenues are earned primarily by two methods. The first method is through reimbursement for actual costs from the State and federal government based upon time studies in which staff document hours worked in each program/activity, cost reports, or other methods of documenting actual program costs. The second method is through fee for service revenue as a result of billing various third-party payers, primarily Medi-Cal, on either a unit-of-service basis, a capitated payment, or a per-visit payment.

County overhead and departmental administrative costs are distributed to all programs in H&SS and are included in each program's budget. The administrative costs include fixed operational expenses such as: utilities, Department of Information Technology (DoIT), and Countywide Administrative Overhead charges that are incorporated into the department's federal/State claims for cost reimbursement and are used in calculating H&SS billing rates paid by third parties. As a result, the majority of

revenues received by H&SS include reimbursement for both the direct costs associated with the individual employee providing specific service as well as departmental administrative costs and direct charges from other County departments providing support services to H&SS. In FY2023/24, direct charges from other County departments plus Countywide Administrative Overhead total \$31.3 million of which 91.5%, or approximately \$28.6 million in federal, State and realignment funds are used to offset the County General Fund costs for various County central service departments that provide services to H&SS programs.

COVID-19 Related Funds

The Recommended Budget includes \$14,700,150 in COVID-19 related funds compared to \$13,357,072 in FY2022/23 Adopted Budget, a net increase of \$1,343,078 or 10.1%. The net increase reflects a \$2,496,289 increase in federal direct grants and \$1,153,211 decrease in State pass-through funds.

Realignment Revenue

The State Budget Act of 2011 included a major realignment of public safety programs from the State to local governments with the majority of human services programs receiving State General Fund allocations realigned to counties. 2011 Realignment shifted the funding and program responsibility for Adoption Services, Foster Care, Child Welfare Services, Adult Protective Services, Substance Abuse, Early Periodic Screening Diagnostic and Treatment (EPSDT), and Managed Care from the State to local 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, and overhead and other costs associated with each filled position; productivity rates; and interim, estimated or approved, reimbursement rates.

1991 Realignment

1991 Realignment, a dedicated percentage of State sales tax and 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. The FY2023/24 Recommended Budget includes \$53.4 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 \$12.8 million); however, the State is required to fully replace the 1991 Realignment funds shifted from Mental Health to CalWORKs and is responsible for any shortfall in funding.

A portion of 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, 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 \$45.9 million in 2011 Realignment funds for FY2023/24. These funds are dedicated to Child Welfare Services, Foster Care, Mental Health, and Substance Abuse programs. Previously, under the 1991 Realignment, counties were required to fund a certain percentage of the program costs; starting in 2011, counties are fully responsible for funding the non-federal share of these programs using the 2011 Realignment revenue.

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

County General Fund Contribution

The Recommended Budget includes a County General Fund Contribution in the amount of \$38,477,788, an increase of \$11,504,959 or 47.7% when compared to the FY2022/23 Adopted Budget. This County General Fund Contribution includes \$5,000,000 in ARPA-SLFRF to primarily fund the ongoing structural deficit in Family Health Services due to insufficient revenues. The above amount excludes \$124,975 in additional transfers to H&SS – Administration representing the General Fund Contribution to Non-County Agencies contracted through H&SS.

The increase is comprised of the following:

- \$7,539,428 increase in Social Services primarily due to increase in spending in the administration of Medi-Cal, CalWORKs, and CalFresh resulting from negotiated salary and benefit increases and increases in other countywide administration costs. The increase is also due to the transfer of County General Fund for the administration of Child Welfare Services from BU 7900 - Assistance to BU 7680 - Social Services.
- \$3,148,591 increase in Family Health Services to fund ongoing structural deficit in the primary care and dental clinics.
- \$2,113,722 increase in Behavioral Health to fund negotiated salary and benefit increases for all non-MHSA behavioral health programs.
- \$971,486 increase in Health Services primarily to fund negotiated salary and benefit increases.

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

Functional Area Summary

- \$2,268,268 decrease in Assistance primarily due to the transfer of County General Fund for the administration of Child Welfare Services from BU 7900 - Assistance to BU 7680 - Social Services, offset by increase in General Assistance costs.

The County General Fund Contribution of \$38,477,788 is appropriated with \$4,008,469 funding the Assistance Programs, and \$34,469,319 funding the following operations in H&SS:

- \$1,032,026 for required Maintenance of Efforts for Public Health, California Children’s Services, and Mental Health.
- \$809,548 for the required CMSP participation fee.
- \$13,184,776 in mandatory match or County share of costs for federal/State programs for Child Welfare Services, CalWIN, and administration of CalWORKs, CalFresh, Medi-Cal and IHSS programs (see glossary for definitions). It also includes County General Fund for the administration of mandated programs when federal and State allocations are not sufficient to cover the costs.
- \$7,818,287 for mandated substance abuse and adult psychiatric outpatient and inpatient services.
- \$4,030,661 to fund some programs at the minimum level necessary. These programs include Public Health Laboratory, Public Guardian, General Assistance eligibility determination and administration. In some cases, these programs are supplemented by outside sources of funding including competitive grants and charges for services.
- \$925,403 for administrative costs that are non-claimable.
- \$2,182,590 to support H&SS integration, homeless outreach and community services efforts, SSI advocacy, Nurse Family Partnership, and CalFresh Verification programs.
- \$4,486,028 to support the Family Health Services primary care and dental clinics.

Primary Operational Expenditures

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

- Administration (BU 7501) includes \$3,719,460 in appropriations which recovers most costs through Administrative Overhead Intrafund Transfers.
- Social Services (BU 7680) includes \$151,562,390 in appropriations which includes Employment and Eligibility Services, Welfare Administration, Child Welfare Services, and Older and Disabled Adult Services.
- IHSS Public Authority - Administration (BU 7690) includes \$1,037,107 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 \$136,427,393 in appropriations which includes Mental Health and Substance Abuse Services.
- Family Health Services (BU 7580) includes \$33,604,960 in appropriations which includes primary and dental care clinics, including mobile vans.
- Health Services (BU 7880) includes \$59,920,112 in appropriations which includes Public Health and Medical Services.
- Assistance Programs (BU 7900) includes \$66,780,787 in appropriations which includes above referenced assistance programs.

Other Administered Budgets not part of Fund 902 includes \$22,200,829 for the IHSS Public Authority (Fund 152 – BU 1520), \$473,944 for Tobacco Prevention and Education (Fund 390 – BU 7950), \$7,281,610 Napa/Solano Area Agency on Aging (Fund 216 – BU 2160) and a Transfers-Out of \$39,122,455 from the Mental Health Services Act (Fund 906 - BU 9600) to Behavioral Health Services (Fund 902 – BU 7780). Additional details on the program costs can be found in the H&SS Divisions and Other Administered Budget sections of the Recommended Budget for Health and Public Assistance.

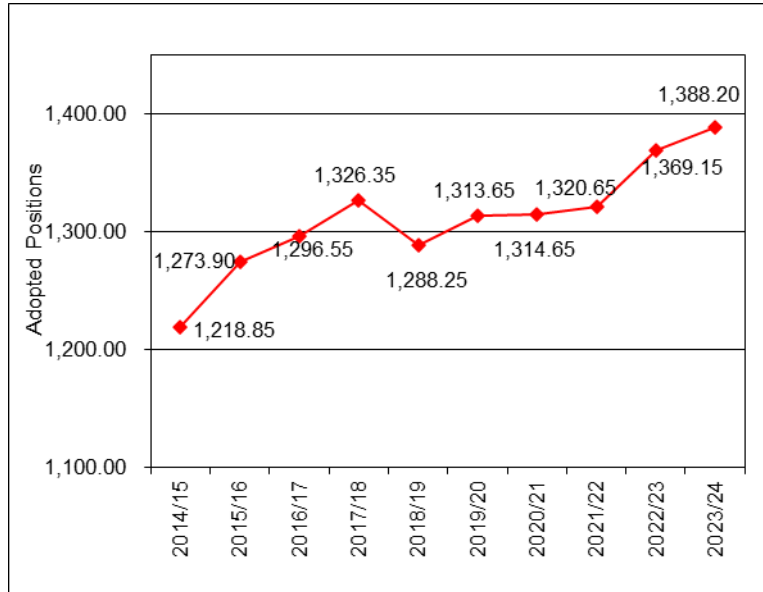
DEPARTMENT COMMENTS

None.

SUMMARY OF POSITION CHANGES

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

STAFFING TREND



PENDING ISSUES AND POLICY CONSIDERATIONS

COVID-19 – The declaration of the federal COVID-19 Public Health Emergency (PHE) expired on May 11, 2023. At this time, it is unclear if the FY2023/24 Recommended Budget will be additionally impacted due to the expiration of the PHE. H&SS staff will continue to monitor and evaluate the impacts and will provide necessary budget adjustments at Midyear.

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

DEPARTMENTAL PURPOSE

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

FUNCTION AND RESPONSIBILITIES

The Administration Division provides managerial leadership and support to the six H&SS divisions in various program areas. The Administration Division includes Executive Administration, Administrative Support Bureau, Budget and Financial Management, Compliance and Quality Assurance, Contracts Management, and Employee Services.

Executive Administration

Executive Administration provides leadership and support to H&SS divisions in fulfilling organizational goals, strategic planning, and developing effective partnerships with organizations and stakeholders within the community, as well as coordinating and implementing department initiatives.

Administrative Support Bureau

The Administrative Support Bureau (ASB) is responsible for the department's purchasing and receiving, asset inventory management, including cellular and multi-function devices, records management, courier services, workspace utilization, vehicle management for H&SS assigned vehicles, logistics and coordination of facilities maintenance, and general operations.

Budget and Financial Management

Budget and Financial Management is responsible for financial services functions including budgeting, accounting, revenue claiming, billing and collections, and financial oversight.

Compliance and Quality Assurance

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

Contracts Management

Contracts Management is responsible for coordinating the administration and monitoring of more than 525 contracts and service agreements with a value of approximately \$222 million.

Employee Services

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

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

- The Budget and Financial Management Unit continues to experience significant challenges in the recruitment and retention of fiscal staff within the Policy and Financial Management Teams that support the department's budgetary, financial reporting, and day-to-day accounting operations due to the complexity of the work and the associated work demands.
- Coordinated the annual Single Audit for all federally funded programs managed by H&SS. The federally required single audit is a rigorous audit of an entity that expends \$750,000 or more of federal funds. H&SS manages approximately \$105 million in federal expenditures.

- During FY2022/23, in addition to standard operational duties, the Administrative Support Bureau (ASB) continued to serve as an integral team in the H&SS COVID-19 pandemic response for public and staff safety. COVID-19 response related duties included: sourcing and purchasing personal protective equipment (PPE) supplies and disinfection items for distribution to the department’s programs and building reception and common areas; and arranging for PPE and disinfection items placed in vehicles.
- ASB coordinated with the Department of Information Technology (DoIT) for the centralized purchase of 253 refresh computers and peripherals.
- The Accounts Payable Unit transitioned to direct invoice entry utilizing Finance Enterprise for invoice entry, improving efficiency by reducing the amount of time for interoffice mail deliveries with the Auditor-Controller’s Office.

WORKLOAD INDICATORS

- Administrative Support Bureau (ASB) facilitated over 2,700 purchase transactions (through purchase orders, credit cards, Office Depot) with expenditures totaling approximately \$8.3 million across the department.
- ASB completed the annual physical inventory of approximately 8,091 fixed assets assigned to H&SS.
- Budget and Financial Management Unit managed approximately \$667 million in funds, including COVID-19 direct and State pass-thru funds: \$431 million including Assistance and In-Home Supportive Services Program for provider wages, benefits and Public Authority Administration and Napa/Solano Area Agency on Aging administration; \$157 million in client benefits paid by the State; \$18 million in client assets; and \$60 million in other funds (including restricted trust funds).
- The Billing and Collections Units processed approximately \$34 million in Medi-Cal, Medicare, and private insurance claims.
- Accounts Payable and Contracts Units processed approximately 9,298 vendor claims totaling \$190 million.
- The Compliance Unit reviewed over 385 contracts and MOUs, ensuring that the appropriate contract exhibits were included. The Compliance Unit met weekly with DoIT security staff in completing the Health Insurance Portability and Accountability Act (HIPAA) risk assessment.
- The Employee Services Unit processed 183 new telework agreements, scheduled Live Scans, and organized trainings.
- The Employee Services Unit coordinated the processing of 269 FTE new hires, promotions, and transfers, 119 separations, and 3,623 personnel action requests (ePARs); and monitored and troubleshot the timecard reporting of approximately 1,200 employees in the IntelliTime payroll system for the period July 1, 2022 to March 1, 2023.

DIVISION BUDGET SUMMARY

The Recommended Budget represents increases of \$1,546,481 or 71.2% in both revenues and appropriations when compared to the FY2022/23 Adopted Budget. The County General Fund Contribution in the Recommended Budget remains unchanged.

Primary Funding Sources

The primary sources of funding for Administration include Intrafund Transfers representing reimbursement of allowable administrative costs from various H&SS program divisions, Operating Transfers-In and General Fund Contribution to fund Board approved contributions to non-County agencies and non-reimbursable costs, and grant revenues with department-wide benefit or impact.

The Recommended Budget includes \$1,546,481 or 71.2% net increase in revenues primarily due to the following:

- Increase of \$1,365,591 in Interest Income resulting from higher interest rates benefitting the County’s investment pool.
- Increase of \$180,890 in Miscellaneous Revenue which reflect \$181,890 in union reimbursement for a limited-term Social Worker III position, offset by a \$1,000 decrease in donations/contributions.

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

Summary of Division Budget

Primary Costs

The Recommended Budget includes a \$1,546,481 or 71.2% net increase in appropriations primarily due to the following:

- Increase of \$1,612,735 in Salaries and Employee Benefits due to negotiated and approved labor contracts, and for a limited-term, position, offset by an increase in budgeted salary savings.
- Decrease of \$451,289 in Services and Supplies due to decreases in DoIT time study charges, professional services and advertising; and offset by increases in departmental expenses related to the Kresge grant, insurance, controlled assets – computer related for refreshes in FY2023/24, and central data processing services.
- Increase of \$1,810,364 in Other Charges due to increases in interest expense, Countywide Administrative Overhead, and interfund services allocated to H&SS administration from General Services and Sheriff's security costs.

Contracts

The FY2023/24 Recommended Budget includes \$294,661 or 0.8% in contracted and professional services. H&SS will return to the Board in June 2023 with a master list of contracts for the Board's consideration.

Fixed Assets

The FY2023/24 Recommended Budget includes the following fixed assets:

- \$7,444 to replace the metal detector at the H&SS Vallejo campus.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	414,321	309,234	1,674,825	1,365,591	441.6%
INTERGOVERNMENTAL REV STATE	1,351,246	0	0	0	0.0%
INTERGOVERNMENTAL REV FEDERAL	57,703	0	0	0	0.0%
CHARGES FOR SERVICES	3,889	0	0	0	0.0%
MISC REVENUE	8,450	300,000	480,890	180,890	60.3%
OTHER FINANCING SOURCES	124,975	124,975	124,975	0	0.0%
GENERAL FUND CONTRIBUTION	1,438,770	1,438,770	1,438,770	0	0.0%
TOTAL REVENUES	3,399,355	2,172,979	3,719,460	1,546,481	71.2%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	11,598,072	15,180,801	16,793,536	1,612,735	10.6%
SERVICES AND SUPPLIES	3,204,942	4,229,189	3,777,900	(451,289)	(10.7%)
OTHER CHARGES	3,107,441	1,771,470	3,581,834	1,810,364	102.2%
F/A EQUIPMENT	0	0	7,444	7,444	100.0%
LEASES	0	0	7,068	7,068	100.0%
OTHER FINANCING USES	151,341	136,922	167,706	30,784	22.5%
INTRA-FUND TRANSFERS	(14,662,441)	(19,145,403)	(20,616,028)	(1,470,625)	7.7%
TOTAL APPROPRIATIONS	3,399,355	2,172,979	3,719,460	1,546,481	71.2%
NET CHANGE	0	0	0	0	0.0%

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

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in the division’s position allocations since the adoption of the FY2022/23 Budget are provided below:

On December 6, 2022, the Board approved converting the following limited-term (project) positions to regular full-time to provide fiscal and analytical support to strengthen the public health infrastructure in responding to increasingly complex and emerging public health challenges, funded with California Department of Public Health’s Future of Public Health revenue allocation:

- Converted 1.0 FTE Limited-Term (project) Accountant to regular full-time.
- Converted 1.0 FTE Limited-Term (project) Staff Analyst to regular full-time.

On March 7, 2023, the Midyear Financial Report included the following position changes:

- Reclassified 3.0 FTE Policy and Financial Managers to 3.0 FTE Director of Administrative Services (TBD) to align the duties performed, which include a full range of highly complex analytical, budgetary, fiscal, program, legislative, intergovernmental and policy analysis for major H&SS programs/divisions within H&SS. The positions are funded with various federal and State grants and allocations and 1991 Realignment. The reclassifications were approved by the Board, pending staff returning with final recommendations to address the TBD status.
- Extended 1.0 FTE Limited-Term (project) Accounting Technician through July 31, 2024. The position provides financial reporting and budgeting support for federal and State allocations and grants received related to COVID-19 response efforts, funded with the Epidemiology and Laboratory Capacity (ELC) grant allocation through an Intra-Fund Transfer to the Public Health division.
- Added 4.0 FTE Social Services Workers to provide navigation services to assist individuals and families eligible for multiple H&SS services by providing assistance with the enrollment processes, coordination of service delivery and ongoing follow-up as needed. Two of the positions are funded with County General Fund and two are funded with Intergovernmental Transfer (IGT) funds.
- Deleted 1.0 FTE Public Health Nurse and 2.0 FTE Social Worker IIs (all vacant) as the Social Services Worker classification job duties are more aligned with providing navigation services to assist individuals.
- Added 1.0 FTE Limited-Term Social Worker III to expire on December 31, 2023. The position is funded by the union to cover the costs associated with a current employee temporarily doing union work.

During FY2022/23, transferred 2.0 FTE Community Services Coordinators from the Administration Division to the Behavioral Health Division. The positions support outreach efforts for those that are homeless and experiencing mental illness.

The FY2023/24 Recommended Budget includes the following position changes:

- Add 1.0 FTE Staff Analyst to support the fiscal team assigned to Behavioral Health due to expansion of programs, including homeless client services and supports, adult and children’s services, and substance abuse treatment and prevention. The position is funded with 1991/2011 Realignment and MHSA revenues.

PENDING ISSUES AND POLICY CONSIDERATIONS

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

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DIVISION PURPOSE

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

FUNCTION AND RESPONSIBILITIES

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

The Behavioral Health Division provides a continuum of care across the age span for those individuals that qualify for specialty mental health services, which include individuals with moderate to high mental health disorders, as defined under the Medi-Cal Mental Health Plan and the indigent and uninsured. Federal law requires that service must be provided in the least restrictive setting, appropriate to the individualized needs. The County operates as a managed care plan under contract with the State Department of Health Care Services (DHCS), providing both direct services and contracting with community-based providers to provide services. The Behavioral Health Quality 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.

Service provisions within the mental health programs of the Behavioral Health Division include:

- A 24-hour toll-free access line to obtain mental health care operated by a team of County licensed clinicians during the day and the Crisis Stabilization Unit after hours. Access staff screen callers for both mental health and substance use needs, eligibility, and offer connection to the right place for assessment and ongoing treatment.
- Recovery oriented treatment, rehabilitation, and community support services to seriously emotionally disturbed children, youth, adults, and older adults. Most individuals are served through outpatient clinics with County operated clinics for youth and adults in Vallejo, Fairfield, and Vacaville.
- An "Open Access" drop-in model for accessing outpatient care which operates at all three adult Integrated Care Clinic (ICC) sites at the Fairfield, Vacaville, and Vallejo campuses. Under this model, individuals seeking care are not required to schedule intake appointments but rather are encouraged to come to the clinic "today or tomorrow, or any business day by 3:30 p.m." Urgent psychiatric care is provided through a "Provider of the Day," who provides same or next day services.
- A contracted network augments the County's outpatient capacity and includes adult case management and specialized services for youth such as the 0-5 programs, counseling for youth at school sites, and therapeutic behavioral services (TBS) which is an intensive behavior-focused program for youth and families.
- Crisis intervention, crisis stabilization, and inpatient services for youth or adults with acute needs. The County is responsible for funding psychiatric inpatient hospitalizations for any Solano County Medi-Cal beneficiary or uninsured Solano resident who is admitted to a hospital in a psychiatric emergency.
- Community-Based Multidisciplinary service teams, or Full-Service Partnerships (FSPs) utilizing evidence based practices for youth and adults, can include psychiatrists, nurse practitioners (NP), physician assistants (PA), nurses, mental health

clinicians, specialists, and peers in recovery; these programs serve the entire County but operate out of the Fairfield campus for County administered programs and out of Vallejo and Fairfield through community based organizations (CBOs). Programs partner with clients to provide care including:

- Supportive case management services geared to promote mental health recovery for clients who live in long-term care facilities (locked and unlocked), board and care homes, foster homes, and youth group homes in order to support successful transitions to the community.
- Intensive community-based services to adults, older adults, forensic, homeless adults, transition age youth, commercially sexually exploited youth, and families.
- Outreach, supportive housing/homeless services, peer support, and employment services offer linkage, psychiatric rehabilitation, recovery planning, and independent living supports to maintain clients in the least restrictive settings.
- Care provided in the State Hospital. Often, individuals enter the State Hospital through a forensic felony pathway, determined not guilty by reason of insanity or incompetent to stand trial. The County is responsible for the care to misdemeanants. Counties are being held responsible for the growth gap based on the baseline determined by the State; otherwise, counties are subject to a penalty payment.
- 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.
- MHA funded programs which may include prevention and early intervention, community services and supports, information technology, innovative programs, and capital housing projects. The County, through the 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.
- Administration of grants which provides housing and supportive case management while a client with a high-risk criminal history progresses through levels of substance use treatment and recovery.

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, SUD providers, or Behavioral Health staff who complete American Society of Addiction Medicine (ASAM) assessments to determine level of care and needs. This includes oversight of services on behalf of Partnership HealthPlan providers and monitoring/authorization of County funded services for those who are not Medi-Cal eligible.
- Counseling services for California Work Opportunity and Responsibility to Kids (CalWORKs) participants whose behavioral health issues interfere in their ability to obtain employment toward self-sufficiency.
- Administration of drug diversion services through Penal Code §1000, Substance Abuse and Crime Prevention Act of 2000 – Proposition 36 (SACPA) (see glossary for definition), and Adult and Dependency Drug Courts).
- Oversight of services for driving under the influence (DUI) programs operated at contract agencies.
- Federally mandated Primary Prevention Services, administered by the Public Health Division and contractors, to delay or prevent the early onset of substance misuse among youth and prevention of overdoses across the lifespan.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTSMental Health

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

- The California State Department of Health Care Services (DHCS) launched a system redesign plan in January 2022 after an approved Medicaid Waiver from the federal Center for Medicaid Services. California Advancing and Innovating Medi-Cal (CalAIM) intends to improve quality of life and health outcomes by implementing a statewide person-centered approach to providing services and payment reform for the Medi-Cal program. To meet the requirements of this effort, staff have developed a steering committee and implementation team to adhere to requirements as outlined in the Behavioral Health Quality Improvement Program (BHQIP) implementation plan required by DHCS for incentive payments, which was submitted Spring 2022. Behavioral Health completed all deliverables tied to program milestones.
- Along with implementing the Drug Medi-Cal Organized Delivery System (ODS), Behavioral Health implemented a co-occurring integrated model for care through reassignment of substance use disorder staff as liaisons to each of the three adult outpatient Integrated Care Clinic sites and various youth/adult FSP programs to provide American Society of Addiction Medicine (ASAM) assessments and link clients to Drug Medi-Cal ODS services while maintaining mental health services as needed with the goal of treating both mental health and substance use disorders concurrently. Data from 2022 showed that out of a total of 3,905 adult clients with mental health diagnoses, 1,346 or 34% of the clients also had a co-occurring substance use disorder, which often affects their ability to fully engage in mental health treatment. Historically, these services have not been provided concurrently, resulting in underreporting diagnoses. The national prevalence of co-occurring diagnoses is 50-60%. As this is also an integral part of the CalAIM system redesign, which requires mental health and substance use administrative integration by 2027.
- The Forensic Services Unit continues to grow and expand as a result of mandates and statutory changes around justice involved populations with behavioral health needs. Solano Behavioral Health was awarded a cohort 3 Proposition 47 grant through the Board of State and Community Corrections to create a multiagency jail discharge planning coalition for people exiting jails; to expand forensic housing and services, and to create a competency restoration training for individuals with misdemeanor charges who are best diverted to service programs. Additionally, in February 2023, Solano Behavioral Health was invited to join the national MacArthur Foundation's Safety and Justice Challenge (SJC) to expand forensic services and support strategic planning and coordination with the courts and jails across all forensic initiatives. The Forensic Treatment Team continues to collaborate on policies and processes within the courts related to mental health diversion, mental health and drug court, and Laura's Law (Assisted Outpatient Treatment). The programs continue due to the success of engaging clients into treatment and lowering recidivism rates.
- In April 2022, mobile crisis services became available countywide; however, the program was put on hold in September 2022 due to staffing/hiring challenges. Behavioral Health continues to work with the vendor on reopening services with an intensive hiring plan and goal to reopen in June 2023. While in operation, the program was successful with reducing the impact on law enforcement. From July 1, 2021 through December 31, 2022, the Mobile Crisis Team responded to 785 callers. Of these callers, 64% were stabilized in the community thus diverted from emergency rooms, jails and hospitals, the others utilized Crisis Stabilization Unit services. Mobile Crisis became an entitlement/benefit as of January 2023 and counties have until December 2023 to become fully operational (with new requirements) or face penalties from the State.
- Solano County's Assisted Outpatient Treatment (AOT) initiative, or Laura's Law, began in 2019 as a new intervention strategy adopted by the Solano County Board of Supervisors for local implementation. AOT is a civil (not criminal) legal procedure that can be requested by concerned family members, caregivers, and other qualified referral sources (see below) for people who may be too ill to recognize the need for services. In 2022, Solano received 19 unduplicated referrals (compared to 36 in 2021), 1 referral was court-ordered to the Department of State Hospitals (DSH), 14 supported through treatment linkage and treatment re-engagement, and 4 were unable to be located or "out of county's jurisdiction." The decrease in referrals highlights the essential contribution and benefits of an operational mobile crisis response unit. In addition, when an individual is successfully linked to a treatment program, AOT monitors the individual for three months to ensure treatment stability while maintaining efforts to reduce: psychiatric hospitalizations, incarcerations, homelessness, and mental health decompensation.

AOT continues to explore and identify strategies to collaborate with stakeholders across Solano County, which includes county residents, private and public sectors, law enforcement, and the Solano County judicial system.

- The Diversion Community Treatment (DCT) program is funded with a Department of State Hospitals grant. The grant period is July 1, 2020 through June 30, 2024. The DCT program provides intensive services to people on mental health diversion. Services include intensive case management, housing subsidies, vocational rehabilitation, therapy, individual rehabilitation, coordination with mental health court, and linkage to supports. The program served 39 individuals in 2022 and approximately 76 to date in 2023.
- Behavioral Health initiated Crisis Intervention Team (CIT) training for law enforcement and first responders in October 2022. To date, 42 officers 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 coordination with mobile crisis teams, once available.
- On January 10, 2023, the Board of Supervisors allocated \$150,000 of federal American Rescue Plan Act (ARPA) Coronavirus State and Local Fiscal Recovery Fund (SLFRF) revenue to support and enhance coordination for people with mental health and substance use challenges navigating the justice system by retaining a consultant to assist with improving and expanding policy and procedures related to the courts and Behavioral Health over two years. Behavioral Health will be facilitating the Sequential Intercept Model (SIM) mapping that links this evidence-based practice to the continuum in relation to the jails and courts to reduce entry into the justice system.
- School based mobile crisis was implemented on July 27, 2021 with the Solano County Office of Education (SCOE) utilizing Mental Health Student Services Act (MHSSA) grant funds. SCOE began to provide School-Based Mobile Crisis Services and screening/assessment services at the start of the 2021-22 school year in collaboration with Solano County Behavioral Health, school districts and school sites, local police departments and community partners. Additionally, SCOE has hired and trained clinicians as Crisis Specialists to respond to crisis situations on K-12 school campuses serving children and youth experiencing a mental health crisis. All students are served, regardless of insurance or immigration status, with the mission of de-escalating situations, linking families to necessary services, and supporting the coordination of care.
- Creation of the Crisis Aftercare and Recovery Engagement (CARE) Team to support new and/or unconnected clients. Brief, short-term case management of between 30-60 days is provided to ensure successful engagement of adults in ongoing treatment services with the goal of increasing engagement in services post-crisis. In 2022, the CARE Team received 331 referrals.
- In Summer 2021, staff began working with Child Welfare Services (CWS) on the implementation of the federal Family First Prevention Services Act (FFPSA), signed into law on February 9, 2018. The FFPSA enhances support services for families to help children remain at home and reduce the use of congregate care placements by increasing options for prevention services and increased oversight and requirements for placements. Youth placed by CWS or the Probation Department in Short-Term Residential Treatment Programs (STRTPS) are to receive a qualified individual assessment. Behavioral Health staff have been meeting monthly with CWS and providers at the System of Care Interagency Leadership Team to develop and implement a referral process, assigned three clinicians as Qualified Individuals, and received 30 referrals in 2022. All referrals are reviewed timely, and a guidance template was created for determining level of placement to establish consistency. Wraparound aftercare is offered upon the youth's discharge from a STRTP. Behavioral Health staff continue to work closely with CWS, the Probation Department, and the County's Wraparound provider to meet these mandates.
- The HOPE Team (Homeless Outreach Partnership and Engagement) increased outreach to the homeless across the county to screen for behavioral health needs. Cumulatively, 258 individuals have been engaged through community outreach events. The team started a street medicine evidence-based program in 2019 that offers engagement and psychiatry to people in homeless encampments and shelters, supported by a team of community service coordinators, specialists, nursing/medical, and clinicians. The team collaborates with law enforcement to find and intervene with people who may also be in crisis. In 2022, through this outreach effort, 469 individuals were served with 33% accepting mental health services. Street medicine

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is increasingly requested by law enforcement, however, resources for this discretionary program are limited. Housing options continue to be the main barrier to continuous engagement in services.

- Affordable supportive housing is critical to the service continuum and Solano County has received several grants to address the needs of the behavioral health population:
 - No Place Like Home (NPLH) Round 1 funding: Fair Haven Commons in Fairfield is starting the lease up phase to identify tenants. This housing development will provide 72 affordable apartment homes for families and individuals, of which 34 of the units are permanent supportive housing for those who are homeless and with mental health needs. Funding contribution from Solano Behavioral Health, including Whole Person Care funds, totaled \$6,341,141.
 - No Place Like Home (NPLH) Round 2 funding: A 75-unit apartment complex, called Blue Oak Landing located on Sacramento Street in Vallejo, was completed Summer 2022 and will provide 23 permanent supportive housing units for those who are homeless and have mental health needs. Referrals for clients and leasing process started in the Fall 2022 with plans for move in by Spring/Summer 2023. Funding contribution from Solano Behavioral Health was \$6,056,211.
 - Homeless Housing Assistance and Prevention (HHAP) Rounds 2, 3 and 4 funding: Total funding of \$5,043,052 across several years and will be used to offset staffing costs to support individuals residing in the NPLH units and to create housing navigation and landlord support systems to find more housing units.
 - The Mental Health residential treatment facility located on the Beck Avenue, Fairfield, campus, was completed with a Ribbon Cutting Ceremony in Fall 2022. The facility is now fully licensed as an Adult Residential Board and Care. The Board and Care residential program has 16 beds for individuals with justice involvement and 16 beds for individuals who are homeless or have homeless risk/histories. Solano County is one of 10 California counties selected to receive two rounds of funding under SB 843, the Community Services Infrastructure (CSI) grant program, to construct this facility. CSI provided approximately half of the funding for the \$12.5 million project, with the remaining costs covered by Public Facility fees and grant funds from the State of California Homeless Housing Assistance and Prevention (HHAP-round 1 allocation). On January 10, 2023, the Board of Supervisors allocated approximately \$2 million in federal American Rescue Plan Act (ARPA) Coronavirus State and Local Fiscal Recovery (SLFRF) revenue to fund operations for year 1 (partial) and year 2. As of May 2023, there are eight residents at the facility.
 - New State Housing and Homelessness Incentive Program (HHIP) funding has been allocated to Solano County Behavioral Health from the managed care plan, Partnership HealthPlan of California, under the CalAIM initiative. The overall HHIP goals are to reduce and prevent homelessness and ensure that Medi-Cal managed care plans develop the necessary capacity and partnerships to connect their members to needed housing services. Solano Behavioral Health's goals are to strengthen and expand street medicine, housing navigation and scattered site residential units, and support clients with tenancy supports and wraparound services. Solano Behavioral Health applied for \$8,145,009 in HHIP grant funding through 2024; funding is distributed as milestones and measures are met, based on regular reports submitted by Partnership HealthPlan in coordination with Solano County to the Department of Health Care Services (DHCS).
- There is a continued need for a specialized medical case management community team as the number of people receiving services that have high complex medical needs, such as eating disorders, is increasing. Many clients are remaining on case management but would benefit from a program that is community-based with more emphasis on complex medical concerns; however, finding and contracting with agencies for these services has proven difficult.
- A new expanded Internship Program will provide workforce development opportunities for students and stipends to students completing master's degree level programs and pre- and post-doctoral interns in the fields of health services psychology, counseling, and social work. Stipends will be awarded to students providing services to the unserved/underserved communities throughout Solano County. The interns will be placed in county operated programs and provided clinical supervision and support. The Internship Program Coordinator will focus on bilingual/bicultural recruitment with the goal of building an ongoing relationship with institutions of higher learning to build a culturally and linguistically competent workforce. The Internship Program currently has a Health Service Psychology Internship - Provisional Association of Psychology Postdoctoral and Internship Centers (APPIC) membership with the goal to become American Psychological Association (APA) credentialed for Psychology as requirements are met.

- Solano Behavioral Health, in partnership with California Mental Health Services Authority (CalMHSA), has joined the initiative to offer a loan repayment program. The one-time award of up to \$10,000 would be to qualified providers within the Solano County behavioral health care provider network that commit to a 12-month service obligation in a recognized hard-to-fill or hard-to-retain position. Through this program, Solano Behavioral Health seeks to support its qualified providers that service the most underserved populations within the county and work in the most hard-to-retain positions.

Substance Use Disorders

- In 2022, 968 Solano residents were served by 39 providers in the regional model. Behavioral Health staff managed 181 of these clients. Service linkage continues through referral to Carelon (formerly known as Beacon) call center, SUD providers, or Behavioral Health staff who complete American Society of Addiction Medicine (ASAM) assessments to determine level of care and needs.
- 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. This year, Solano Behavioral Health worked with PHC to add a new provider focused on serving youth substance use treatment that did not previously exist in the county and advocated for expanded specialty SUD services within the county.

WORKLOAD INDICATORS

The following workload indicators cover calendar year 2022:

- Solano County Behavioral Health provided mental health services to approximately 5,805 severely mentally ill adults and youth through County programs, contract programs and the Managed Care Provider Network. The county adult outpatient clinic services served 3,287 adults, a 1% decrease from 2021. Programs served 1,736 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.
- Approximately 50.4% of Behavioral Health services were delivered by county operated/staffed clinics and sites, and 49.6% were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 91.5% of services provided are claimed to Medi-Cal.
- In addition to clinic-based mental health services, telehealth, and field-based services are provided when barriers to other options or beneficiary preferences dictate. Specifically, delivery of psychiatry and mental health services via telehealth to youth and adults. In 2022, 2,635 adult and 885 youth beneficiaries were served across eight county-operated sites and 14 contractor-operated sites.

DIVISION BUDGET SUMMARY

The Recommended Budget represents increases of \$19,851,443 or 17.0% in revenues and \$19,352,073 or 16.5% in appropriations when compared to the FY2022/23 Adopted Budget. The surplus of \$499,370 reflects restricted Department of State Hospitals (DSH) excess revenues that are anticipated to be earned in FY2023/24. The County General Fund reflects an increase of \$2,113,722 or 32.8% to offset the impact of the negotiated and approved labor contracts.

Primary Funding Sources

Federal revenues are a primary funding source for Behavioral Health Services. Federal revenue provides 50% reimbursement for adult mental health and Drug Medi-Cal services provided to traditional Medi-Cal recipients. Children’s mental health services are also primarily reimbursed at 50%. As part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, federal reimbursement for traditional Medi-Cal recipients was enhanced by 6.2% effective January 2020. Effective April 1, 2023, the enhanced federal revenue will be reduced in quarterly increments through the end of calendar year 2023. 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 difference. In addition to Federal Drug Medi-Cal revenues, services that are not Medi-Cal billable are funded with a federal Substance Abuse Block Grant (SABG) (previously referred to as Substance Abuse Prevention and Treatment or SAPT).

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Billing for Mental Health Medi-Cal services is changing on July 1, 2023 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 will 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 is how counties will receive Medi-Cal reimbursement. Medi-Cal revenues will be received through an Intergovernmental Transfer (IGT) process with DHCS. Counties will be responsible for providing the non-federal share to DHCS. DHCS will claim the services to the federal government and return both the nonfederal and federal share to the counties. DHCS has not finalized its procedures for this transfer so the impact on cash flow for the counties is unknown.

The Drug Medi-Cal Organized Delivery System (DMC-ODS) was implemented July 1, 2020. Partnership HealthPlan administers the Drug Medi-Cal services on behalf of the County. The County pays Partnership HealthPlan an interim per utilizer per month rate. Federal and State reimbursement is provided after the County pays Partnership HealthPlan. A reconciliation process to actual allowable costs between the County, Partnership HealthPlan, and the Department of Healthcare Services (DHCS) is supposed to happen yearly. The reconciliations for FY2020/21 and FY2021/22 are still pending.

MHSA is the primary State funding source for mental health services. MHSA funding provides cost reimbursement for mental health community support services, prevention and early intervention, and mental health workforce education. MHSA funding also provides the non-federal match for MHSA programs that include Medi-Cal billable services.

1991 and 2011 Realignment are the other significant funding sources for Behavioral Health. Counties receive a guaranteed amount of 1991 Realignment for Mental Health. In addition, counties may receive additional revenue after the guaranteed amount statewide is met. Once the guarantee is met, funding will be distributed up to an established base amount. If funding exceeds the base, growth is distributed and added to the base in the next fiscal year.

In 2011, State General Funds for children's mental health services, substance abuse treatment services, drug court activities, and substance abuse Drug Medi-Cal (DMC) were realigned to the County. Proposition 30 constitutionally protected this funding in 2012. The Department receives an established percentage of the State's determined base amount for 2011 Realignment yearly. Any growth above the State's base amount is distributed among counties. Growth is added to the base to establish a new base for the next fiscal year.

2011 and 1991 Realignment are principal funding sources for core services and the primary non-federal match for Medi-Cal along with MHSA funding. Realignment funding, however, is subject to fluctuations because it is primarily State sales tax based and growth has not kept pace with costs. Concerns remain that the growth in sales tax revenues will continue to be outpaced by the cost of realigned programs' responsibilities.

Mental Health also receives County General Fund to support program operations, primarily for the Integrated Care Clinics (ICCs), indigent inpatient stays, Institutes for Mental Disease (IMDs), and Augmented Board and Care (ABC) costs.

The Recommended Budget includes a \$19,851,443 or 17.0% net increase in revenues (includes \$499,370 in excess restricted Department of State Hospitals (DSH) revenues that are anticipated to be earned in FY2023/24), primarily due to the following:

- Increase of \$4,236,570 in Federal/State Short Doyle Medi-Cal revenues primarily due to anticipated increases in reimbursement as a result of payment reform implementation and increased billing for contracted services. The projection is based on several assumptions as many unknowns still exist for the payment reform transition expected July 1, 2023. Revenues also assume maximum subcontracted levels so staffing challenges may impact revenue generation. Minimally offsetting the increases is a reduction in DMC revenues due to reimbursements trending lower.
- Increase in MHSA funding of \$4,108,827 due to projected increases in staffing, countywide administrative and departmental overhead, marketing outreach, software, and contractor costs for MHSA funded programs.
- Increase of \$2,713,655 in the use of 1991 Realignment due to more bed days and rate increases for clients in Institutions for Mental Disease (IMD) and board and care facilities and increases in staff costs for supportive housing services. The Recommended Budget includes prior year 1991 Realignment anticipated rollover and projected FY2023/24 receipts to fund ongoing operations.

- Increase of \$2,456,434 in State grant revenues due the implementation of the Proposition 47 Cohort III Grant Program, increase in Mental Health Student Service Act (MHSSA) funding available for school sites, and an accounting change for recognizing DSH Diversion Grant revenues.
- Increase of \$1,435,232 in the use of 2011 Realignment primarily due to increases in Integrated Care Clinic (ICC) and children’s subcontracted outpatient costs, a correction in Medi-Cal revenue distribution for MHSA funded staff working in non-MHSA programs resulting in more realignment needed to cover operating costs in the non-MHSA funded children’s and adult programs and increases in unreimbursed DMC costs. The increases were partially offset with decreases in unreimbursed non-DMC program and Medi-Cal administrative costs. The Recommended Budget includes prior year 2011 Realignment anticipated rollover and projected FY2023/24 receipts to fund ongoing operations.
- Decrease of \$853,246 in Federal grant revenues due to the Justice Assistance Grant (JAG) ending in March 2023.
- Increase of \$751,767 in Federal Quality Assurance revenues primarily due to increases in staffing and DoIT charges. The Recommended Budget assumes that one prior year quarters and three current year quarters will be received in FY2023/24.
- Increase of \$417,866 in Federal Short Doyle Administration revenue primarily due to increases in staffing, operating, and overhead costs. The Recommended Budget assumes that one prior year quarters and three current year quarters will be received in FY2023/24.
- Decrease of \$210,968 in State Other due to less funding available to support CalAIM implementation activities in FY2023/24 as most milestones were met in FY2022/23.
- Decrease of \$148,977 in Federal SABG funding primarily due to the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) funding ending December 31, 2022. The decrease is partially offset with an increase in prior year SABG revenues due to recent fourth quarter reimbursements higher than previous years due to more residential room and board and indigent costs reimbursed. The Recommended Budget assumes one prior year quarter and three current year quarters will be received in FY2023/24.
- Increase of \$123,538 in Federal Other revenues primarily due to additional ARPA funding available to support additional staffing for the first episode psychosis program and intensive treatment for patients with eating disorders.
- Increase of \$11,483 in Forfeitures and Penalties due to more fees projected to be received from Probation for drug and alcohol offenses.
- Decrease of \$5,306 in State 2011 Realignment revenues (AB 109) due to fewer reimbursed costs.
- Decrease of \$2,882 in Charges for Services primarily due to less First 5 Solano Children and Families Commission funding for children’s services due to fewer children eligible for reimbursement partially offset with more third-party payer revenues and driving under the influence (DUI) administrative fees.
- Increase of \$2,113,722 in County General Fund Contribution to offset the impact of negotiated and approved labor contracts.

Primary Costs

Primary costs for Behavioral Health are: \$39,626,162 for Salaries and Employee Benefits; \$9,569,024 for Services and Supplies; \$82,371,680 for Other Charges; \$26,307 for Leases; \$733,849 for Other Financing Uses; and \$4,100,371 for Intrafund Transfers.

The recommended appropriations for the Behavioral Health Division include \$124,102,569 for Mental Health (BU 7700) and \$12,324,824 for Substance Abuse (BU 7560).

The FY2023/24 Preliminary Recommended Budget includes \$19,352,073 or 16.5% net increase in appropriations primarily due to the following:

- Increase of \$4,761,122 in Salaries and Employee Benefits primarily due to the addition of new positions in Mental Health during FY2022/23 and negotiated and approved labor contracts, offset by an increase in budgeted salary savings.
- Increase of \$2,264,691 in Services and Supplies primarily due to increases in contracted services for a pending MHSA Innovation project, an increase in maintenance costs for the electronic health record system, the purchase of a data collection system that will convert data into real time outcomes to assist with care planning and clinical decision making; and, increases

in data and program services for the Proposition 47 Cohort III Grant Program, subcontracted training and internship stipends, and advertising and marketing for public service announcements on suicide prevention and mental health stigma reduction. The variance also includes cost increases for DoIT and garage services.

- Increase of \$11,328,877 in Other Charges due to net increases in bed days and rates for inpatient hospital, Institutions of Mental Disease (IMD) facilities, Augmented Board and Care (ABC), and Board and Care facilities, locum tenens costs due to difficulties in hiring psychiatrists, expansion of the Crisis Residential Treatment (CRT) program to 16 beds, operational costs for the Beck Residential Facility, expansion of First Episode Psychosis (FEP) and eating disorder contracted services, Short Term Residential Treatment Program (STRTP) bed days for children, increases in rates and salaries for vendors to address staffing recruitment issues, and reinstating programs to pre-pandemic levels. Countywide Administrative Overhead costs also increased significantly. These increases are partially offset with reductions in the managed care offset for fee for service inpatient bed days and interfund professional services for the jail related re-entry program.
- Increase of \$26,307 in Leases as this was budgeted in Other Charges in prior fiscal years.
- Increase of \$241,195 in Other Financing Uses primarily due to the operating transfer out to the Sheriff's Office for the jail related re-entry program, offset by a reduction in transfer out to Fleet as no vehicle purchases are budgeted for FY2023/24.
- Increase of \$729,881 in Intrafund Transfers due to increases in Health and Social Services Departmental overhead, and additional Public Health staff working on substance abuse prevention activities and transfer of Proposition 47 grant funding to enhance the housing database in Public Health's integrated data system.

Contracts

The recommended appropriations for Behavioral Health include \$76,031,701 or 56% in contracted services for the provision of an array of substance abuse and mental health services. H&SS will return to the Board in June 2022 with a master list of contracts for the Board's consideration.

Fixed Assets

None.

DIVISION COMMENTS

None.

Summary of Division Budget

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DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
FINES, FORFEITURES, & PENALTY	20,703	19,438	30,921	11,483	59.1%
INTERGOVERNMENTAL REV STATE	32,610,433	41,483,174	49,456,561	7,973,387	19.2%
INTERGOVERNMENTAL REV FEDERAL	34,950,523	33,540,178	36,483,356	2,943,178	8.8%
CHARGES FOR SERVICES	662,889	565,228	562,346	(2,882)	(0.5%)
MISC REVENUE	406,488	0	0	0	0.0%
OTHER FINANCING SOURCES	23,943,652	35,013,628	41,826,183	6,812,555	19.5%
GENERAL FUND CONTRIBUTION	6,453,674	6,453,674	8,567,396	2,113,722	32.8%
TOTAL REVENUES	99,048,361	117,075,320	136,926,763	19,851,443	17.0%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	28,692,204	34,865,040	39,626,162	4,761,122	13.7%
SERVICES AND SUPPLIES	6,139,910	7,304,333	9,569,024	2,264,691	31.0%
OTHER CHARGES	60,690,911	71,042,803	82,371,680	11,328,877	15.9%
LEASES	0	0	26,307	26,307	100.0%
OTHER FINANCING USES	283,698	492,654	733,849	241,195	49.0%
INTRA-FUND TRANSFERS	3,240,634	3,370,490	4,100,371	729,881	21.7%
TOTAL APPROPRIATIONS	99,047,357	117,075,320	136,427,393	19,352,073	16.5%
NET CHANGE	(1,005)	0	(499,370)	(499,370)	0.0%

STAFFING					
BEHAVIORIAL HEALTH	216.25	229.25	241.05	11.80	5.1%
TOTAL STAFFING	216.25	229.25	241.05	11.80	5.1%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in the Division’s position allocations since the adoption of the FY2022/23 Budget are provided below:

On January 10, 2023, the following five positions were approved by the Board to build and support the infrastructure for the Behavioral Health Internship Program and funded with ARPA-SLRF Coronavirus State and Local Fiscal Recovery Fund (SLRF) revenue:

- Added 1.0 FTE Mental Health Clinical Supervisor.
- Added 1.0 FTE Mental Health Clinician (Licensed).
- Added 1.0 FTE Office Assistant II.
- Added 2.0 FTE Limited-Term Psychology PhD Intern (TBD) through June 30, 2024 and effective July 1, 2023.

Also, on January 10, 2023, the following two limited-term positions were approved by the Board to improve coordinated re-entry planning for individuals with behavioral health needs returning to the community from jail, including clinically appropriate housing and support services, funded with the Proposition 47 Cohort III Grant Program award of \$6 million from the Board of State and Community Corrections:

- Added 1.0 FTE Limited-Term Community Services Coordinator through June 30, 2026.
- Added 1.0 FTE Limited-Term H&SS Planning Analyst through June 30, 2026.

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On February 28, 2023, the Board amended the Alphabetical Listing of Classes and Salaries to retitle the classification of Mental Health Services Administrator to Behavioral Health Services Administrator and adopted a resolution to reclassify 2.0 FTE Mental Health Services Administrators to 2.0 FTE Behavioral Health Services Administrators due to the change in job title.

On March 7, 2023, the Midyear Financial Report included the following position changes:

- Added 0.3 FTE Mental Health Clinician (Licensed) to provide clinical assessments and direct treatment under the Centralized Assessment Team (CAT) to comply with the California Advancing and Innovating Medi-Cal (CalAIM) initiative to ensure that Medi-Cal beneficiaries receive timely mental health services. The position is funded with MHSA revenue.
- Added 0.5 FTE Mental Health Specialist II to address additional demands on children's programs as a result of new federal and State requirements. The position provides intensive home-based services to foster youth. The position is funded with Medi-Cal and MHSA revenues.
- Reclassified 2.0 FTE Mental Health Services Manager (TBD) to 2.0 FTE Senior Mental Health Services Manager (TBD) to align complexity of job duties and program oversight with appropriate classification. Positions are funded with Medi-Cal revenues, MHSA and 1991 Realignment.
- Added 1.0 FTE Mental Health Clinician (Licensed) to provide postvention case management for residents when there has been a suicide death and create a survivor mentor network. The position is funded with MHSA Innovation funds.
- Extended 1.0 FTE Limited-Term (project) Mental Health Clinician (Licensed) through June 30, 2024. The position provides assessments and triage for Mental Health diversion clients and is funded with a Department of State Hospitals (DSH) grant allocation.
- Converted 1.0 FTE Limited-Term (project) Mental Health Specialist II to 1.0 FTE Mental Health Specialist II regular full-time. The position is funded with Substance Abuse Block Grant (SABG).

During FY2022/23, 2.0 FTE Community Services Coordinators transferred from the Administration Division to Behavioral Health Division. The positions support outreach efforts for those that are homeless and experiencing mental illness, funded with 1991 Realignment. Additionally, 1.0 FTE Health Education Specialist (Senior) transferred from Health Services to Behavioral Health's Substance Abuse Division and is funded with Substance Abuse Block Grant.

There are no changes in position allocation in the FY2023/24 Recommended Budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

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

Behavioral Health is facing a mental health workforce crisis unlike any other in recent history; this is a statewide and national trend. Staffing issues are impacting service delivery for the County, County contract providers and the State system. Due to the mental health workforce crisis, County programs may accrue waitlists, and contractors are requesting rate increases, limiting services, or not able to operate or expand their services in some areas to meet client demand. On September 27, 2022, the Board approved and allocated funding to support a Learning Hub, i.e., a formal internship program, creating a structured training environment for the Mental Health workforce to recruit students, offer opportunities for students' and new hire required practicum and graduate experience hours, and hire once minimum qualifications are met. Solano Behavioral Health began implementation of this new program in Spring 2023.

The California Department of Health Care Services (DHCS) continues to implement components of California Advancing and Innovating Medi-Cal initiative (CalAIM), the negotiated federal/State plan approved and launched in January 2021. CalAIM includes major reforms specific to Behavioral Health services that will change the service model and impact operating budgets and the ultimate impacts remain unknown.

Payment reform, included under CalAIM and scheduled for full implementation in July 2023, will significantly change Medi-Cal reimbursement rates, billing and fiscal operations, and contractual obligations. Due to significant changes with payment reform and the fiscal risk shifted to counties, counties continue to assess the impact of DHCS provided rates on County operations and continue to seek guidance on appropriate codes. Guidance from DHCS has been delayed and unclear at times on key elements so counties remain concerned about the fiscal impacts on Medi-Cal reimbursement after implementation.

Reimbursement to counties will also be through an Intergovernmental Transfer (IGT) process. DHCS has not issued its final policy and procedures on this process, including the details and timing for the process, so the impact to cash flow is uncertain.

Also required under CalAIM and the federal 21st Century Cures Act, are significant upgrades and changes to Behavioral Health's electronic health systems requiring significant investments in DoIT infrastructure and support staff. Implementing these initiatives will have programmatic, staffing, and fiscal impacts for the County. Other CalAIM milestones are spread out according to the DHCS timelines until 2027.

Included in CalAIM is a requirement to standardize specialty mental health services for all counties, which means that current Kaiser Medi-Cal specialty mental health services (SMHS) clients carved-out ("served by Kaiser versus County Behavioral Health") from Solano must be transitioned back to the County caseload. Currently the fiscal and program responsibilities occur outside of the County directly from the State to Kaiser. The State's expectation is that the County will become responsible for an estimated 2,091 current Kaiser SMHS clients, most recently scheduled no earlier than July 2023, but currently delayed to a date uncertain. The County is continuing to advocate for sufficient funding and time to absorb this new, significant responsibility and is seeking information about the potential clients to start transition planning with Kaiser, hiring and expanding the contractor network, as well planning for an expansion to the current array of services based on client level of care needs.

The Drug Medi-Cal (DMC) Organized Delivery System (ODS) Waiver for services provided through a Prepaid Inpatient Health Plan (PIHP) was implemented July 1, 2020 as a regional model of seven counties with Partnership HealthPlan of California (PHC). The initial reconciliation process, which was originally slated for December 2021, has not occurred. The reconciliation will include a cost settlement between the County, PHC and DHCS, as well as potentially rebase the per utilizer per month (PUPM) rate the County pays for services. Potential fiscal impacts are unknown as both the FY2020/21 and FY2021/22 reconciliations have not been completed. Furthermore, as part of CalAIM, the State released a concept paper for Behavioral Health Administrative Integration of mental health and substance use disorder services that will cause administrative changes to current processes. DHCS received approval from the Centers for Medicare and Medicaid (CMS) to reauthorize the DMC-ODS in the CalAIM Section 1915(b) waiver through December 31, 2026, alongside the State's other Medi-Cal delivery systems: Medi-Cal managed care, dental managed care, and Specialty Mental Health Services (SMHS). At this time, it is unknown how this will affect the DMC-ODS regional models like Partnership HealthPlan, but the State's intent is to consolidate specialty mental health services (SMHS) and substance use disorder services into a single county-based behavioral health program. This program will be operated under a single, integrated contract between counties and the State by 2027.

The 2022 Budget Act provided expansion funding to the Department of State Hospitals (\$535.5 million for FY2022/23) to implement strategies/solutions to address the increasing number of individuals with serious mental illness who become justice-involved and deemed Incompetent to Stand Trial (IST) on felony charges. Components of the solutions included providing early stabilization, care coordination, expand community-based treatment and diversion options of felony ISTs by 5,000 beds over four years. Senate Bill (SB) 184 (Chapter 47, Statutes of 2022) created Welfare and Institutions Code (WIC) §4336 which establishes a growth cap for each county for felony IST determinations and includes a county penalty if a county exceeds its growth cap. Beginning in FY2022/23, if a county's total number of annual felony IST determinations exceeds the county's baseline, the county will be subject to a penalty payment. Beginning December 31, 2022, and quarterly thereafter, DSH will provide counties with a progress report. The impact of the penalties charged to Solano County for this expanded mandate are yet to be determined as the Court may refer to County Behavioral Health if resources are available; however, the law still charges the County penalties if the number of referrals are above the State determined baseline, leading to the County being penalized for law enforcement arrests and subsequent Court determinations.

There have been significant statutory changes to court/criminal procedures (Diversion, LPS) to prevent unnecessary jail time, justice involvement, or State hospital institutionalization of persons with mental illnesses. Mental Health Diversion, per Penal Code (PC) §1001.36, has been implemented in Solano County for several years. The Mental Health Diversion program is a pretrial diversion program. This means that after an individual is arrested and charged with a crime, they enter the Mental Health Diversion program instead of being immediately sentenced through a trial or plea deal. However, as of January 1, 2023, statutory changes

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to the criteria for eligibility of diversion lessened and more people now qualify for diversion under the statute. This has increased the number of individuals Behavioral Health is asked to assess and triage for possible treatment to SMHS; this also impacts Partnership HealthPlan as well as those privately insured, and each system's ability to support those needing diversion but who are on the mild/moderate spectrum of need.

Additionally, PC §1370.01, changed in July 2022, allows the Department of State Hospitals to divert those on misdemeanors and felonies. Behavioral Health has begun receiving an increased volume of referrals for assessments and possible LPS conservatorship requests-many of whom are inappropriate for conservatorship and can benefit from first time treatment. This is also greatly impacting Public Guardian in their need to process eligibility for LPS conservatorship in a timely manner and join in clinical and legal conversations with the program and counsel team. Proposition 47 will support misdemeanor IST population and Solano Behavioral Health will be receiving \$100,000 in annual funds to support coordinating and facilitating collaborative County Stakeholder Workgroups that target strategies and seek solutions to reduce the criminalization of individuals with serious mental illnesses and reduce the number of individuals who are determined to be incompetent to stand trial (IST) on felony charges. This was part of the Department of State Hospitals Diversion and Community Restoration Team's Departmental Letter 22-002 sent on December 5, 2022, which also highlights this in relation to CARE Court (see below).

Moreover, changes to LPS laws include AB 2275 (Chapter 960, Statutes of 2022) which modifies the timeline for involuntary holds starting at detention and requires LPS certification review hearings to be held within four days of an individual being certified for intensive treatment, or within seven days of the date an individual was initially placed on a 5150 hold (if not certified for intensive treatment) pursuant to federal case law. This is requiring Behavioral Health to have certification review hearings in hospital emergency departments due to timing and may create new workflows for emergency rooms and jails. The law expands the demands on patient's rights staff and County Counsel who each have a role in the hearing processes. In connection, SB 929 (Chapter 539, Statutes of 2022) requires Behavioral Health to track holds and create MOUs with each hospital to receive highly detailed protected health information data and provide it to DHCS on a quarterly basis, which requires significant information technology support and infrastructure as well. There are also separate requirements to Judicial Reporting by the courts.

CARE Court, under SB 1338 (Chapter 319, Statutes of 2022), is a new civil court process designed to connect individuals with certain mental health diagnoses over a one-to-two-year process with county behavioral health services under the oversight of the courts. Concerns continue to be highlighted around civil rights, clarity for eligibility, roles between county behavioral health services and courts, fines and penalties imposed by the court, and lack of housing stock to meet the requirements of the client plan. Solano Behavioral Health is working toward implementation by December 1, 2024 and has received \$250,000 in planning funds; however, no additional funds have been identified for ongoing treatment with the State asserting that CARE Court clients are already a county responsibility and should be absorbed into the network.

LPS reform under SB 43, introduced by Senator Eggman on December 5, 2022, significantly expands California's criteria for involuntary holds and involuntary commitments/conservatorship by creating a new set of eligibility criteria based solely on a person's mental health disorder or substance use disorder, including alcohol use disorder, if that disorder will result in substantial risk of serious harm to the physical or mental health of a person. Based on how State and federal laws are structured, counties would bear the disproportionate share of costs and liability associated with expanded involuntary commitments. This legislation would further strain the capacities of the mental health workforce and the limited treatment beds and step-down options, and with little to no additional funding.

Broader Behavioral Health Reform for Medi-Cal Managed Care (MCP) and Commercial Insurance: Align behavioral health benefits across all health plans in California so all Californians enjoy access to care. This 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 applied to all county behavioral health plans.

Medi-Cal cost report audits continue to be delayed. The County recently received the FY2013/14 Short Doyle audit which the department intends to appeal its findings. Counties continue to be concerned about the lag in timing of audits and the lack of consistency in how costs are treated. Counties are also unable to submit the FY2021/22 Medi-Cal cost report that was due December 31, 2022 as DHCS has not issued the templates for county submissions. DHCS also continues to indicate their intent to recoup from counties beginning in FY2023/24 previous DHCS errors related to State withholds for the nonfederal share of some inpatient bed days and State claims for services not federally eligible due to unsatisfactory immigration status. Total statewide recoupment for both is \$63.5 million.

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 limited mental health services. The majority of patients served by FHS are Medi-Cal recipients; however, there are a number of uninsured, vulnerable underinsured, and homeless patients served by the clinics as mandated by Welfare and Institutions Code §17000.

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

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

In December 2022, Solano Family Health Services' membership was 26,605 Medi-Cal enrollees assigned through Partnership HealthPlan of California (PHC).

- Due to the shortage of providers, the Fairfield Adult Primary and the Vacaville Primary clinics have been closed to new member assignments from PHC. Although these clinics are closed to new members, FHS focuses efforts on improving the quality of care for those currently enrolled.
- Provider recruitment continues to be an ongoing challenge. The 2022 calendar year ended with a significant shortfall in staffing levels in both County employees and Touro University staffing for specialty care.
- Provider vacancies significantly impacts the financial deficit of the clinics. In addition to recruitment efforts through the County Department of Human Resources, FHS works with a specialized recruiting firm to recruit providers and plans to expand the number of recruiting firms utilized. Additionally, locum tenens providers are used to bridge the gap until permanent positions can be filled.
- Challenges remain with the current electronic health record system impacting productivity, and patient and provider/staff satisfaction. Family Health Services is in the process of finalizing a contract to migrate the current electronic health record system to a new platform. Implementation would begin in February 2024 and anticipated to be completed in September 2024. Funding for the new system has been secured 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 that allows members of congress to request direct funding for projects that benefit the communities they represent.

WORKLOAD INDICATORS

- The COVID-19 pandemic and resulting economic downturn intensified local and national communities' food insecurity. The We're All Family! Mobile Food Pharmacy (MFP) program, sponsored by the Yocha Dehe Wintun Nation, experienced this firsthand through an increase in utilization of their program's healthy and nutritious food distribution. The average total pounds of produce distributed increased by 48.1%. Since the official launch of the program, the MFP has provided more than 760 tons of free and fresh produce to low-income families. The number of Food Rx Prescriptions redeemed by clients (food boxes) increased by 18.5%.
- In 2022, FHS provided primary care and dental health services to 18,591 patients, a decrease of 6% in patients from 2021. There were a total of 54,066 patient visits, a 17% decrease from the prior fiscal year. The decline in patient visits is primarily due to patients not seeking preventive care visits, post-pandemic, and reduced clinic staffing levels impacting the availability of patient appointments, which in turn decreases the number of patients receiving services.
- In 2022, of the 18,597 FHS patients reporting, 28% reported living below 100% of the Federal Poverty Line (FPL) and 83.3% had Medi-Cal Managed Care as their primary insurance or were dually enrolled in Medicare and Medi-Cal. Medicare recipients represented 8.9% of clients, uninsured patients represented 7.5% of clients and the remaining 0.4% were enrolled with a private insurer.

- FHS is evaluating duties and assignments of personnel in both the Call Center and on the Quality Improvement Team with the goal of creating optimal staffing levels and efficiency.

DIVISION BUDGET SUMMARY

The Recommended Budget represents increases of \$777,028 or 2.4% in both revenues and appropriations when compared to the FY2022/23 Adopted Budget. The Recommended Budget includes one-time ARPA-SLFRF contribution in the amount of \$4,486,028 to fund the ongoing structural deficit.

Primary Funding Sources

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

FQHC reimbursement is based on a site-specific encounter rate with an interim encounter rate established during a designated rate setting year. The California Department of Health Care Services (DHCS) conducts an audit of the interim rate at a much later date in order to set a permanent rate. H&SS has already received permanent rates for 365 Tuolumne in Vallejo in FY2010/11, 2101 Courage in Fairfield in FY2005/06, 2201 Courage in Fairfield in FY2010/11, 1119 E. Monte Vista in Vacaville in FY2013/14, and for the dental van in FY2012/13. In FY2021/22, H&SS received a permanent rate for the Primary Care Van retroactively to FY2016/17. Other important funding sources for Family Health Services include the Health Care for the Homeless grant and the Ryan White (HIV/AIDS) grant.

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

Previously, H&SS redirected 1991 Public Health Realignment to cover 100% of the FHS structural deficit, i.e., funding gap. However, 1991 Public Health Realignment is a primary source of County funding for the provision of Public Health services. The continued use of 1991 Public Health Realignment in FHS negatively impacts Public Health's ability to sustain on a long-term basis the core functions of Public Health that are primarily funded with 1991 Public Health Realignment. As a result, the FY2023/24 Recommended Budget includes the utilization of \$4.5 million in one-time ARPA-SLFRF revenue replacement/recovery funds to support the FHS clinics.

The Recommended Budget for Family Health Services includes a \$777,028 or 2.4% net increase in revenues compared to the FY2022/23 Adopted Budget primarily due to the following:

- Increase of \$4,486,028 in ARPA-SLFRF revenue to fund the ongoing structural deficit within the clinics which was funded in FY2022/23 with 50% 1991 Public Health Realignment and 50% County General Fund.
- Decrease of \$1,337,437 in County General Fund.
- Increase of \$521,591 in FQHC revenues under Charges for Services due to a projected increase in encounters resulting from additional providers through a locum tenens contract.
- Increase of \$237,241 in Federal Other to recognize federal Community Project Funding for the electronic health record system upgrade. Representative Garamendi and Senator Padilla secured \$1 million in federal funding for the upgrade which expires July 2024. Family Health Services is working on the application for receipt of the award and will include additional information and/or budget adjustments in the FY2023/24 Supplemental Budget.
- Decrease of \$1,636,859 in Federal Direct – COVID-19 due to one-time COVID-19 related grants received and fully expended in FY2022/23. The Recommended Budget reflects remaining balance of HRSA Capital Grant funding.
- Decrease of \$1,337,436 in 1991 Public Health Realignment. The Recommended Budget reflects the use of \$1,237,344 to fund the cost of care of the uninsured and underinsured (under W&I Code §1700) that cannot be covered by the (HRSA) Section 330 grant and the cost of Public Health services being provided at the FHS clinics such as immunization, and viral and tuberculosis care.

Summary of Division Budget

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- Decrease of \$111,381 in Federal Aid primarily due to a projected decrease in one-time funding from Ryan White Part C Capacity grant which expires August 31, 2023.
- Decrease of \$44,719 in Miscellaneous Revenues due to a decrease in estimated quality incentive revenues from Partnership HealthPlan.

Primary Costs

The Recommended Budget includes \$33,604,960 in appropriations, an increase of \$777,028 or 2.4%. Primary costs are \$20,682,936 for Salaries and Employee Benefits; \$6,729,236 for Services and Supplies; \$2,962,225 in Other Charges; \$184,100 in Fixed Assets; \$251,670 for Other Financing Used; and \$2,794,793 in Intrafund Transfers.

The Recommended Budget includes a \$777,028 or 2.4% net increase in appropriations primarily due to the following:

- Decrease of \$449,652 in Salaries and Employee Benefits due to an increase of \$1,963,528 in anticipated salary savings resulting from vacancies, offset by increases due to negotiated and approved labor contracts.
- Increase of \$489,813 in Services and Supplies primarily due to increases in the Department of Information Technology (DoIT) costs, software maintenance, insurance, contracted and professional services, offset by decreases in computer related costs and non-computer related costs.
- Increase of \$215,331 in Other Charges primarily due to increases in contracted direct services and Countywide Administrative Overhead, offset by decreases interfund professional services and small projects.
- Increase of \$184,100 in Fixed Assets for equipment for the dental clinics.
- Increase of \$26,452 in Other Financing Uses due to increase in pension obligation bond costs.
- Increase of \$310,984 in Intrafund Transfers primarily due to increases in H&SS administrative costs and for staff from other divisions supporting Family Health Services.

Contracts

The FY2023/24 Recommended Budget for Family Health Services includes a total of \$2,016,939 or 6.0% in contracted services. H&SS will return to the Board in June 2023 with a master list of contracts for the Board's consideration.

Fixed Assets

The FY2023/24 Recommended Budget includes the following fixed assets for the dental clinics, funded with ELC grant revenue:

- \$60,000 for six Dexis digital dental x-ray sensors.
- \$44,400 for free standing dental cabinetry.
- \$24,000 for four dental intraoral x-ray sensors.
- \$18,100 for two Statim sterilizers.
- \$17,600 for two autoclave sterilizers.
- \$15,000 for a portable dental unit.
- \$5,000 for a dental x-ray chair.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	1,292,537	2,574,780	1,237,344	(1,337,436)	(51.9%)
INTERGOVERNMENTAL REV FEDERAL	5,381,752	4,138,859	2,627,860	(1,510,999)	(36.5%)
CHARGES FOR SERVICES	16,370,351	23,394,701	23,916,292	521,591	2.2%
MISC REVENUE	2,093,833	1,382,155	1,337,436	(44,719)	(3.2%)
GENERAL FUND CONTRIBUTION	0	1,337,437	4,486,028	3,148,591	235.4%
TOTAL REVENUES	25,138,472	32,827,932	33,604,960	777,028	2.4%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	15,994,063	21,132,588	20,682,936	(449,652)	(2.1%)
SERVICES AND SUPPLIES	4,815,448	6,239,423	6,729,236	489,813	7.9%
OTHER CHARGES	2,086,063	2,746,894	2,962,225	215,331	7.8%
F/A EQUIPMENT	24,960	0	184,100	184,100	100.0%
OTHER FINANCING USES	155,874	225,218	251,670	26,452	11.7%
INTRA-FUND TRANSFERS	2,079,595	2,483,809	2,794,793	310,984	12.5%
TOTAL APPROPRIATIONS	25,156,004	32,827,932	33,604,960	777,028	2.4%
NET COUNTY COST	17,531	0	0	0	0.0%

STAFFING					
FAMILY HEALTH SVS	152.40	156.40	156.40	0	0.0%
TOTAL STAFFING	152.40	156.40	156.40	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

Previously, H&SS used 1991 Public Health Realignment and County General Fund to fill the structural deficit (i.e., funding gap) in FHS. However, 1991 Public Health Realignment is a primary funding source for the County to provide Public Health services. The FY2023/24 structural deficit for FHS of \$4,486,028 will be funded with one-time ARPA-SLFRF funds. On December 6, 2022, the Board allocated \$10 million in ARPA-SLFRF funds for revenue replacement for County services.

SUMMARY OF POSITION CHANGES

The position allocation report published in the FY2022/23 Adopted Budget reflects 5.0 FTE Health Services Managers and 0.0 FTE Medical Records Technician (Senior); however, this is an error, and the FY2022/23 Adopted Budget should have reflected 4.0 FTE Health Services Managers and 1.0 FTE Medical Records Technician (Senior).

On September 27, 2022, the Board adopted a resolution amending the Alphabetical Listing of Classes and Salaries to add the classifications of Health Services Clinic Manager and Health Services Clinic Manager (Senior) and reclassified 4.0 FTE Health Services Managers to 4.0 FTE Health Services Clinic Managers and 1.0 FTE Health Services Manager (Senior) to 1.0 FTE Health Services Clinic Manager (Senior).

There are no changes in position allocation in the FY2023/24 Recommended Budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

Staff continue to review and make operational changes to address quality and clinical performance measures and outputs.

Challenges remain in streamlining processes within the current electronic health record system, which is key to gaining productivity improvements. Efforts to overcome these challenges include care teams created within the health centers to map current processes and find opportunities for improved performance and efficiencies.

FHS is also evaluating the financial and operational considerations for replacing the current electronic health record system in the coming fiscal year. It is anticipated that implementation will require six months to a year and will result in operational downtime (reduced client visits) for training and implementation of the new system. Other potential impacts and the full cost of this

replacement are at the present unclear; however, it is anticipated that once implementation is completed, provider performance and client throughput as well as access to quality data will substantially improve, which can improve overall patient outcomes as well as generate encounter-based revenue.

FHS continues to focus on operational and process improvements in order to optimize client services and revenue generation and anticipates implementing several changes, including provision of improved communication with clients using telehealth and more robust appointment scheduling.

DHCS, Managed Care Plans and community health care associations have begun to offer new financial structure options to FQHCs desiring to move to an Alternative Payment Methodology (APM) model. APM is a payment approach that gives added incentive payments to provide high-quality and cost-efficient care. Replacing the current encounter-based financial system with APM in lieu of the prospective payment system is greatly desired to elevate complex-patient care and improve quality and other clinical and financial outcomes. Family Health Services has a complex patient population with over 40% of the clinic traffic reporting issues with housing and homelessness. In Fall 2022, Family Health Services presented a Letter of Intent (LOI) to DHCS indicating the County's desire to move to an APM Model. The LOI indicated that as a system, Family Health Services is not yet ready or prepared for the change. Family Health Services must undertake several changes including APM financial analysis, a new electronic health record system, coding program, quality/performance leadership, organizational transformation, and a patient-centered staffing plan.

The federal Affordable Care Act (ACA) has so far withstood several repeal attempts. Through ACA, counties' costs of serving the indigent population decreased as many formerly uninsured individuals obtained health coverage through the Medicaid expansion implemented under the ACA. In June 2013, the State signed into law AB 85 (see glossary for definition) which provided a mechanism for the State to redirect counties' 1991 PH Realignment funding previously dedicated to pay for indigent healthcare costs to fund social services programs, specifically the CalWORKs grant increases. For Solano County, the amount redirected each year is \$6.9 million. In the meantime, counties remain responsible for providing healthcare to the indigent population under Welfare and Institutions Code §17000. Any successful attempt to repeal the ACA will have drastic impacts across the healthcare spectrum. Specifically, for the County health centers, a repeal of the Medicaid expansion under ACA would significantly increase counties' indigent healthcare costs, leaving counties with no dedicated funding stream.

With the ending of the federal public health emergency on May 11, 2023, one-time funding awards that were used to support a wide range of pandemic response activities will be ending. These include COVID-19 Vaccination Capacity, COVID-19 Response and Treatment Capacity, Maintaining and Increasing Capacity, Recovery and Stabilization, and Infrastructure.

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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

Emergency Services

The Emergency Services Bureau is comprised of Emergency Medical Services (EMS), Emergency Preparedness and Response, and the Immunization Program, and is responsible for designation and oversight of specialty care medical centers, including Trauma Centers, ST Elevation Myocardial Infarction (STEMI) Centers (hospitals that receive heart attack cases), Stroke Centers, Emergency Departments approved for Pediatrics, and Hospital/EMS Communication Base Stations. The Bureau also provides oversight of emergency medical licensed and accredited personnel, such as Mobile Intensive Care Nurses, Paramedics, and Emergency Medical Technicians. The Bureau coordinates and conducts the annual Statewide Medical and Health Exercise (SWMHE) designed to test the County's medical partners' ability to effectively respond to, and recover from, catastrophic events and/or disasters. The Bureau's EMS Program also serves as the County's Emergency Medical Services Agency and is responsible for oversight of the countywide emergency medical services system. In a public health emergency, the Bureau provides support for emergency operations, distribution of critical supplies (e.g., personal protective equipment), coordination of EMS resources, distribution of vaccines and therapeutic agents as needed and operation of vaccination clinics.

Public Health

Public Health is responsible for monitoring, understanding, and helping to address health concerns facing the community. Public Health performs surveillance for communicable diseases, chronic diseases and injuries, and risk factors for health conditions, and it responds to emerging disease threats and outbreaks. It provides services to vulnerable populations and focuses on prevention of disease, disability, and harmful health outcomes. Public Health 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, public health laboratory, maternal, child and adolescent health, nutrition services, and vital statistics. In 2015, the Older and Disabled Adult Services Bureau (ODAS) merged with Public Health along with services provided through In-Home Supportive Services, Adult Protective Services, Public Administrator / Public Guardian / Conservator, and the Public Authority. In 2019, the Napa/Solano Area Agency on Aging (N/S AAA) was established in the Older and Disabled Adult Services Bureau. The budget and metrics for ODAS and the N/S AAA are included in Budget Unit 7680, Social Services.

In 2022, the Solano County Board of Supervisors approved the reorganization of Solano Public Health to create the EPIC Bureau, (Emergency Services, Preparedness, Immunizations and Communicable Disease), and 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 reduce the spread of disease, conducts contact tracing and case investigations to reduce spread of disease, provides support for emergency operations, distribution of critical supplies (e.g., personal protective equipment), coordination of EMS resources, distribution of vaccines and therapeutic agents as needed and operation of vaccination clinics.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

COVID-19 Response:

Beginning in December 2020 and continuing throughout 2022, Solano Public Health, in collaboration with hospital and community partners, facilitated more than 700 COVID-19 vaccination clinics and helped administer approximately 980,000 doses of vaccine

in Solano County. Solano Public Health continued to partner with local schools, religious institutions, and community centers to operate clinics that serve the needs of the county’s diverse community, while also prioritizing the most at-risk citizens. Solano Public Health coordinated with all 140 long-term care facilities in the county, 4 homeless shelters and 4 homeless providers, 26 senior housing complexes and 66 intermediate care facilities. In addition, vaccinations have been provided to homebound and homeless persons residing in Solano County. The multi-partner mass vaccination and community pop-up clinics have represented a unique and highly efficient model for vaccinations. In addition to vaccination activities, Emergency Medical Services (EMS) has obtained and distributed critical supplies of personal protective equipment, medical therapeutics, testing supplies and related materials throughout the pandemic to healthcare partners in the county.

In 2022, Solano Public Health coordinated, communicated, and collaborated with a multitude of partners, stakeholders, and residents to respond to the COVID-19 pandemic. The Public Health staff across bureaus and programs were redirected to COVID-19 response teams with specific response strategies, such as: communicating with health care providers on the most recent State and national guidance; responding to outbreaks and providing support to businesses and facilities; conducting surveillance testing to quickly detect positive cases in high-risk settings; bolstering case investigation and contact tracing capacity; informing partners and the public about guidance, resources and updates; providing COVID-19 lab testing services to Solano County and four other counties; and providing COVID-19 vaccines to over 354,000 people in Solano County. Through these efforts to date, 72% of eligible Solano residents are fully vaccinated against COVID-19, an additional 9% of eligible residents have been partially vaccinated, and more than 50% of those eligible have received a booster dose of vaccine.

- An Infection Prevention Team was developed to evaluate and train high-risk locations to decrease the spread of the coronavirus in their facilities. In 2022, Public Health staff provided training at 240 facilities, visiting several of these sites multiple times and protecting nearly 3,400 residents in congregate homes.
- In 2022, the Case Investigation and Contact Tracing Team trained a workforce of more than 150 contact tracers/case investigators composed of County employees, State employees, and Touro University students to investigate over 78,100 cases of COVID-19 in Solano County, trace their close contacts, and provide both cases and contacts with guidance and resources.
- The Public Health Laboratory serves five counties (Napa, Solano, Yolo, Marin, and Mendocino) and in 2022, provided an estimated 27,000 COVID-19 lab tests to these counties within a 24–36-hour timeframe. The laboratory implemented eight new testing methodologies for SARS-CoV-2 detection. New instruments and methods have increased testing capacity for COVID-19 from about 100 specimens per day to over 600 specimens per day. The U.S. National Guard, staff from Resource Management’s Environmental Health Division and H&SS Administrative Support Bureau, and individual volunteers contributed to the laboratory’s pandemic efforts, providing specimen accessioning, data entry, and courier support.
- In 2022, the Epidemiology Unit continued to play a lead role in coordinating and providing technical assistance to healthcare providers, partner agencies and other stakeholders in preventing additional deaths and illnesses due to COVID-19. The Epidemiology Unit led weekly conference calls with Solano County healthcare providers and with long-term care facilities to serve as a critical forum for guidance review, technical assistance and questions and answers. This unit maintained the County’s COVID-19 dashboard, providing pertinent information about cases, demographics, trends, and community spread, as well as vaccine data.
- Through 2022, the Outbreak Response Team has investigated more than 350 outbreaks in locations such as prison/correctional settings, skilled nursing, and other residential care facilities for the elderly, day cares, adult developmental facilities, warehouse/manufacturing/business establishments and more. Worksite investigations were conducted at 110 locations and supported infection prevention and adherence to California Occupational Safety and Health Administration (Cal-OSHA) guidance.
- In 2022, the Public Information Team developed and issued press releases, newsletters, social media posts, public service announcements, video updates, newspaper columns, and public health guidance documents to keep community members up to date. The team maintained the COVID-19 website and SolanoCares.org, which housed the list of COVID-19 related resources for the community. The team organized multiple townhall presentations with partner agencies and granted media interviews throughout the year. The team focused on educating communities disproportionately affected by COVID-19 by providing information in English, Spanish, and Tagalog through multiple media channels, including social media, television, radio, newspaper, and bus shelter advertising.

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- In 2022, the Warmline Team responded to many thousands of calls and emails from community members about COVID-19 by providing up-to-date information, linkage to programs, and empathetic listening. Bilingual staff provided Spanish language support for phone calls and written translations. The warmline has also connected 750 homebound residents to in-home vaccines.
- In 2022, a Self-Isolation Support program continued in Solano County for individuals that received a COVID-19 positive test result and who were not able to self-isolate. During their program participation, individuals receive contactless meal deliveries, cleaning services, and support from Solano County Health and Social Services if they have barriers to being healthy, safe, and stable once they leave the program. The COVID-19 Self Isolation program has served dozens of clients.

Additional Highlights:

- The Oral Health Education Program of the Health Promotion and Community Wellness Bureau visited 38 sites; 285 children received a free fluoride varnish application/dental screening and 500 children received oral health education.
- Solano Public Health has worked to become accredited by the Public Health Accreditation Board (PHAB). The accreditation process involved the review and development of over 2,000 documents to measure 328 evidenced-based standards across twelve domains aimed at improving and protecting the health of the public. Following document submission, the accreditation team completed a virtual site visit with PHAB reviewers in September 2020. On February 24, 2023, the PHAB confirmed accreditation status to Solano County Division of Public Health.
- Solano Public Health, in collaboration with the H&SS Resilient Solano internal workgroup and the community collaborative Solano Kids Thrive, continues to lead efforts in partnership with Trauma Transformed, a program through East Bay Agency for Children that aims to advance trauma-informed and healing-centered system change through community and cross-system collaboration. In 2022, Trauma Informed Systems 101 (TIS 101) trainings were held for both H&SS staff and community partner agencies, including Child Start Inc., the faith-based Success Network, Touro University California, Solano County Office of Education, and the Solano Kids Thrive Collaborative. Altogether, 300 staff and community partners were reached with the training. Also, eight additional trainers were trained and will begin leading TIS 101 trainings soon.
- The Community Advancing Racial Equity (CARE) Team is a collaboration of staff from various departments within H&SS, Library, Child Support Services and First 5 Solano to address equity work within the broader community. The team convenes caucuses to work together towards understanding the issues that African American/Black, Latinx, and Asian and Pacific Islander communities face, and for staff to work toward a diverse, inclusive, and equitable workforce, as well as strategize on how best to engage and serve these communities within Solano County.
- The HIV Prevention Program, in partnership with Mercury Pharmacies, continued to provide pre-exposure prophylaxis (PrEP) Navigation for the county. PrEP is pre-exposure prophylaxis to prevent new HIV transmissions in those with ongoing high risk of contracting HIV. The “getprepsolano.org” site provides information on where to get tested throughout the county, including via the County’s mobile testing van. In the first six months of the program, 731 tests were performed.

WORKLOAD INDICATORS

- The Women, Infants and Children (WIC) Program’s caseload experienced an increase during 2022. In July 2022, 8,549 clients received WIC benefits in Solano County resulting in 101.2% of the funded caseload being served. WIC also continued an online pre-screening form; and in 2022, 730 families used this service to start WIC enrollment.
- In 2022, the Communicable Diseases Bureau tracked approximately 1,400 cases of HIV and investigated and closed over 3,250 cases of sexually transmitted disease (STD). There were approximately 413 cases of adult syphilis, a trend that has been increasing over the past decade. There have been similar increases in gonorrhea (~700) and chlamydia (~2,000) cases in 2022.
- During the COVID-19 pandemic, all programs within Maternal Child and Adolescent Health, including home-visiting programs and other services, quickly responded by switching to telehealth/virtual case management visits and client groups, allowing participants to maintain continuity and safely receive services.
- During 2022, Healthy Families Solano enrolled 42 new families, served a total of 108 families, and completed more than 1,200 virtual home visits.

- In 2022, a total of 139 clients were served in the Black Infant Health program.
- Nurse-Family Partnership served 155 clients in 2022; 92 new clients were enrolled, and 47 infants were born, with 98% initiating breastfeeding at birth. Eighteen families completed the program and graduated.
- In 2022, District Nursing continued to play a key role in providing support to the COVID-19 response. District nurses served 104 families and made 217 home visits. In 2022, District Nursing changed its name to Community Nursing IMPACT Program and follows a new evidence informed pilot project.
- The Public Health Laboratory tested more than 21,409 human, animal, tick, and environmental specimens in 2022. The highest volume tests performed on human specimens included Coronavirus SARS-CoV-2 (28.34%), QuantiFERON TB Gold Plus (17.02%), blood lead level (5.2%), and TB smear/culture (11.16%).
- In 2022, Solano Public Health, Vital Statistics Unit issued 2,146 birth certificates, 22,993 death certificates (representing approximately 3,950 deaths in Solano County), and 5,673 death permits. The Vital Statistics Unit continues to work closely with hospitals, funeral homes, and the Sheriff's Office to collect and report important health data for Solano County.
- In 2022, there were 293 Emergency Medical Technicians certified, recertified, and/or registered in Solano County and a total of 174 Paramedics were newly accredited or recertified.

DIVISION BUDGET SUMMARY

The Recommended Budget represents an increase of \$1,477,041 or 2.8% in revenues and an increase of \$2,197,427 or 3.8% in appropriations when compared to the FY2022/23 Adopted Budget. The Recommended Budget includes appropriations of \$6,798,179 in Public Health, \$2,134,823 in Administration and \$241,692 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 \$3,220,957 includes an increase of \$971,486 to offset the impact of the negotiated and approved labor contracts.

Primary Funding Sources

Funding sources for Public Health include various federal grants; fee-for-service; revenue contracts with other counties and private companies; IGT; and federal and State allocations. Programs utilizing federal grants include Nurse-Family Partnership, Health Education and Women, Infants, and Children (WIC). Programs utilizing fee-for-service and revenue contracts include the Public Health Laboratory, Vital Statistics, and Health Promotion and Community Wellness. Programs utilizing federal and State allocations include Tuberculosis Control, Communicable Disease, AIDS Surveillance, AIDS Community Education, Health Promotion and Community Wellness, Community Nursing IMPACT Program (formerly District Nursing), Childhood Lead Poisoning Prevention, Immunization, California Children's Services, Child Health and Disability Prevention, Nutrition Services, and Maternal, Child and Adolescent Health.

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

The Recommended Budget for Health Services includes a \$1,477,041 or 2.8% net increase in revenues compared to the FY2022/23 Adopted Budget. The net increase is primarily due to the following:

- Increase of \$5,000 in Licenses, Permits and Franchise revenues due to increases for lab services and burial permits.
- Increase of \$53,216 in interest income on restricted IGT funds.
- Decrease of \$3,691,572 in COVID-19 State Direct and State Pass Through primarily due to a decrease in the Epidemiology and Laboratory Capacity (ELC) grant revenues and the ending of one-time COVID-19 Immunization and Gov Ops revenues, offset by an increase in Maternal, Infant, Early Childhood Home Visiting Program (MIECHV) American Rescue Plan Act Supplemental funding.
- Net increase in federal grants and allocations of \$314,090 due in part to increases in funding as well as staff redirected to COVID-19 response returning to core programs.
- Increase of \$2,070,253 in Future of Public Health (FoPH) infrastructure funds. These ongoing State funds were allocated to increase public health staffing in local health jurisdictions.

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- Decrease of \$218,778 in one-time California Equitable Recovery Initiative (CERI) funds to advance health equity for disproportionately impacted racial and ethnic groups, rural populations, those experiencing socioeconomic disparities, and the underserved communities.
- Decrease of \$953,274 in one-time COVID-19 Public Health Crisis Response and Public Health Workforce Development Supplemental (WFD) funding to establish, expand, train, and sustain the public health workforce.
- Increase of \$366,686 in State funding primarily due to increases in State allocations for various child related programs as well as the Nurse Family Partnership Program.
- Increase of \$2,821,380 in 1991 Public Health Realignment primarily due to cash flow and increases in costs not covered by other grants or funding sources.
- Decrease of \$234,434 in Charges for Services primarily due to a decrease in administrative service fees from the Solano Emergency Medical Services Cooperative (SEMSC), offset by an increase in recording fees.
- Decrease of \$27,012 in Donations and Contributions primarily from a reduction in the Yoch Dehe Wintun Nation donation, and a Kaiser Permanente grant that was not awarded.
- Increase of \$971,486 in County General Fund contribution to offset the impact of negotiated and approved labor contracts.

Primary Costs

Primary costs for Health Services are \$29,258,320 for Salaries and Employee Benefits, \$13,077,614 for Services and Supplies, \$13,638,481 for Other Charges, \$387,021 for Other Financing Uses, and \$3,558,676 for Intrafund Transfers.

The Recommended Budget for the Health Services Division includes \$51,956,785 in appropriations for Public Health (BU 7800) and \$7,963,327 for Medical Services (BU 7588).

The Recommended Budget includes \$2,197,427 or 3.8% net increase in appropriations primarily due to the following:

- Increase of \$2,960,141 in Salaries and Employee Benefits primarily due to an increase in extra-help, transfer of a position from Tobacco, Prevention and Education program (Fund 390) and increases due to negotiated and approved labor contracts.
- Decrease of \$1,626,084 in Services and Supplies primarily due to decreases in contracted services, medical/dental supplies and advertising/marketing expenditures that were funded with one-time COVID-19 related funding sources, offset by increases in DoIT related costs.
- Increase of \$789,727 in Other Charges primarily due to an increase in countywide administrative overhead reclassification of a contract from contracted services to contracted direct services, and for client support costs, offset by a decrease in interfund personnel costs for staff from Tobacco Prevention and Education Program (Fund 390) supporting public health programs.
- Decrease of \$315,000 in Fixed Assets due to no requests for equipment this fiscal year.
- Increase of \$92,196 in Other Financing Uses primarily due to increases in pension obligation bond costs, transfer out to the General Services Department for the Public Health Lab specimen window project, offset by a decrease in operating transfers out to Napa/Solano Area Agency on Aging (Fund 260) for senior fall assessments.
- Increase of \$296,447 in Intrafund Transfers due to increases in H&SS administrative costs, offset by a net decrease in costs funded by other H&SS divisions.

Contracts

The FY2023/24 Recommended Budget for Health Services includes \$5,278,027 or 8.8% in contracted services for the provision of services to Public Health. H&SS will return to the Board in June 2023 with a master list of contracts for the Board’s consideration.

Fixed Assets

None.

DEPARTMENT COMMENTS

None.

Summary of Division Budget

**7880 – Fund 902-Health Services
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DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
LICENSES, PERMITS & FRANCHISE	23,866	23,000	28,000	5,000	21.7%
FINES, FORFEITURES, & PENALTY	220,094	275,000	275,000	0	0.0%
REVENUE FROM USE OF MONEY/PROP	109,654	104,434	157,650	53,216	51.0%
INTERGOVERNMENTAL REV STATE	31,824,186	37,455,163	39,021,910	1,566,747	4.2%
INTERGOVERNMENTAL REV FEDERAL	6,904,615	8,413,417	7,555,455	(857,962)	(10.2%)
INTERGOVERNMENTAL REV OTHER	863,264	977,083	977,083	0	0.0%
CHARGES FOR SERVICES	1,765,041	2,384,475	2,150,041	(234,434)	(9.8%)
MISC REVENUE	1,991,808	333,702	306,690	(27,012)	(8.1%)
GENERAL FUND CONTRIBUTION	2,249,471	2,249,471	3,220,957	971,486	43.2%
TOTAL REVENUES	45,951,998	52,215,745	53,692,786	1,477,041	2.8%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	21,124,582	26,298,179	29,258,320	2,960,141	11.3%
SERVICES AND SUPPLIES	10,077,504	14,703,698	13,077,614	(1,626,084)	(11.1%)
OTHER CHARGES	12,797,796	12,848,754	13,638,481	789,727	6.1%
F/A EQUIPMENT	123,442	315,000	0	(315,000)	(100.0%)
OTHER FINANCING USES	1,027,647	294,825	387,021	92,196	31.3%
INTRA-FUND TRANSFERS	873,890	3,262,229	3,558,676	296,447	9.1%
TOTAL APPROPRIATIONS	46,024,861	57,722,685	59,920,112	2,197,427	3.8%
NET CHANGE	72,863	5,506,940	6,227,326	720,386	13.1%

STAFFING					
HEALTH SERVICES	170.00	176.00	181.25	5.25	3.0%
TOTAL STAFFING	170.00	176.00	181.25	5.25	3.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in the division's position allocations since the adoption of the FY2022/23 Budget are provided below:

As part of the FY2022/23 Recommended Budget, the Board approved reclassifying 1.0 FTE Clinic Physician (Board Certified) to 1.0 FTE Deputy Health Officer (TBD). On September 13, 2022, the Board amended the Alphabetical Listing of Classes and Salaries to add the new classification of Deputy Health Officer.

As part of the FY2022/23 Midyear Financial Report, the Board added 1.0 FTE Emergency Medical Services Administrator (TBD) to provide oversight of the Emergency Medical Services system. On September 27, 2022, the Board amended the Alphabetical Listing of Classes and Salaries to add the new classification of Emergency Medical Services Administrator.

On September 27, 2022, the Board adopted a resolution amending the Alphabetical Listing of Classes and Salaries to add the classifications of Health Services Program Manager and Health Services Program Manager (Senior), and reclassified 2.0 FTE Health Services Managers to 2.0 FTE Health Services Program Managers, and 3.0 FTE Health Services Manager (Senior) to 3.0 FTE Health Services Program Manager (Senior).

On December 6, 2022, the following position changes were approved by the Board and are funded with California Department of Public Health's Future of Public Health (FoPH) funding that was approved by the California Legislature and the Governor in 2022 (provided through the California Budget Act of 2022) to strengthen the public health workforce:

- Added 0.25 FTE Public Health Nurse to serve in the Public Health District Nursing program.

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- Added 2.0 FTE Limited-Term Health Assistants through June 30, 2024 to support the expansion of services for the Maternal Child and Adolescent Health – Healthy Families Solano.
- Converted 1.0 FTE Limited-Term Communicable Disease Investigator to regular full-time to conduct disease investigations.
- Converted 1.0 FTE Limited-Term Public Health Microbiologist to regular full-time to expand the capacity of the public health lab to respond to current and future public health emergencies.
- Converted 2.0 FTE Limited-Term Public Health Nurses to regular full-time to conduct disease investigation and contact tracing.
- Converted 1.0 FTE Limited-Term (project) H&SS Planning Analyst to regular full-time to function as the health equity coordinator and oversee the FoPH Workplan, as well as multiple community-based contracts.
- Converted 1.0 FTE Limited-Term Epidemiologist to regular full-time to conduct outbreak response.
- Converted 1.0 FTE Limited-Term Health Education Specialist to regular full-time to assist with outreach and education efforts and to continue work on chronic disease prevention and early intervention efforts.

Also, on December 6, 2022, the following new positions were approved by the Board, which are dedicated to continuing COVID-19 response efforts and funded with Epidemiology and Laboratory Capacity Enhancing Detection Expansion COVID-19 State Pass-Through funding allocation through July 31, 2024:

- Added 1.0 FTE Limited-Term Community Services Coordinator through July 31, 2024.
- Added 1.0 FTE Limited-Term Epidemiologist through July 31, 2024.
- Added 1.0 FTE Limited-Term Health Education Specialist through July 31, 2024.

On March 7, 2023, the Midyear Financial Report included the following position changes:

- Extended 1.0 FTE Limited-Term Public Health Nurse through June 30, 2024 to provide comprehensive case management and home-visiting services to high-risk clients, funded with Targeted Case Management (TCM) and a combination of federal and State funds.
- Extended 1.0 FTE Limited-Term Health Education Specialist through May 31, 2024 to assist with outreach and education efforts on chronic disease prevention and early intervention efforts, funded with California Equitable Recovery Initiative (CERI) revenue.
- Extended 1.0 FTE Limited-Term (project) Communicable Disease Investigator through June 30, 2024 to perform mandated investigations of reported cases and educate clients and providers, funded with Communicable Diseases grant revenues.
- Extended 1.0 FTE Limited-Term (project) Communicable Disease Investigator through July 21, 2024 to perform case investigations and contact tracing activities, funded with Epidemiology and Laboratory Capacity (ELC) grant revenues.
- Extended 1.0 FTE Limited-Term Health Education Specialist through June 30, 2024, to provide services for Substance Abuse Block Grant (SABG), Health Promotion and Community Wellness program, funded with SABG and donation from Yocha Dehe Wintun Nation.
- Extended 1.0 FTE Limited-Term Project Manager through July 31, 2024 to assist with COVID-19 public health emergency response efforts, funded with Epidemiology, Laboratory and Capacity (ELC) grant funding.
- Extended 1.0 FTE Limited-Term Project Manager through June 30, 2024 to support the Health Promotion and Community Wellness program, funded with Substance Abuse Block Grant (SABG) and 1991 Health Realignment revenues.
- Extended 1.0 FTE Limited-Term Mental Health Clinician (Licensed) through June 30, 2024 to provide perinatal mental health services within Maternal, Child and Adolescent Health (MCAH), funded with MCAH Title V and Title XIX funds, and 1991 Health Realignment revenues.
- Extended 1.0 FTE Limited-Term Public Health Nurse (Senior) through June 30, 2024 to provide oversight of home-visiting services to high-risk clients, funded with Targeted Case Management, a combination of federal and State funds, and 1991 Health Realignment revenues.

- Extended 2.0 FTE Limited-Term Health Assistants through June 30, 2024 to provide screening, assessments, enrollment and case management services in the Maternal Child and Adolescent Health and California Work Opportunity and Responsibility to Kids (CalWORKs) Home Visiting Programs, funded with CalWORKs Home Visiting Program revenues.

During FY2022/23, 1.0 FTE Health Education Specialist (Senior) was transferred from Health Services to Behavioral Health to provide support to the Substance Abuse Block Grant program.

The FY2023/24 Recommended Budget includes the following position changes:

- Reclassify 1.0 FTE Health Services Program Manager (TBD) to 1.0 FTE Senior Health Services Program Manager (TBD) to align the classification with the job duties being performed, funded with State, Title XIX, Title V, CalWORKs Home Visiting Initiative, and Public Health Realignment.
- Add 1.0 FTE Health Education Specialist transferring from the Tobacco Prevention and Education (BU 7950) program. The position has been supporting and time studying to Health Services.

PENDING ISSUES AND POLICY CONSIDERATIONS

Public Health

It is anticipated that the impacts of the COVID-19 pandemic will continue to abate and will likely result in reduced needs for redirection of Public Health resources to COVID-19 activities. Supplemental COVID-19 funding for Epidemiology and Laboratory Capacity (ELC) Enhancing Detection Expansion expires in July 2024 and other one-time vaccination related revenues expire in June 2024; however, these funds remain available in the coming fiscal year to offset costs related to remaining redirections and to provide some temporary relief on the division's need to over utilize 1991 Public Health Realignment to fund its operations. Public Health continues to monitor vacant positions and move positions between programs within the division to maximize funding where possible.

In 2022, the State Legislature and the Governor approved a budget proposal to provide new ongoing infrastructure funding for local health departments. Solano Public Health will receive an annual allocation of \$2,060,478 in Future of Public Health (FoPH) funding to support and strengthen the public health infrastructure to respond to current and future public health emergencies. These funds will help sustain some of the work funded through one-time COVID-19 funding and allow Public Health to resume its focus on prevention programs.

Public Health is partnering with the Department of Resource Management to implement a lead abatement program in Solano County. Solano County will receive a net total of \$4,986,945 in court settlement funds to implement this program, which will result in abatement of lead hazards in up to hundreds of homes over the next several years. This program will launch in 2023.

Public Health is also partnering 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 Maternal, Child, and Adolescent Health Bureau's home visiting programs and Child Welfare Services. These efforts, among many others, aim to realize an integrated Health and Social Services Department and improve customer service to clients.

In January 2022, the California Department of Healthcare Services (DHCS) notified counties of pending rate changes in the Intergovernmental Transfer Voluntary Rate Range Program. The new rates affected the bridge period covering July 2019 through December 2020, calendar year (CY) 2021 and future IGT transfers for CY2022. In September 2022, H&SS was notified that the final rates have not been determined and that the IGT payment for CY2021 will be an interim payment using existing rates. Once the revised rates are available, the non-federal share will be recalculated and reconciled, and any difference will be included in the CY2022 invoicing process. Included in the Recommended Budget is an estimate for participation in the program; however, the process for applying for CY2022 IGT has not begun. The department will return to the Board for approval to participate in the program either through the Supplemental Budget process for FY2023/24 or as a separate Board agenda item, whichever is appropriate due to timing.

DIVISION PURPOSE

The Department of Health and Social Services – Social Services Division budget has over 18 major programs primarily providing services in the following broad categories: Child Welfare Services (CWS); Employment and Eligibility Services (E&ES), which includes Welfare Administration (WA); and Older and Disabled Adult Services (ODAS). In addition, the Social Services Division is also responsible for In-Home Supportive Services (IHSS) Public Authority Administration (BU 7690) and Napa/Solano Area Agency on Aging Administration (AAA) (BU 7685). Staff in these bureaus are responsible for issuing assistance to clients as budgeted in the Assistance Programs Division (BU 7900).

Child Welfare Services

CWS is a State supervised, county administered program. The program’s purpose is to prevent, identify and respond to allegations of child abuse and neglect. Families in the child welfare system receive services so that children can remain safely in their homes, and children who are temporarily removed from their homes can reunify with their families. For cases in which children are unable to reunify with their families, efforts are made to find a permanent home through adoption or guardianship. CWS services are mandated pursuant to State and federal laws, e.g., Title IV of the Social Security Act, and Chapter 978, California Statutes of 1982.

Employment and Eligibility Services

E&ES contributes to Solano County residents’ well-being by providing safety net public assistance, housing supports, medical insurance enrollment, and employment services. E&ES promotes healthy, safe, and stable lives by assisting low-income families and individuals with obtaining employment, access to health care, food, and cash assistance.

Welfare Administration

WA and the Special Investigations Bureau (SIB) provide overall administration and program integrity through comprehensive investigations of fraud allegations in Social Services programs, the collection of debts, and the timely hearing of appeals.

Special Projects

The Special Projects budget is used for projects that have funding sources separate from State social services funds and that are not included in the consolidated Social Services County Expense Claim for federal and State reimbursement.

Older and Disabled Adult Services

ODAS provides interdisciplinary services to the elderly and disabled who are among the County’s most isolated and vulnerable residents. ODAS focuses on comprehensive, integrated assistance through multiple programs: Adult Protective Services (APS), Napa/Solano AAA services, In-Home Supportive Services (IHSS), In-Home Supportive Services Public Authority (IHSS PA), and Public Administrator (PA)/Public Guardian (PG)/Public Conservator (PC). Although included in Social Services for budgeting purposes, ODAS is organizationally integrated under the Public Health Division. This integration provides for a preventative health focus for the aged and disabled communities in the county.

FUNCTION AND RESPONSIBILITIES

Child Welfare Services

The mission of CWS is to protect children from abuse and neglect by strengthening families or finding safe, permanent homes so that children can grow into healthy productive adults. CWS includes 24-hours a day, 7-days a week, Hotline and Emergency Response Services, Family Maintenance and Family Reunification Services, Transition to Permanency, including Adoption Services, Supportive Transition Services, and Support Services. The programs were passed by State legislation in 1982 with Senate Bill 14 to implement federal requirements under Public Law 96-272.

- Hotline/Emergency Response staff investigate allegations of neglect or abuse of children and decide whether children can safely remain in their own home. Emergency Response may initiate a service plan to reduce risk factors sufficiently to allow children to remain at home or, if this is not possible, complete the legal documentation to request the Juvenile Court to order the children into foster or relative care. Emergency Response is available 24-hours a day, 7-days a week, to respond to situations in which a child is at imminent risk of abuse or serious neglect.

- Family Maintenance and Family Reunification provides an Intensive Family Services model, which engages families, including frequent social worker contact, to address the factors that necessitated CWS involvement through a family focused service approach to support families.
- Transition to Permanency consists of Permanency, Adoptions and Non-Minor Dependency (Supportive Transition Services for young adults ages 18-21) that provide services to children/youth when reunification efforts are unsuccessful. Permanency Placement services are meant to ensure that these children grow up in a permanent, safe, and secure living arrangement. Adoption Services provides the full range of adoption and support services including concurrent planning, placement of children in adoptive homes, and post-adoptive services to the adopting family and children. For non-minor dependents, youth opt to receive supervised independent living placements and/or transitional housing programs as they work towards educational and vocational goals.
- Support Services consists of Resource Family Approval, Staff Development and Training, Family Preservation and Visitation Services, Legal Processing, and Court Support. This unit provides ancillary services to support program operations, service delivery and staff development. Support Services ensures children are placed in a safe, least restrictive environment and are provided timely reunification services and positive parent child interactions in order to reunify. This unit also supports the development of the skills and knowledge social workers need to provide safety, permanency and well-being to children and families.

Employment and Eligibility Services

E&ES provides public assistance, including nutrition, healthcare coverage, housing assistance, cash aid, and employment and training resources to Solano County residents and assists recipients in achieving financial self-sufficiency. Specifically, E&ES administers CalFresh, Medi-Cal, California Work Opportunity and Responsibility to Kids (CalWORKs), and General Assistance.

Welfare Administration and Special Investigations Bureau

WA and the SIB conduct investigations to ensure the prevention and detection of fraud cases. SIB is also responsible for the computation and collection of CalWORKs overpayments and Food Stamp over issuances, as well as the collection of General Assistance debts. The Appeals Unit within SIB is responsible for the timely hearing of appeals of adverse actions filed by recipients. SIB also manages the H&SS employee identification badge access system.

Special Projects

Special Projects is used to account for appropriations related to information technology systems and special programs. Information technology projects include the CalWORKs Information Network (CalWIN) public assistance case management system. Special programs include Transitional Housing Program Plus (THP-Plus) for transition age youth and the use of the Wraparound Reinvestment Fund.

Older and Disabled Adult Services

ODAS is responsible for APS, Napa/Solano AAA services, IHSS, IHSS PA, and the PA/PG/PC. APS responds to and performs investigations of allegations of elderly or dependent adult abuse or neglect (including self-neglect) and is available 24-hours a day, 7-days a week.

The Napa/Solano AAA manages a wide array of federal and State funded services that help support older individuals to live as independently as possible in the community; promote healthy aging and community involvement; and assist family members in their vital care-giving role.

IHSS is a Medi-Cal entitlement program which provides domestic and personal care services to low-income elderly or disabled persons who, without these services, are at risk for out-of-home placement. ODAS IHSS staff provide coordinated case management services which includes program eligibility, intake assessments, annual reassessments, community referral resources, payroll assistance, and referrals to the IHSS PA for recipient-provider matching services.

The IHSS PA provides enrollment services to IHSS providers with the goal of matching IHSS recipients to an IHSS provider on the PA's provider registry. The IHSS PA is also responsible for the recruitment, screening, and training of registry providers. The PG and PC provide personal and financial services to individuals who have been conserved by the Court and who are unable to care for themselves and/or manage their own affairs. The PA's responsibilities are to search for next-of-kin, authorize the

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disposition of decedents' remains, and oversee the distribution of decedents' estates when they have left no direction and/or executor for that purpose.

The IHSS Public Authority is discussed in it's own narrative (BU 1520) and H&SS Social Services' IHSS Public Authority Administration Bureau in it's own narrative (BU 7690).

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

Child Welfare Services

- There continues to be staffing challenges in the social work classification. Retention has improved with the implementation of retention strategies, which include tracking data, conducting exit interviews, and creating a trauma-informed workplace. Recruitments remain open and continuous; however, the number of qualified applicants has decreased.
- Since AB 403 Continuum of Care Reform (CCR) (see glossary for definition) began in 2017, the landscape of foster care placements has been significantly altered. While only 4% of Solano County foster youth are placed in Short-Term Residential Therapeutic Programs (STRTPs), these youth are faced with highly complex behavioral and mental health challenges. With CCR's increased regulations and standards, there are less STRTPs and other high level home-based foster care placements available. As a result, Child Welfare Services faces challenges with placing high-needs youth and arranging for specialized care for these youth.

Employment and Eligibility Services

- To continue receiving Federal Financial Participation for the Statewide Automated Welfare System in California, the Centers for Medicare and Medicaid Services and the Food and Nutrition Service required California to implement a single statewide eligibility system by the end of 2023. The County is scheduled to migrate to the new system, CalSAWS, on July 3, 2023. In addition to changing the eligibility system, CalSAWS will change document imaging, call center, task management, reporting, appointment scheduling, and lobby management functionality. Significant business process redesign, data cleansing, configuration, testing, and training efforts began in 2022 and will continue until the July 2023 system conversion. Some unfunded equipment updates and system upgrades are required to maintain existing functionality. The full scope of necessary investments continues to be assessed.
- Safety net programs have complex regulations and new Eligibility Benefits Specialists require a minimum of six months of intensive training to prepare for independent eligibility determinations. In 2022, 30 new Eligibility Benefits Specialists were trained. As safety net program regulations are subject to ongoing legislative and judicial changes, a new Quality Assurance Unit was formed to further support eligibility staff and improve casework accuracy. In 2022, the unit developed a comprehensive case review guide to support supervisory oversight and conducted eligibility determination reviews for procedural and regulatory accuracy. In 2022, 2,204 eligibility determinations were reviewed by the unit and 481 discrepancies were identified. Case review results are used to provide individual feedback and inform Staff Development about eligibility topics requiring supplemental training support.

Welfare Administration

- Medi-Cal annual redeterminations were waived by the Department of Health Care Services during the pandemic; however, annual redeterminations began April 1, 2023. The projected workload associated with individual client redeterminations will be significant and staff are preparing for increased demands. It is likely that the SIB will engage in some form of internal business process reorganizing to meet the anticipated demands.
- The temporary CalFresh Emergency Allotments which provided a minimum of \$95.00 for CalFresh households ended February 2023. These emergency allotments were authorized under the Families First Coronavirus Response Act of 2020. Beginning in April 2023, clients will receive the regular CalFresh benefits amount, and the difference in aid for some households will be significant. The State Hearings Division is expecting a significant increase in CalFresh hearings as a result. According to the January 2023 Unduplicated Individual Count Report Summary, Solano County has an average of 48,889 CalFresh active cases. The State Hearings Division is unable to predict how many clients will file a hearing.

Older and Disabled Adult Services

- In 2022, there was a 6% increase in APS reports of abuse, which was anticipated with the State mandate for eligibility age decreasing to age 60 from 65.
- Solano County applied for the State's Home Safe Program, launched in 2022, and was granted \$704,172 for services through June 2024. The program serves APS clients who are homeless or at risk of homelessness to receive housing supports and housing location services. In collaboration with the Employment and Eligibility Services Division, the ODAS Home Safe program offers housing location services to provide a full complement of housing services to vulnerable populations. 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.
- The IHSS client caseload was at 5,528 by the end of 2022 which was an additional 207 clients over last year. There has been more demand for services, including caregiver needs, since the start of the COVID-19 pandemic as some providers discontinued care for clients due to concern of COVID-19 exposure. State COVID-19 flexibilities, such as phone/video reassessments, will stop with the end of the public health emergency. However, caseloads continue to grow in IHSS, and current staff are challenged to meet both the intake and annual reassessment requirements.
- Public Guardian / Public Conservator / Public Administrator cases continue to grow in complexity, requiring more time, attention and collaboration with Behavioral Health and community partners to meet client needs, especially related to placement and behavioral health treatment goals. Current caseloads have grown to approximately 100 cases compared to average 60 per Deputy Public Guardian in 2020. The Recommended Budget includes adding a Deputy Public Guardian position to address the Public Administrator caseload.
- In December 2022, the Board honored 42 centenarians, people aged 100 years and older. The celebration was virtual due to COVID-19 safety concerns. According to the U.S. Census Bureau, the U.S. is home to 97,000 centenarians, which is the highest number in the world. Remarkable examples of longevity and the meaning of quality of life, centenarians age with dignity and grace. In our county, centenarians come from diverse ethnic, socioeconomic, religious, and educational backgrounds.

WORKLOAD INDICATORS

Child Welfare Services

- In 2022, CWS received 4,922 reports, 384 more than in 2021 and 875 more than in 2020, for allegations of child abuse and neglect which were evaluated and assessed. Of these 4,922 reports, 2,203 led to investigations. These investigations led to 132 children being placed in out of home care. During this same period, 76 children were returned home, and 56 adoptions or guardianships were legally ordered.
- As of December 2022, CWS had 359 children and youth in out of home placement, as compared to 417 in December 2021. Of the 359 children in out of home placements 110 were with a relative or non-related extended family member, 17 in Short Term Residential Therapeutic Placements (STRTP's) (2 in county/15 out of county), 34 in Non-Relative Solano County Resource Family/Foster homes, 126 in Foster Family Agency Certified Homes, 19 young adults in Supervised Independent Living placements, 47 youth in non-dependent Legal Guardianship placements, 5 dependent youth in Guardianship placements, and 1 youth in other placement types (court ordered or specialty homes).

Employment and Eligibility Services

- In 2022, the Employment and Eligibility Services Division (E&ES) served 161,637 unduplicated county residents representing 36% of the county population, a 7% increase over 2021. For those individuals and families, E&ES maintained Medi-Cal health insurance for 146,994 individuals and approved \$199.6 million in public assistance benefits. This total includes \$152.9 million in CalFresh nutrition assistance, \$32.3 million in CalWORKs cash assistance, \$6.2 million in CalWORKs supportive services including housing support, \$6.8 million in childcare assistance, and \$1.4 million in General Assistance.
- E&ES workload consists of accepting applications and managing active cases for safety net programs including CalWORKs cash assistance and employment readiness supports for families, CalFresh nutrition assistance, Medi-Cal health coverage, and the General Assistance loan program for indigent adults. In 2022, the average monthly caseload for each of the programs

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administered by E&ES grew compared to 2021 with CalWORKs caseload growing by 3,110 or 5%; CalFresh growing by 27,880 or 12%; Medi-Cal growing by 71,025 or 9%; and General Assistance growing by 263 or 42%.

- In 2019 (pre-COVID), 137,672 community members visited E&ES lobbies. In 2020, the number declined to 78,939 and declined further to 63,932 in 2021. However, in 2022 the number has rebounded to 102,370. In 2022, E&ES also handled 126,451 calls to the Regional Office and Benefit Action Center call centers, an 18% increase over 2021 volumes.
- In 2022, E&ES processed 72,084 safety net program applications, comparable to the 72,297 applications received in 2021. In addition, 874 referrals were received for supportive housing assistance for individuals and families at imminent risk for or experiencing homelessness, representing an 81% increase in requests compared to 2021. E&ES successfully housed and provided rental assistance for 465 unique households in 2022, a 129% increase compared to 2021.

Welfare Administration

In calendar year 2022:

- The Special Investigations Bureau (SIB) conducted 4,438 investigations in which 2,400 of the concluded investigations resulted in the reduction, denial or discontinuance of benefits or the referral for Administrative Disqualification Hearing (ADH) or prosecution.
- The Overpayment Recovery Unit computed 760 (243 CalWORKs and 517 CalFresh) overpayments/over issuances totaling \$1,724,917.
- The Appeals Unit held 1,155 hearings from represented programs, including CalFresh, CMSP, CalWORKs, General Assistance, IHSS, and Medi-Cal.

Older and Disabled Adult Services

In calendar year 2022:

- APS investigated 2,460 reports of elderly adult and dependent adult abuse. Complexity of cases as measured by number of allegations investigated have steadily increased each year with financial abuse and self-neglect being the most common.
- Public Guardian / Public Conservator managed 348 cases and closed 19 cases.
- Public Administrator investigated 35 open cases and closed 8 cases.
- IHSS received 2,215 new applications for services, a 13% increase compared to 2021. Of this total, 1,408 were assigned for intake assessments and 1,196 were denied due to program eligibility criteria not being met. As of December 31, 2022, IHSS caseload totaled 5,528 recipients.
- IHSS Enrollment Team provided orientations to 1,259 individuals and provided phone and walk-in assistance to over 2,349 individuals.

DIVISION BUDGET SUMMARY

The Recommended Budget represents increases of \$15,413,484 or 11.3% in both revenues and appropriations when compared to the FY2022/23 Adopted Budget. The County General Fund Contribution of \$16,756,168 reflect an increase of \$7,539,428 or 81.8%.

Primary Funding Sources

The primary funding sources for Social Services’ 24 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 FY2023/24 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 \$20.2 million in Realignment revenues in FY2023/24. The estimated Realignment receipts are projected at the same level as FY2022/23 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 FY2023/24.

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 of the administration of Social Services programs are shared by federal, State, and county agencies based on ratios developed from the State Quarterly County Expense Claim (CEC) (see glossary for definition) which may vary based on time study hours and caseloads. The timing of receipt of revenues also impacts forecasts. In developing the budget, various assumptions must be made based on these noted factors.

The Recommended Budget for Social Services includes a \$15,413,484 or 11.3% net increase in revenues compared to the FY2022/23 Adopted Budget, primarily due to the following:

- Increase of \$4,867,686 in combined 1991 and 2011 Realignment revenues representing increased need of Realignment revenue to cover projected program costs and cash flows in Social Services.
- Increase of \$3,083,040 in combined State and federal revenues primarily due to projected increases in Medi-Cal, CalWORKs, and Child Welfare Services revenues.
- Decrease of \$253,053 in prior year State and federal revenues due to lower revenues estimated when compared to the FY2022/23 Adopted Budget relative to revenue recognition during the fiscal year in compliance with Government Accounting Standard Board (GASB) Statement No. 33.
- Increase of \$257,950 in Operating Transfers-In from Fund 216 – Napa/Solano AAA representing reimbursement for program management and administrative support costs.
- Increase of \$7,539,428 in County General Fund Contribution primarily due to increase in spending in the administration of CalFresh, CalWORKs and Medi-Cal and transfer of County General Fund for Child Welfare Services administration from Assistance Programs (BU 7900) to Social Services (BU 7680).

Primary Costs

Child Welfare Services (BU 7600) – With recommended appropriations of \$34,467,760, CWS includes the costs of social workers, supervisors, eligibility workers, and administrative and clerical support staff dedicated primarily to child protective services. Other programs administered by CWS include Adoptions, Foster Care Eligibility, Supportive and Therapeutic Options, Family Preservation, Wraparound Services, Child Abuse Prevention, Transitional Housing Placement Program, Bringing Families Home, Emergency Child Care Bridge Program, and contracted Community Services.

Employment and Eligibility Services (BU 7650) – With recommended appropriations of \$85,003,047, 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 \$9,224,640, 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

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benefits for assistance programs and IHSS services. Clerical and accounting staff who handle fiscal disbursement functions for the assistance programs are also included in this cost center.

Special Projects (BU 7675) – With recommended appropriations of \$3,852,170, Special Projects includes the costs for the Transitional Housing Assistance Program for emancipated foster youth, the CalWIN database and case management system used to determine eligibility for Assistance Programs and other costs covered by the CalWIN allocation, and other grants for ODAS and CWS Divisions.

Older and Disabled Adult Services (BU 7640) – With recommended appropriations of \$17,961,327, 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 \$1,051,962, Napa/Solano AAA includes the costs of staff dedicated to Napa/Solano AAA.

Social Services Support (BU 7670) – With recommended appropriations of \$1,484 which represents Countywide Administrative Overhead cost changes.

The Recommended Budget includes a \$15,413,484 or 11.3% net increase in appropriations compared to the FY2022/23 Adopted Budget:

- Increase of \$8,814,916 in Salaries and Employee Benefits due to negotiated and approved labor contracts. The net increase is also attributed to additional positions in ODAS and Welfare Administration Divisions (see Summary of Position Changes for details) and decrease in salary savings.
- Increase of \$806,056 in Services and Supplies due to increases in liability insurance costs, fuel and lubricants charges, Department of Information Technology (DoIT) charges, special department expense for the Napa/Solano Area Agency on Aging, and county garage services. These are offset by decreases in various other line items such as contracted direct services and data processing services.
- Increase of \$5,464,120 in Other Charges due to increases in CalWORKs childcare, support and care of persons, contracted direct services, housing and transportation for clients, interfund charges from the Department of General Services, County Counsel and other departments, and Countywide Administrative Overhead.
- Increase of \$153,526 in Fixed Assets primarily representing purchase and installation costs of kiosks for the E&ES Division which will be used by clients as part of CalSAWs implementation.
- Increase of \$41,961 in copier leases, which was reflected in Other Charges in prior fiscal years.
- Increase of \$107,692 in Other Financing Uses due to an increase in pension obligation bond rate costs.
- Increase of \$25,213 in Intrafund Transfers primarily due to an increase in Social Services' share of H&SS Administration costs.

Contracts

The FY2023/24 Recommended Budget for Social Services includes \$5,472,615 or 3.6% in contracted direct services for the provision of services to CWS, E&ES and ODAS. H&SS will return to the Board in June 2023 with a master list of contracts for the Board's consideration.

Fixed Assets

The FY2023/24 Recommended Budget includes the following fixed assets:

- \$264,688 for the purchase and installation of five kiosks in the E&ES Division which will be used by clients as part of CalSAWs implementation.

DEPARTMENT COMMENTS

None.

Summary of Division Budget

**7680 – Fund 902-Social Services
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DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	398	0	0	0	0.0%
INTERGOVERNMENTAL REV STATE	42,963,030	46,392,086	50,021,885	3,629,799	7.8%
INTERGOVERNMENTAL REV FEDERAL	66,304,161	78,805,011	82,872,885	4,067,874	5.2%
CHARGES FOR SERVICES	581,427	775,957	644,490	(131,467)	(16.9%)
MISC REVENUE	484,132	165,100	215,000	49,900	30.2%
OTHER FINANCING SOURCES	604,404	794,012	1,051,962	257,950	32.5%
GENERAL FUND CONTRIBUTION	7,986,946	9,216,740	16,756,168	7,539,428	81.8%
TOTAL REVENUES	118,924,498	136,148,906	151,562,390	15,413,484	11.3%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	78,110,862	87,170,735	95,985,651	8,814,916	10.1%
SERVICES AND SUPPLIES	11,590,588	13,765,190	14,571,246	806,056	5.9%
OTHER CHARGES	19,902,913	24,174,755	29,638,875	5,464,120	22.6%
F/A BLDGS AND IMPRMTS	0	0	140,000	140,000	100.0%
F/A EQUIPMENT	47,930	111,162	124,688	13,526	12.2%
LEASES	0	0	41,961	41,961	100.0%
OTHER FINANCING USES	823,090	892,738	1,000,430	107,692	12.1%
INTRA-FUND TRANSFERS	8,477,633	10,034,326	10,059,539	25,213	0.3%
TOTAL APPROPRIATIONS	118,953,017	136,148,906	151,562,390	15,413,484	11.3%
NET CHANGE	28,519	0	0	0	0.0%

STAFFING					
SOCIAL SERVICES DIVISION	669.00	694.50	695.50	1.00	0.1%
TOTAL STAFFING	669.00	694.50	695.50	1.00	0.1%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

The County General Fund Contribution of \$16,756,168 increased by \$7,539,428 or 81.8% when compared to the FY2022/23 Adopted Budget.

The Recommended Budget includes \$6,232,260 increase in Salaries and Employee Benefits due to negotiated and approved labor contracts. These increases along with increases in various countywide charges contributed to the increase in allocated program costs particularly in E&ES and ODAS Divisions. The County 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.

Also, the Recommended Budget includes \$3,119,826 County General Fund for the administration of Child Welfare Services, which was included in Assistance Programs (BU 7900) in FY2022/23 but is more appropriate to include in Social Services Division (BU 7680).

SUMMARY OF POSITION CHANGES

Changes in the division's position allocations since the adoption of the FY2022/23 Budget are provided below by program:

Employment and Eligibility Services

In 2019, the Board approved reclassifying 3.0 FTE Employment Resource Specialist IIs to Human Services Support Specialists (TBD). On September 13, 2022, the Board adopted a resolution amending the Alphabetical Listing of Classes and Salaries to add the new classification of Human Services Support Specialist. The new classification will perform the helpdesk functions for end-users of the eligibility, employment, child welfare, and case management systems and auxiliary systems.

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

On January 10, 2023, the following position changes were approved by the Board:

- Extended 12.0 FTE Limited-Term Eligibility Benefits Specialist II through June 30, 2024, to complete Medi-Cal redeterminations required for all households at the conclusion of the COVID-19 federal public health emergency.
- Added 4.0 FTE Eligibility Benefits Specialists II to address increased caseloads, primarily in the CalFresh program.
- Deleted 1.0 FTE Office Assistant III.
- Deleted 1.0 FTE Employment Resource Specialist II.
- Deleted 1.0 FTE Special Programs Supervisors.
- Deleted 1.0 FTE Staff Development Trainer.

On March 7, 2023, the following position changes were approved by the Board:

- Deleted 1.0 FTE Social Worker II.
- Extended 1.0 FTE Limited-Term (project) Program Analyst through December 23, 2023. The position serves as the primary data and technical subject matter expert for the CalSAWS project, funded with new federal and State allocation funds.

On June 30, 2023, 1.0 FTE Limited-Term (project) Project Manager will expire and is not recommended for extension. The position served as the primary business process and policy analyst for the CalSAWS project. Solano County will migrate to CalSAWS in July 2023.

Welfare Administration

The FY2023/24 Recommended Budget includes the following position changes:

- Add 2.0 FTE Limited-Term Appeals Specialist through June 30, 2025 to address anticipated increase in appeals resulting from Medi-Cal redeterminations resuming with end of public health emergency. The positions are funded with federal and State allocations.
- Reclassify 1.0 FTE Clerical Operations Supervisor to 1.0 FTE Office Supervisor (TBD) to align the classification with the job duties being performed. The position is funded with federal and State allocations.

Older and Disabled Adult Services

The FY2023/24 Recommended Budget includes the following position changes:

- Add 1.0 FTE Deputy Public Administrator / Public Guardian / Public Conservator to address the increased caseload. The position is funded with County General Fund.

PENDING ISSUES AND POLICY CONSIDERATIONS

Child Welfare Services

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

Title IV-E Part 1 authorizes prevention services to be provided to children at risk of entering foster care. Implementation of the prevention program under the FFPSA will further California’s efforts to transform from a child protection and foster care system to a child well-being system within a reimagined child and family well-being continuum. This will provide for a shift in the current paradigm, changing from a focus on reaction to a focus on prevention and early intervention with the goals of reducing incidences of abuse and neglect, decreasing entries into foster care, reducing disproportionality, addressing systemic and historical traumas, promoting the social determinants of health, and improving the lives of children, youth, and families. Solano County Child Welfare Services has opted into FFPSA and is in the process of developing a Comprehensive Prevention Plan (CPP) which will outline

the target populations and prevention strategies. Once the CPP is approved by the California Department of Social Services, Child Welfare Services will initiate the implementation of a Prevention Program.

Employment and Eligibility

Resumption of Medi-Cal Redeterminations: On December 29, 2022, the Consolidated Appropriations Act of 2023 was enacted. With the passage of this bill, the continuous coverage requirement that paused all Medi-Cal redeterminations since March 2020 will be decoupled from the public health emergency. On April 1, 2023, eligibility redetermination requirements resumed for more than 70,000 active Medi-Cal cases and must be completed by June 30, 2024. In collaboration with various community partners, efforts are underway to contact recipients and update contact information to reduce potential coverage gaps resulting from loss of contact with recipients. On February 1, 2022, the Board of Supervisors approved 12 Limited-Term Eligibility Benefits Specialists to help complete this work, and on January 10, 2023, the Board extended the term of these positions to June 30, 2024.

In 2019, the County Welfare Directors Association of California (CWDA) engaged with the California Department of Social Services to review and revise the methodology used by the State for purposes of budgeting county CalFresh administration funding. This effort was tabled due to the COVID-19 pandemic, but counties have submitted workload data intended to inform the development of the FY2023/24 CalFresh administration budget. CWDA estimated that the existing CalFresh budgeting methodology equated to about 60 percent of county costs before recent inflationary impacts on operational costs. This underfunding, combined with a 36% growth of active CalFresh cases over the course of the COVID-19 pandemic and an upward trend of CalFresh applications, is impacting timeliness of program eligibility determinations.

In May 2022, the maximum time on aid for CalWORKs adults changed from 48 months back to 60 months. Over 400 adults regained eligibility to CalWORKs cash assistance and services to support work readiness and employment engagement. Some of these supportive services include transportation assistance and ancillary expenses such as tuition, books, uniforms, and tools. For the period July 2022 through December 2022, the average monthly cost of ancillary expenses increased from \$34,859 to \$63,854 or 83%. Transportation costs for this same period increased from a monthly average of \$20,754 to \$52,435, a 152% increase. The number of families receiving transportation assistance also grew from 125 per month to 243, an increase of 94%. With the end of the federal COVID-19 Public Health Emergency on May 11, 2023, the blanket good cause for non-participation in Welfare-to-Work activities will be lifted. Additional supportive services costs are anticipated as non-exempt adults will again be required to participate in work or work readiness activities as a condition of cash assistance eligibility.

As enacted by Senate Bill (SB) 184 (Chapter 47, Statutes of 2022), California will implement State-funded full-scope Medi-Cal expansion to individuals aged 26 through 49 years, regardless of immigration status, if otherwise eligible, beginning January 1, 2024. It is unclear what the workload impact will be on E&ES at this time.

Older and Disabled Adult Services

In June 2019, Governor Newsom, recognizing California's over-65 years old population is projected to grow to 8.6 million by 2030, signed an executive order calling for the creation of a Master Plan for Aging. Due to the COVID-19 pandemic, the Master Plan on Aging rollout was delayed until January 2021. The plan was slated to serve as a blueprint to build healthy age friendly communities. This plan is broad covering five key areas related to aging including housing, health care, equity and inclusion, caregiving, and affordability of aging. Stakeholder work groups, sharing best practices in these areas across counties and movement towards prioritizing aging related agendas became the norm. In 2022, the Napa/Solano Area Agency on Aging in collaboration with the Solano County/Contra Costa County Independent Living Center continues to plan for the Adult Disability Resource Connection. It is anticipated to be in place by the end of 2023. This will promote integration of service delivery, one-stop information and referral for more coordination of services between aging service delivery entities including county and community agencies.

In 2021, the California Department of Social Services (CDSS) Adult Protective Services received federal funding to serve elder and dependent adult abuse in unique methods. This resulted in ODAS receiving a one-time allocation of \$80,000 to expend by September 30, 2023. The funding supports client management needs and a media educational campaign on Financial Exploitation Prevention for seniors and dependent adults.

In August 2022, CDSS informed program staff of the successful completion of the Quality Improvement Action Plan maintaining 80% compliance for overall overdue IHSS reassessments; however, CDSS administered a third Quality Improvement Action Plan – corrective action – for being out of compliance in maintaining at least 90% in overdue client assessments for the most fragile

clients who are most at risk for out of home placement. With the resumption of Medi-Cal redeterminations, staff are informing In-Home Supportive Services clients about the need to maintain Medi-Cal eligibility in order to receive IHSS services.

The Recommended Budget does not reflect any economic impacts that may result with the ending of both the State and the federal public health emergencies. The department's Supplemental Budget will address necessary budgetary adjustments, including anticipated additional funding for critical programs, reductions in funding streams reliant on sales tax and other revenues, interest income/expense adjustments due to the Federal Reserve's actions to raise interest rates in hopes of weighing down inflation, and compounded by sharply rising wage and benefit costs. The review will also include recent federal and State legislation enacted to address the pandemic and the Governor's May Revise. Please refer to the H&SS Department Summary for information on anticipated impacts to the department.

BUREAU PURPOSE

On March 5, 2002, the Solano County Board of Supervisors established an In-Home Supportive Services (IHSS) Public Authority (PA) to act as the Employer of Record for In-Home Supportive Services providers. In addition to serving as the employer of record for IHSS providers, the IHSS PA also provides services to IHSS consumers. Health and Social Services' (H&SS) Social Services Division, through a Memorandum of Understanding (MOU) with the IHSS PA Board, provides the administration for the IHSS PA. This budget unit was established to track revenues and expenditures for staff positions and other operating costs affiliated with the administration of the IHSS PA.

FUNCTION AND RESPONSIBILITIES

H&SS dedicates staff and operating expenditures in this budget unit to fulfill the requirements set forth in Welfare and Institutions Code §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 2022:

- IHSS PA continued to recruit providers to the Registry, receiving 331 applications. Despite many interventions to assist applicants to complete Registry onboarding such as videoconference interviews and Registry orientation, only 87 completed the process and were added to the Registry. Many failed to complete their applications due to the availability of employment in supported living service environments at higher wages.
- The average number of active IHSS providers on the Registry was 267, with 136 already fully assigned to work for one or more consumers. The IHSS PA received 945 requests for caregivers in 2022, and due to limited available caregivers on the Registry, 84% of IHSS consumers were not able to get matched with a caregiver on the Registry. IHSS PA staff assist consumers with connections and resources to find alternative caregivers.
- In October 2022, the IHSS PA implemented the Backup Provider System (BUPS) which 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 the continued response to the COVID-19 public health emergency, the IHSS PA continued to provide information to Registry clients regarding the COVID-19 Emergency Backup Registry (EBUS), informed IHSS clients and their providers about the availability of paid sick leave for COVID-19 related reasons and distributed 23,550 gloves and 2,950 masks to IHSS providers and consumers.

WORKLOAD INDICATORS

In calendar year 2022:

- The IHSS PA maintained an average of 267 providers on the IHSS PA Provider Registry to serve an average of 334 IHSS consumers per month, a 12% increase over the prior calendar year. These providers represent a subset on the 5,545 IHSS paid providers countywide as of December 2022.
- Processed 331 applications from individuals interested in being placed on the IHSS PA Provider Registry, resulting in 87 new providers added.
- Received and processed 945 provider list requests from IHSS recipients who requested assistance in finding a provider.
- Provided 1,867 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 1,280 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 23,550 pairs of gloves and 2,950 masks to IHSS consumers upon request.
 - Advertised the availability of First Aid and CPR classes to all IHSS providers, assisted with their enrollment in the class and the issuance of their First Aid/CPR card.

BUREAU BUDGET SUMMARY

The FY2023/24 Recommended Budget represents increases of \$128,849 or 14.2% in both revenues and appropriations when compared to the FY2022/23 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

The FY2023/24 Recommended Budget projects a \$128,849 or 14.2% increase in revenues primarily due to the following:

- Increase of \$128,849 in Operating Transfers-In due to higher reimbursement from Fund 152 due to an overall increase in costs.

Primary Costs

Primary costs for IHSS PA Administration are \$763,013 for Salary and Employee Benefits; \$103,802 for Services and Supplies; \$102,649 for Intra-fund Transfers; \$60,173 for Other Charges; and \$7,470 for Other Financing Uses.

The FY2023/24 Recommended Budget projects a \$128,849 or 14.2% increase in appropriations primarily due to the following:

- Increase of \$5,627 in Salaries and Employee Benefits primarily due negotiated and approved labor contracts.
- Increase of \$3,695 in Services and Supplies due to increases in data processing services, travel expense, utilities, and management business expense, offset by decreases in copier and computer related costs and special departmental expenses.
- Increase of \$11,170 in Other Charges primarily due to an increase in Countywide Administrative Overhead costs.
- Increase of \$108,100 in Intra-fund Transfers primarily due to increases in H&SS administration costs allocated to BU 7690 and reduced IHSS-PA time study cost transferred to Older and Disabled Adult Services (ODAS) budget unit for staff support to the IHSS enrollment team and to the Quality Assurance Program Integrity Unit.

Contracts

The FY2023/24 Recommended Budget includes the following significant contracts:

- \$17,180 for software licenses and maintenance services.
- \$15,600 for provider training and support.

Fixed Assets

None.

BUREAU COMMENTS

None.

Summary of Division Budget

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

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
CHARGES FOR SERVICES	57,373	0	0	0	0.0%
MISC REVENUE	4,800	15,600	15,600	0	0.0%
OTHER FINANCING SOURCES	658,683	892,658	1,021,507	128,849	14.4%
TOTAL REVENUES	720,856	908,258	1,037,107	128,849	14.2%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	630,418	757,386	763,013	5,627	0.7%
SERVICES AND SUPPLIES	82,901	100,107	103,802	3,695	3.7%
OTHER CHARGES	10,757	49,003	60,173	11,170	22.8%
OTHER FINANCING USES	6,093	7,213	7,470	257	3.6%
INTRA-FUND TRANSFERS	(9,312)	(5,451)	102,649	108,100	(1983.1%)
TOTAL APPROPRIATIONS	720,856	908,258	1,037,107	128,849	14.2%
NET CHANGE	0	0	0	0	0.0%

STAFFING					
IHSS - PA ADMINISTRATION	5	5	5	0	0.0%
TOTAL STAFFING	5	5	5	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

There are no changes in position allocation in the FY2023/24 Recommended Budget.

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.

In August 2022, All County Letter 22-65 was issued mandating the implementation of a Back-up Provider System (BUPS) to allow a two-dollar differential to be paid to a Registry caregiver who is referred or dispatched to a consumer who has an urgent need. In 2023, the IHSS PA will continue to advertise this new service to IHSS consumers to encourage its usage, and to Registry Caregiver applicants as an incentive to join the Registry.

The California Department of Social Services (CDSS) has implemented the IHSS Career Pathways program that provides training and stipends to IHSS caregivers who attend classes through their approved training vendors. The IHSS PA continues to provide outreach regarding this training program and plans to supplement this training by offering a series of non-paid IHSS-topic related virtual trainings to assist providers and consumers in using the Electronic Timesheet System, better understanding of Hourly Task Guidelines, and other topics that are not part of the IHSS Career Pathways program.

The Electronic Visit Verification System will be updated in July 2023 to comply with the federal 21st Century Cures Act. Under this update, IHSS providers who do not live with their clients will be required to check in and check out when they begin and end their shift. This new functionality primarily impacts the Registry caregiver population. IHSS PA will hold several meetings with Registry and other providers to assist them in this transition.

DIVISION PURPOSE

This budget unit tracks financial aid for recipients of mandated social services assistance programs.

FUNCTION AND RESPONSIBILITIES

The Assistance Programs provide mandated categorical aid to eligible persons based on federal and State criteria. These include California Work Opportunity and Responsibility to Kids (CalWORKs) (see glossary for definition), Refugee Resettlement Program, Adoptions Assistance Program (AAP), Foster Care Assistance, General Assistance (GA), Approved Relative Caregiver (ARC), Work Incentive Nutritional Supplement (WINS), State Utility Assistance Subsidy (SUAS), and Low-Income Home Energy Assistance Program (LIHEAP) payments.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

Projecting the cost of Assistance Programs is challenging, given frequent changes in federal and State regulations for eligibility, duration, and assistance program criteria, as well as court decisions and economic conditions. The Recommended Budget projections are based on current trends in caseloads. Adjustments, if needed, will be included in the FY2023/24 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 \$8,094,324 or 13.8% in both revenues and appropriations when compared to the FY2022/23 Adopted Budget. The County General Fund (CGF) contribution of \$4,008,469 represents a decrease of \$2,268,268 or 36.1%.

Primary Funding Sources

The primary funding sources are federal entitlement funds, State funds, 1991 and 2011 Realignment (see glossary for definition), and County General Fund. Federal funds include Foster Care and Adoptions Assistance (Title IV-E), CalWORKs or Temporary Assistance for Needy Families (TANF) (see glossary for definitions), and Title XX federal funds.

Both Foster Care and Adoptions Assistance programs are also included in 2011 Realignment which redirected sales tax revenues to counties to fund the State's share of these programs and shifted the financial responsibility to counties for 100% of the non-federal share of costs. The cost to the County General Fund will increase if sales tax revenues are not sufficient to cover costs.

CalWORKs Assistance was realigned from the State to counties with 2011 Realignment differently from other programs. The State shifted Proposition 63 – Mental Health Services Act (MHSA) (see glossary for definition) funding on a one-time basis to fund Mental Health Programs which were, at that time, funded through 1991 Realignment. The State then shifted the 1991 Mental Health Realignment funds to pay for CalWORKs Assistance costs.

In addition, Assembly Bill (AB) 85 (see glossary for definition) changed the 1991 Realignment structure to enable counties' indigent health care savings, resulting from California's election to implement Medi-Cal expansion under the Affordable Care Act, to be captured and redirected to pay for CalWORKs State General Fund assistance costs, thereby freeing up State General Fund to pay for the State's Medi-Cal expansion costs. The State added subaccounts in the 1991 Realignment structure, namely the Family Support Account, funded with 1991 Realignment Sales Tax revenues and the Child Poverty and Family Supplemental Support, funded by Vehicle License Fees.

To provide funding for the Child Poverty and Family Supplemental Support subaccount, AB 85 changed the 1991 Realignment general growth formulas, capping general growth for the Health subaccount at 18.45% and eliminating general growth funding for Social Services. The Child Poverty and Family Supplemental Support subaccount is used to fund CalWORKs Assistance grant increases and the repeal of the Maximum Family Grant (MFG) rule (see glossary for definition), effective January 1, 2017. To the extent that 1991 Realignment funds resulting from the account structure change do not cover the State's share of cost for CalWORKs, the State is continuing to fund their share from State General Fund.

Summary of Division Budget

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

The Recommended Budget for Assistance Programs projects a \$8,094,324 or 13.8% net increase in revenues compared to the FY2022/23 Adopted Budget primarily due to projected increases in Adoptions, CalWORKs and General Assistance; offset by a decrease in projected Foster Care Assistance costs. The changes are reflected in the following revenue sources:

- \$8,822,050 increase in State and federal revenues.
- \$1,540,542 increase in combined 1991 and 2011 Realignment revenues.
- \$2,268,268 decrease in County General Fund contribution.

Primary Costs

The FY2023/24 Recommended Budget for Assistance Programs projects \$8,089,324 or 13.8% net increase in appropriations compared to the FY2022/23 Adopted Budget. The projected increase is primarily the result of the following:

Adoptions Assistance Program (BU 7901) – \$1,382,613 or 13.9% net increase in appropriations due to increase in projected paid cases based on current trends.

Foster Care Assistance programs – \$2,558,636 or 14.2% net decrease in appropriations due to the following:

- Kin-GAP (BU 7902) – Costs are projected to decrease by \$10,824 or 0.7% when compared to FY2022/23 Adopted Budget.
- Foster Care (BU 7903) – Costs are projected to decrease by \$2,579,084 or 16.0% when compared to FY2022/23 Adopted Budget primarily due to lower paid cases projected in FY2023/24 when compared to FY2022/23 Adopted Budget. FY2023/24 Recommended Budget projected paid cases is based on current trends.
- County Only Foster Care (BU 7908) – Costs are projected to increase by \$31,272 or 8.5% when compared to FY2022/23 Adopted Budget.

CalWORKs Assistance (BU 7904) – \$8,908,058 or 31.9% net increase in appropriations due to increase in projected paid cases based on current trends.

Refugee Assistance (BU 7906) – \$7,220 or 15.9% net increase in appropriations due to an increase in projected paid cases.

General Assistance (BU 7907) – \$314,268 or 15.5% net increase in appropriations due to increase in average grant and projected paid cases based on current trends.

Approved Relative Caregiver (BU 7909) – \$20,241 or 5.7% net increase in appropriations due to increase 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)) – \$20,560 or 6.0% increase in appropriations based on current trends.

Contracts

The FY2023/24 Recommended Budget includes \$1,326,000 in contracted direct services for the provision of Adoption and Foster Care Wraparound services and \$501,421 in Emergency Child Care Bridge Program for Foster Care. H&SS will return to the Board in June 2023 with a master list of contracts for the Board's consideration.

Fixed Assets

None.

DIVISION COMMENTS

None.

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

Summary of Division Budget

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	35,915,944	35,260,013	40,045,313	4,785,300	13.6%
INTERGOVERNMENTAL REV FEDERAL	15,433,723	17,149,713	22,727,005	5,577,292	32.5%
CHARGES FOR SERVICES	1,401	0	0	0	0.0%
MISC REVENUE	13	0	0	0	0.0%
GENERAL FUND CONTRIBUTION	5,846,709	6,276,737	4,008,469	(2,268,268)	(36.1%)
TOTAL REVENUES	57,197,790	58,686,463	66,780,787	8,094,324	13.8%
APPROPRIATIONS					
SERVICES AND SUPPLIES	231,981	236,784	777,864	541,080	228.5%
OTHER CHARGES	55,649,753	58,449,679	66,002,923	7,553,244	12.9%
OTHER FINANCING USES	1,316,056	0	0	0	0.0%
TOTAL APPROPRIATIONS	57,197,790	58,686,463	66,780,787	8,094,324	13.8%
NET CHANGE	0	0	0	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

The FY2023/24 Recommended Budget was prepared using prior year actual data and trends. The declaration of the federal COVID-19 Public Health Emergency expired on May 11, 2023. At this time, it is unclear if the FY2023/24 Recommended Budget will be additionally impacted due the end of the public health emergency. H&SS staff will continue to monitor and evaluate the impacts and will provide necessary budget adjustments at Midyear.

Summary of Other Administered Budgets

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

DETAIL BY REVENUE AND APPROPRIATION OTHER ADMINISTERED BUDGETS	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	18,767,204	21,192,685	22,200,829	1,008,144	4.8%
9600 MHSA	27,311,890	31,065,762	46,475,183	15,409,421	49.6%
7950 TOBACCO PREVENTION & EDUCATION	912,575	612,807	473,944	(138,863)	(22.7%)
APPROPRIATIONS					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	18,767,204	21,192,685	22,200,829	1,008,144	4.8%
9600 MHSA	24,122,485	35,014,074	39,125,628	4,111,554	11.7%
7950 TOBACCO PREVENTION & EDUCATION	913,670	612,807	473,944	(138,863)	(22.7%)
NET CHANGE					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	0	0	0	0	0.0%
9600 MHSA	(3,189,405)	3,948,312	(7,349,555)	(11,297,867)	(286.1%)
7950 TOBACCO PREVENTION & EDUCATION	1,095	0	0	0	0.0%

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

DEPARTMENTAL PURPOSE

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

FUNCTION AND RESPONSIBILITIES

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

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

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

In 2022, the IHSS Public Advisory Committee met bimonthly to discuss issues pertinent to the In-Home Supportive Services program and to make recommendations regarding service delivery. Due to COVID-19 pandemic, meetings continued to be held virtually, and the Committee voted to not hold an in-person conference in 2022.

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 2023, the California minimum wage increased to \$15.50 per hour. As a result of this increase, the Solano IHSS wage is fixed at \$16.70 per hour through June 2024. 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 \$1,008,144 or 4.8% in both revenues and appropriations when compared to the FY2022/23 Adopted Budget.

Primary Funding Sources

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

The Recommended Budget projects a net increase of \$1,008,144 or 4.8% in revenues primarily due to the following:

- Decrease of \$400,247 in County General Fund contribution representing a 5.3% decrease in the share of the IHSS MOE offset by increases in Countywide Administrative Overhead, advisory committee expenditures and IHSS Public Authority administration costs funded with County General Fund.
- Increase of \$1,151,531 in 1991 Social Services Realignment revenue representing a 5.3% increase in share of the IHSS MOE funded with 1991 Realignment.
- Increase of \$250,140 in combined State and federal revenues due to increases in projected provider health benefit costs and in IHSS Public Authority administration costs.

Primary Costs

Primary costs for IHSS Public Authority are \$21,167,272 in Other Charges, \$1,021,507 in Operating Transfer-Out and \$12,050 in Services and Supplies.

The Recommended Budget projects a net increase of \$1,008,144 or 4.8% in appropriations primarily due to the following:

Summary of Other Administered Budgets

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

- Increase of \$644,348 in IHSS MOE primarily representing annualized adjustment in IHSS MOE for the 4% annual inflation increase per SB 80 (2019).
- Increase of \$187,771 in Individual Providers-IHSS costs representing the projected increase in health premium payments based on projected provider hours multiplied by \$0.60 hourly approved benefit rate.
- Increase of \$128,849 in Operating Transfer-Out due to increased costs in BU 7690 to reimburse H&SS for staff time study costs and operating support costs to administer the IHSS Public Authority program.
- Increase of \$44,976 in Countywide Administrative Overhead.

Contracts

The FY2023/24 Recommended Budget includes a total of \$4,244,583 in contracted services for estimated health plan costs.

Fixed Assets

None.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	7,946,118	9,077,750	10,316,582	1,238,832	13.6%
INTERGOVERNMENTAL REV FEDERAL	2,311,439	2,647,890	2,810,729	162,839	6.1%
CHARGES FOR SERVICES	1,942	177	6,897	6,720	3796.6%
GENERAL FUND CONTRIBUTION	8,507,705	9,466,868	9,066,621	(400,247)	(4.2%)
TOTAL REVENUES	18,767,204	21,192,685	22,200,829	1,008,144	4.8%
APPROPRIATIONS					
SERVICES AND SUPPLIES	5,600	9,850	12,050	2,200	22.3%
OTHER CHARGES	18,102,921	20,290,177	21,167,272	877,095	4.3%
OTHER FINANCING USES	658,683	892,658	1,021,507	128,849	14.4%
TOTAL APPROPRIATIONS	18,767,204	21,192,685	22,200,829	1,008,144	4.8%
NET CHANGE	0	0	0	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

The FY2023/24 Recommended Budget includes a decrease in County General Fund share of IHSS MOE compared to the FY2022/23 Adopted Budget. IHSS MOE adjustments remain 100% County General Fund cost.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

During the COVID-19 public health emergency, certain provisions of the Brown Act were suspended to allow for teleconferencing. The IHSS Public Authority Advisory Committee has been meeting via teleconference under these provisions since May 2020. With the State public health emergency ending on February 28, 2023, the IHSS Public Authority Advisory Committee will go back to in-person meetings or implement a hybrid approach to meetings allowed for in the passage of Assembly Bill (AB) 2449 relating to open meetings and teleconferencing.

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 the passage of Statewide Proposition 63 which placed a 1% tax on personal income in excess of \$1 million and provided the first opportunity in many years for the California Department of Mental Health (DMH) to provide increased funding for personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. MHSA continues under the oversight of the Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS). Programs are based upon community specific needs—as identified through a comprehensive community program planning (CPP) process—and intended to address a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology, and training elements.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

- As a result of the COVID-19 pandemic, the MHSA Unit conducted the required community planning process meetings remotely but with hybrid in-person options. Comprehensive community planning with stakeholders was conducted to develop both the MHSA Annual Update for FY2022/23, the Three-Year Plan for FY2023/27, and the Suicide Prevention Strategic Plan Update 2021.
- The Full-Service Partnership (FSP) programs continued 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.
- In May 2021, the Community-Based Mobile Crisis program, funded by the Prevention and Early Intervention (PEI) component, launched in partnership with Fairfield and Suisun Police Departments. In FY2021/22, the program received 358 calls and served 306 unduplicated individuals. Of the 358 calls, 57% (205) were stabilized in the community with safety plans thus diverting from the crisis stabilization unit, emergency departments, and inpatient hospitals. However, the program was put on hold in September 2022 due to staffing issues but will be relaunching in mid-May 2023.
- The Employment Services and Support program, which uses the Individual Placement and Support (IPS) EBP model, served 144 consumers, of which 27% (39) were youth under 25, and 62% (89) of the consumers secured competitive employment and 57% (50) maintained employment for at least 90 days despite the COVID-19 pandemic and impact on employment opportunities.
- The Solano County Early Psychosis (EP) Treatment program was a pilot site for the beta testing of a new application (app) developed through the multi-county statewide Early Psychosis Learning Health Care Network Innovation (INN) project led by 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 will end December 31, 2023; however, U.C. Davis Behavioral Health Center of Excellence will continue to support the app and data reporting.
- Following completion of a five-year Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) INN project, which ended June 2021, Solano County Behavioral Health received the Association of American Medical Colleges 2022 “Innovations that Bolster Community Trust in Science Award.” The ICCTM project focused on reducing healthcare disparities for three communities of focus: Latino, Filipino and LGBTQ+.
- In 2022, the Mental Health Services Oversight and Accountability Commission (MHSOAC) contracted with the Center for Reducing Health Disparities (CRHD) and Solano County Behavioral Health to offer the statewide ICCTM Learning Collaborative based on the award-winning ICCTM INN project. The purpose of the ICCTM Learning Collaborative is to address

health inequities in access and utilization of quality mental health services that are prevalent within many communities. This training series focuses particular attention on the racial, ethnic, and economic inequities that occur in historically underserved communities, which have been exacerbated by the ongoing COVID-19 pandemic. The ICCTM project and Solano Behavioral Health staff are supporting Los Angeles, Fresno, Kern and Marin Counties in the Learning Collaborative through September 2023.

- Solano Behavioral Health will be submitting a MHSA Innovation (INN) project plan which will be focused on Suicide Prevention and Postvention Support for Family Survivors. The INN project plan will support a designated mental health clinician to be available upon request by the Coroner's Office and/or law enforcement to provide postvention support for families who have experienced the death of a loved one to suicide, overdose or homicide. The position will support a component of psychological autopsies and collection of expanded data. Additionally, a Survivor Peer Mentor Network will be developed to provide local support groups for family survivors in coordination with the Napa Suicide Prevention Counsel and National Alliance on Mental Illness (NAMI) Solano to explore a regional approach. Solano Behavioral Health is currently working on a draft plan to post for local review and approval process.
- County and community-based organization programs have experienced significant staff recruitment and retention challenges impacting the capacity of the system to manage new requests for services and providing services based on the level of care needed for individual consumers. Additionally, contractors are requesting rate increases, limiting services, or not able to expand their services in some areas to meet client demand.

WORKLOAD INDICATORS

The following data indicates services rendered for FY2021/22 by MHSA component:

- Prevention and Early Intervention (PEI): 19% 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.
 - 7,809 people were served across various programs including mobile crisis and school-based services.
- Community Services and Supports (CSS): 76% of the total MHSA funds received annually are allocated to CSS for services for individuals of all ages with more serious mental health conditions.
 - 2,504 clients were served in high intensity programs including FSP, forensics, and others.
 - \$2.1 million or 8.5% of the CSS funds were used specifically to fund beds to prevent homelessness for 226 clients in FY2021/22.
- Innovation (INN): 5% of the total MHSA funds received annually are allocated to INN for increasing access to quality mental health services to underserved underrepresented communities with measured outcomes and promote interagency and community collaboration related to mental health services, supports or outcomes. Solano Behavioral Health is currently drafting a plan focused on suicide prevention.
- Workforce Education and Training (WET): this component has not received an allocation since 2014; however, funds from 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, loan assumption, and retention programs for hard to fill positions.
 - Supported 10-15 workforce and community trainings, including trainings on evidence-based practices.
 - Supported Residency and Internship program including two interns, psychiatry provider financial incentives, 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, loan assumption, and retention programs for hard to fill positions.
 - Supported the implementation of a level of care tool for both the adult and children's programs.

- 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 MHSA budget.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents an increase of \$15,409,421 or 49.6% in revenues and an increase of \$4,111,554 or 11.7% in appropriations when compared to the FY2022/23 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) to reimburse MHSA qualifying expenditures.

Fixed Assets

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	100,889	70,060	395,756	325,696	464.9%
INTERGOVERNMENTAL REV STATE	27,210,993	30,995,674	46,079,419	15,083,745	48.7%
CHARGES FOR SERVICES	7	28	8	(20)	(71.4%)
TOTAL REVENUES	27,311,890	31,065,762	46,475,183	15,409,421	49.6%
APPROPRIATIONS					
SERVICES AND SUPPLIES	178,479	0	0	0	0.0%
OTHER CHARGES	355	446	3,173	2,727	611.4%
OTHER FINANCING USES	23,943,652	35,013,628	39,122,455	4,108,827	11.7%
TOTAL APPROPRIATIONS	24,122,485	35,014,074	39,125,628	4,111,554	11.7%
CHANGE IN FUND BALANCE	(3,189,404)	3,948,312	(7,349,555)	(11,297,867)	(286.1%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

The increase of \$15,409,421 in revenues is primarily due to a projected increase in statewide MHSA revenues when compared to the FY2022/23 Adopted Budget. The State transfers 1.76% of all personal income tax payments to the MHSA fund monthly. An annual adjustment is done typically two years after to reconcile the fund to what should have been deposited into the fund. Depending on the result, the adjustment may be either positive or negative against the State MHSA Fund.

The increase of \$4,111,554 in appropriations is primarily due to an increase in transfers out to Fund 902 for MHSA program costs and how the County is budgeting for the draw on the Restricted Fund. The transfer in expenditures from this Fund needs to equal the MHSA revenues in Behavioral Health and the reason for the increase in expenditures is mentioned in the Behavioral Health narrative.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

The initial three-year MHSA revenue projections from Fall 2022 anticipated a significant increase for FY2022/23 and will be used when developing the budget for the upcoming MHSA Three-Year Plan FY2023/27. It should be noted that revenues are allocated a few years after receipt based on tax returns.

Governor Newsom is proposing a modernization of California’s Behavioral Health System that would significantly change MHSA components and expenditure requirements. While Solano Behavioral Health supports any new funding, there is concern that

funding may be reduced in equally important investments for prevention and early intervention. The Behavioral Health Expansion and Modernization Proposal is a three-pronged approach that will focus on creating:

- A \$3.6 billion bond to fund Behavioral Health Capacity and Housing for Homeless Veterans: This general obligation bond would provide \$600 million for homeless veterans housing and \$3 billion for thousands of new behavioral health beds and services.
- Amending the MHSA to create a permanent source of housing funding of \$1 billion a year in local assistance funds to serve people with acute behavioral health issues, focusing on Full-Service Partnerships for the most seriously ill, and allowing MHSA to be used for people with substance use disorders alone.
- Proposed reforms to be placed on the 2024 ballot, exactly 20 years from the MHSA's passage in 2004, include a New Housing Component requiring counties to dedicate 30% of funding to pay for housing and other community-based residential solutions to provide an ongoing source of funding for new and existing housing and residential settings that are responsive to the diverse needs across the State. A new Full-Service Partnerships Component requiring counties to spend 30% of MHSA funds on FSPs, with a focus on the most seriously ill. A new focus on substance use disorder (SUD) as a standalone criterion, which would allow funding for individuals with only a SUD diagnosis (as opposed to co-occurring) to be funded under the MHSA. Require counties to bill Medi-Cal first for reimbursable services, before using MHSA, to further stretch scarce dollars and allow for greater fiscal accountability and oversight. Overhaul county accountability and transparency by updating the Three-Year County Plan to require counties to create comprehensive behavioral health plans. Move the Mental Health Services Act Oversight and Accountability Commission under the California Health and Human Services Agency, to increase coordination and outcomes. Eliminate existing components, including PEI, INN, CFTN, WET, and CSS components.

DEPARTMENTAL PURPOSE

Tobacco Prevention and Education Program (TPEP) is a Health Promotion and Community Wellness program mandated by the California Department of Public Health (CDPH), Tobacco Control Program (TCP), and administered by the Public Health Division of Solano County Department of Health and Social Services (H&SS). The mission of Solano County Public Health is to optimize the health of the community through individual and population-based services which promote health and safety through prevention and treatment of disease and injury.

FUNCTION AND RESPONSIBILITIES

In November 1988, California voters approved the California Tobacco Health Protection Act of 1988, also known as Proposition 99. This referendum increased the State cigarette tax by 25 cents per pack and added an equivalent amount on other tobacco products. A portion of the revenue generated by the tax is deposited in the Health Education Account, which is administered by CDPH, TCP. This program provides funds to 61 Local Lead Agencies, which operate community-based programs to prevent and reduce tobacco use. The TPEP is designated as Solano County's Local Lead Agency for tobacco control.

With the passage of Proposition 56 by California voters in November 2016, which added a \$2.00 per pack tax on cigarettes and other tobacco products, effective April 1, 2017, TPEP began receiving additional funding to implement a more robust, comprehensive tobacco control plan integrated with the Proposition 99-funded plan. Proposition 56 provided an initial boost to local funding during the 2017-2021 Tobacco Prevention Plan; however, the funding is declining, as expected, due to several factors. The additional cost of \$2.00 per pack and the implementation of local flavors sales restrictions, namely California Senate Bill (SB) 793 signed into law on August 28, 2020, but then qualified for the November 8, 2022 statewide ballot as a voter referendum (Proposition 31) where it passed, have motivated some consumers to either quit or reduce their use.

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

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

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

Despite the passage of Proposition 31, which upheld SB 793 that restricts the sale of most flavored tobacco products, the tobacco industry continues to try to find loopholes to sell their addictive products in kid-friendly flavors. This year, TPEP is looking to local communities and the State to push forward innovative policies to eliminate tobacco use and secondhand smoke exposure in significant ways and to improve grades given by the American Lung Association for key local policies offering protections in multi-unit housing, with local flavors restrictions, and in multiple outdoor settings like outdoor dining and service lines.

In FY2022/23, a major accomplishment was the implementation of a smoke-free multi-unit housing ordinance in Vallejo. This success was a collaborative effort of multiple groups that took the lead while TPEP provided technical assistance. The advocacy of youth from Club Stride who met with the Vallejo Vice-Mayor, and of the youth from Bay Area Community Resource (BACR) Youth Tobacco-Control Advocacy Policy Program (YTAPP) who testified at Vallejo City Council meetings, was critical in the unanimous passage of this ordinance.

WORKLOAD INDICATORS

- The first six months of FY2022/23 were dedicated to developing the new 2022-2025 Tobacco Prevention Plan, which required community input and data collection through the Communities of Excellence (CX) process. This intensive community assessment process was conducted through eight (8) online Zoom sessions lasting between sixty and ninety minutes each. Staff worked with California Tobacco Control Program (CTCP) staff to develop the scope of work aiming for a Tobacco Free Solano.
- The efforts of the previous funded youth groups and other community members to provide input to Vallejo City Council resulted in a smoke-free multi-unit housing ordinance. TPEP will support and provide technical assistance to efforts in the City of Vallejo to continue implementation of SB 793, the restriction to sell most flavored tobacco products, through the proposal of a Tobacco Retail License (TRL).
- In addition, staff and Tobacco Free Solano Coalition members will continue implementing the new 2022-2025 Tobacco Prevention Plan. The primary objective is to conduct the necessary Midwest Academy Strategy Chart (MASC) and Key Informant Interviews (KII) throughout each Solano County jurisdiction. To date three (3) MASC’s have been completed for smoke-free multi-unit housing (SFMUH) and a restriction on the sales of flavored tobacco products. This work will provide the needed data to set direction for which cities are ready or near ready to focus efforts on tobacco prevention and preventing secondhand smoke exposure through the remainder of the plan.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents a decrease of \$138,863 or 22.7% in both revenues and appropriations when compared to the FY2022/23 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 includes a net decrease in revenues of \$138,863 or 22.7% and is due to a decrease in the TPEP fund allocation for FY2023/24.

Primary Costs

- \$157,026 for Salaries and Employee Benefits, which reflects a decrease of \$199,938 as a Health Education Specialist position is recommended for transfer to Health Services (BU 7880).
- \$105,019 in Services and Supplies, which reflects an increase of \$49,762 primarily due to increases in advertising/marketing, contracted services, and insurance; offset by decreases in central data processing and education and training costs.
- \$210,437 in Other Charges, which includes \$183,351 for Public Health personnel staff time for TPEP programs, and an increase of \$16,373 in Countywide Administrative Overhead costs.

Fixed Assets

None.

DEPARTMENT COMMENTS

None.

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

Summary of Other Administered Budgets

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	770	500	1,361	861	172.2%
INTERGOVERNMENTAL REV STATE	729,388	455,577	455,828	251	0.1%
CHARGES FOR SERVICES	182,416	156,730	16,755	(139,975)	(89.3%)
TOTAL REVENUES	912,575	612,807	473,944	(138,863)	(22.7%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	314,631	356,964	157,026	(199,938)	(56.0%)
SERVICES AND SUPPLIES	387,995	55,257	105,019	49,762	90.1%
OTHER CHARGES	208,749	197,685	210,437	12,752	6.5%
OTHER FINANCING USES	2,295	2,901	1,462	(1,439)	(49.6%)
TOTAL APPROPRIATIONS	913,670	612,807	473,944	(138,863)	(22.7%)
CHANGE IN FUND BALANCE	1,095	0	0	0	0.0%

STAFFING					
TOBACCO PREVENTION & EDUCATION	2	2	1	(1)	(50.0%)
TOTAL STAFFING	2	2	1	(1)	(50.0%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

The net decreases in revenues and appropriations primarily reflect the decline in funding as consumers either quit or reduce use of tobacco products. Additionally, 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

The FY2023/24 Recommended Budget includes the following position change:

- Transfer of 1.0 FTE Health Education Specialist to Health Services (BU 7880). The position has been supporting COVID-19 response efforts and time studying to Health Services. The transfer aligns the position to the appropriate budget and funding sources.

PENDING ISSUES AND POLICY CONSIDERATIONS

Due to the successful work with the City of Benicia adoption of two comprehensive local tobacco control ordinances, additional cities within Solano County have indicated a desire to learn more about protections that they can potentially take to improve the health of their communities. TPEP staff will continue to provide education and offer technical assistance.

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

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

DEPARTMENTAL PURPOSE

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

FUNCTION AND RESPONSIBILITIES

On September 27, 2018, the California Department Aging (CDA) designated the County of Solano as the lead agency for the Napa/Solano AAA for PSA 28, which includes Napa and Solano Counties, 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 between Napa and Solano Counties with Solano County, as the lead entity, overseeing the Agency's administration.

This budget unit includes administrative costs incurred by the AAA (BU 2161) and direct services costs (BU 2162, 2163, and 2164) and tracks financials for the Napa/Solano Area Agency on Aging (N/S AAA), California Department of Aging (CDA). The County General Fund contribution for these functions is budgeted in this fund.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

In calendar year 2022:

- The N/S AAA continued assisting service providers in transforming program delivery and reopening sites to accommodate COVID-19 safety requirements. Many congregate meal participants were reluctant to return to congregate settings and continued to receive meals at home. Likewise, volunteer visiting programs were slow to transition from calling clients to in-person visits, as older volunteers and clients were reluctant to resume in-person visiting. Evidence-based exercise programs continued virtually and in-person. Volunteer transportation services continued delivering groceries to homebound seniors and regular transportation services to healthcare appointments resumed.
- A key component of California's Master Plan for Aging is the creation of a 'No Wrong Door' model achieved through local partnerships. In October 2021, N/S AAA and Independent Living Resource Center of Contra Costa and Solano Counties submitted a joint application to the California Department of Aging for approval of the Aging and Disability Resource Connection (ADRC) program which consolidates resources and received the designation in July 2022. This newly mandated program will integrate multiple resources to create a client-focused support system for services available countywide.
- The N/S AAA Executive Director was appointed to the statewide ADRC Advisory Committee. The 19-member committee includes four AAA Directors and is tasked with identifying and implementing strategies to strengthen, sustain, and expand the ADRC and 'No Wrong Door' model throughout the State.
- The N/S AAA conducted four community meetings to inform the public about available federal American Rescue Plan Act (ARPA) funding for AAA services and seek recommendations for allocating funds. Along with requests for program funding, requests were made to allocate funds to outreach activities to inform seniors on available programs.
- The N/S AAA printed new Senior Resource Guides in English and Spanish. Guides were made available to Older Disabled and Adult Services (ODAS) staff to provide to clients, sent to senior centers AAA service providers, and low-income senior living facilities, and included as an insert into the two largest newspapers in Solano and Napa Counties.
- The N/S AAA participated on a statewide committee to review sections of the California Department of Aging Data Dictionary. Suggested changes were implemented by the California Department of Aging staff to clarify definitions and restructure the Data Dictionary to make it more user-friendly.
- The N/S AAA Executive Director co-chaired a newly created 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.
- N/S AAA was asked by California Department of Aging to create a pilot Line Dance curriculum for the CalFresh Healthy Living program (SNAP-Ed). The two-year pilot includes creating and implementing a new evidence-based curriculum, instructor

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

Gerald Huber, Director of Health & Social Services

Health & Public Assistance

materials, videos, and coordinating multiple PSAs. Once complete and approved by the State, the curriculum will be available to use statewide in the SNAP-Ed program.

- N/S AAA participated in a new Digital Connections program offered by the California Department of Aging. Under the program, N/S AAA received 2,000 iPads with 12-months of AT&T internet service, as well as funds to train older adults how to use the devices. The goal of the program is to help older adults become more comfortable using electronic devices to stay connected while assisting with initial costs.

WORKLOAD INDICATORS

- The N/S AAA created and monitored 60 separate contracts and amendments with 20 different service providers supporting 51 different types of services. This is a 300% percentage increase in contract numbers compared to 2018 when Solano County assumed the role of the Napa/Solano Area Agency on Aging when there were 15 total contracts. Each contract includes reporting and monitoring structures separate from other contracts. The four-person team of the Executive Director, Staff Analyst, Accountant and Office Assistant currently support the program and provide support to the N/S AAA Advisory Council and Oversight Board.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget includes an increase of \$609,325 or 9.1% in revenues and an increase of \$574,803 or 8.6% in appropriations when compared to the FY2022/23 Adopted Budget. This department is primarily comprised of contracted direct services and an Operating Transfer Out (Fund 902 – BU 7685, N/S AAA Administration budget) for the cost of Health and Social Services (H&SS) 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 \$6,796,594 in combined federal and State revenues, \$126,104 in contributions from Napa County and \$358,912 in Solano County General Fund.

The Recommended Budget projects a net increase of \$609,325 or 9.1% in revenues primarily due to the following:

- Increase of \$1,148,402 in combined federal and State revenues primarily due to an overall increase in Area Plan and SNAP-Ed funding from the California Department of Aging and new funding for ADRC, Nutrition Infrastructure and Intergenerational and Fall Prevention which were not included in the FY2022/23 Adopted Budget.
- Decrease of \$524,738 in COVID-19 Pass-Through revenues primarily due to carry over of funding received in FY2021/22 and appropriated in FY2022/23. In FY2021/22, the department received one-time ARPA funding of \$2,040,390 allocated for Older Americans Act programs through September 30, 2024.
- Decrease of \$21,975 in Operating Transfers In representing an \$18,025 increase in the share of Solano County General Fund due to the overall increase in the administration costs of N/S AAA, offset by a \$40,000 decrease in transfers-in from the Public Health Division to fund a senior fall prevention program.

Primary Costs

The Recommended Budget includes \$7,281,610 in appropriations, an increase of \$574,803 or 8.6%. Primary costs include:

- \$6,185,322 in Contracted Direct Services to provide various supportive services, home-delivered and congregate meals, nutrition counseling and education, ombudsman services, and elder abuse prevention.
- \$44,326 in Countywide Administrative Overhead costs.
- \$1,051,962 in Operating Transfers Out to Fund 902, Bureau 7685, which represents \$268,242 in Salaries and Employee Benefits and \$783,720 for other operating expenditures to administer the N/S AAA program.

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

Contracts

The FY2023/24 Recommended Budget includes a total of \$6,185,322 or 85.0% in contracted direct program services. H&SS will return to the Board in June 2023 with a master list of contracts for the Board’s consideration.

Fixed Assets

None.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	325	0	0	0	0.0%
INTERGOVERNMENTAL REV STATE	1,814,050	3,321,742	3,910,563	588,821	17.7%
INTERGOVERNMENTAL REV FEDERAL	2,604,929	2,851,188	2,886,031	34,843	1.2%
MISC REVENUE	93,731	118,468	126,104	7,636	6.4%
OTHER FINANCING SOURCES	330,560	380,887	358,912	(21,975)	(5.8%)
TOTAL REVENUES	4,843,595	6,672,285	7,281,610	609,325	9.1%
APPROPRIATIONS					
SERVICES AND SUPPLIES	6,616	0	0	0	0.0%
OTHER CHARGES	4,198,052	5,912,795	6,229,648	316,853	5.4%
OTHER FINANCING USES	604,404	794,012	1,051,962	257,950	32.5%
TOTAL APPROPRIATIONS	4,809,072	6,706,807	7,281,610	574,803	8.6%
NET COUNTY COST	(34,523)	34,522	0	(34,522)	(100.0%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

Many of the priorities included in the statewide Master Plan for Aging plan 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.

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, 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.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act and ARPA funding and flexibilities will end. During the COVID-19 pandemic there was a need for cash/material aid supports for low-income seniors throughout the county. Relatively small amounts of money allowed frail adults to remain in their homes. CARES Act and ARPA funds, and the flexibility to move money where it was needed, allowed the N/S AAA to support low-income seniors to remain in their homes by paying for home repairs,

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

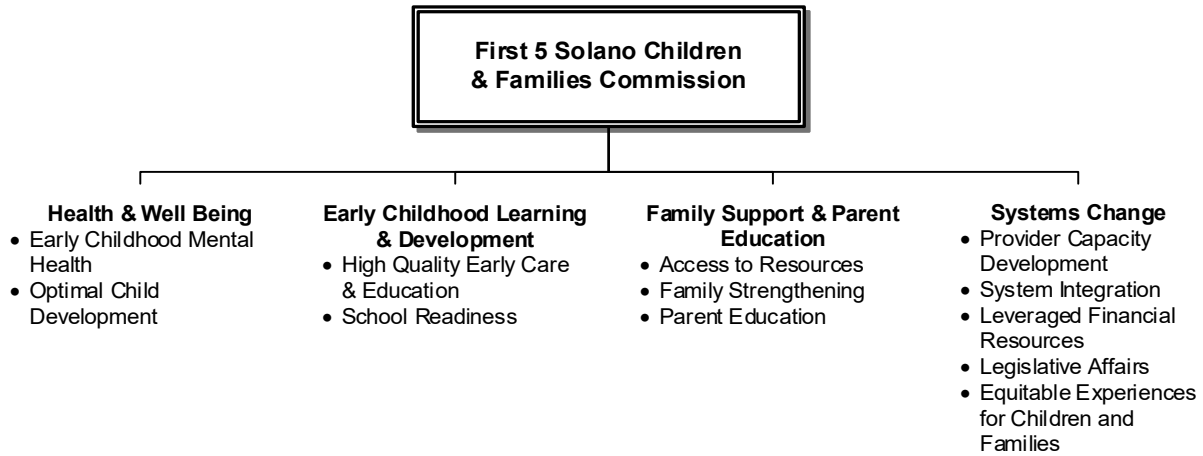
medical bills, and utilities and purchasing battery back-up units and emergency packs. After the Public Health Emergency declaration ends, the need will remain but the additional funding to support the programs will end.

Beginning July 2023, every senior nutrition client must be re-evaluated to ensure only qualifying seniors receive home delivered meals instead of attending congregate sites; however, many seniors may not want to return to congregate dining but will not qualify for home delivered meals. Senior meal providers need to prepare clients now for the transition back to congregate dining.

The California Department of Aging continues to increase the number of required reports and level of data and details collected from AAAs and the service providers. The additional data requirements create undue burden on AAAs and providers. Each new revenue contract will need data tracked separately with little or no support from the California Department of Aging.

Over the last three fiscal years, the State provided enhanced funding for the Senior Nutrition Program; however, it is anticipated that the State will not continue the increased allocation from the State General Fund due to the projected State budget shortfall. This may reduce senior nutrition funding significantly in FY2024/25. Similarly, additional “Fall Prevention” service funds may be eliminated, which would significantly reduce the funding levels for the program.

The Four-Year Area Plan is due In April 2024 and a comprehensive senior survey will need to be created, administered, evaluated, and incorporated into the plan during calendar year 2023.



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:	
FY2022/23 Midyear Projection:	7,777,491
FY2023/24 Recommended:	13,324,963
County General Fund Contribution:	0
Percent County General Fund Supported:	0%
Total Employees (FTEs):	7

FUNCTION AND RESPONSIBILITIES

First 5 Solano funds local community organizations, government agencies, and school districts which offer programs and services that align with the following Strategic Plan Priority areas and initiatives:

- Health and Well-Being, including early childhood mental health, ensuring optimal development, and access to health services.
- Early Childhood Learning and Development, including early care and education quality improvement, pre-Kindergarten academies, early literacy, and a childcare and early learning facility.
- Family Support and Parent Education, including family strengthening services, 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 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. Systems building cross initiative approaches, include funding a referral call center known as “Help Me Grow Solano” to increase the connection of young children to services, and the Solano Kids Thrive

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

Collective Impact initiative to align activities within the early childhood system, with a focus on Adverse Childhood Experiences (ACEs) and resilience.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

- Over the last year, provided services to over 7,000 Solano residents, including children, parents/caregivers, and providers of services to young children.
- Continued overseeing the proposed acquisition and renovation of the shuttered Beverly Hills Elementary School in Vallejo to an Early Learning Center, supported through multiple partners including Solano County, First 5 Solano, Solano County Office of Education (SCOE), Vallejo City Unified School District, Child Start, Inc. and others, with the goal of annually serving up to 200 children ages 0-5 and their families with childcare and early learning opportunities.
- Received \$7.5 million from a variety of sources to support renovations of the Early Learning Center.
- Continued working with the City of Fairfield on the joint project to locate the Fairfield First 5 Center within the new North Texas Recreation Complex.
- Implemented the fifth and final year of the Commission's 2018-2023 Program Investment Plan to support young children and their families in the community, including:
 - Assisted over 2,000 children and parents/caregivers through the Help Me Grow Solano call center—a national model to connect young children and families to needed services in their community, including over 300 electronic developmental screenings for children at risk of developmental concerns.
 - Partnered with SCOE to provide early care and education providers coaching and professional development as part of the Quality Counts/IMPACT quality improvement program.
 - Provided Triple P Positive Parenting Program to over 1,000 parents through six community partners, including workshops, brief intervention, targeted intervention, and groups.

WORKLOAD INDICATORS

- During the period of July 1, 2022 – June 30, 2023, First 5 Solano managed over 50 ongoing contracts and Memorandums of Understanding totaling approximately \$3 million, which provided services to over 7,000 Solano residents.
- Through the Vallejo First 5 Center, provided over 55 six-week classes to parents with children ages 0-5 on a variety of topics including healthy eating, kindergarten readiness, tiny paleontologists, infant massage, mindful music, and many others.

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	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
FIRST 5 SOLANO	6,810,216	4,777,706	10,265,470	5,487,764	114.9%
TOTAL REVENUES	6,810,216	4,777,706	10,265,470	5,487,764	114.9%
APPROPRIATIONS					
FIRST 5 SOLANO	4,043,095	7,825,395	13,324,963	5,499,568	70.3%
TOTAL APPROPRIATIONS	4,043,095	7,825,395	13,324,963	5,499,568	70.3%
CHANGE IN FUND BALANCE					
FIRST 5 SOLANO	(2,767,122)	3,047,689	3,059,493	11,804	0.4%
CHANGE IN FUND BALANCE	(2,767,122)	3,047,689	3,059,493	11,804	0.4%

STAFFING					
FIRST 5 SOLANO	7	7	7	0	0.00%
TOTAL STAFFING	7	7	7	0	0.00%

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents an increase of \$5,487,764 or 114.9% in revenues and an increase of \$5,499,568 or 70.3% in appropriations when compared to FY2022/23 Adopted Budget, resulting in a decrease of \$3,059,493 in the Commission’s fund balance.

The FY2023/24 Recommended Budget implements the first 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 Recommended Budget includes a projected increase in revenue of by \$5,487,764 or 114.9% which is primarily due to increases in Intergovernmental Revenues from multiple State and local funding sources to support one-time renovations of the Vallejo Early Learning Center.

Primary Costs

The Recommended Budget includes an increase \$5,499,568 or 70.3% in appropriations primarily due increases in costs for renovations of the Vallejo Early Learning Center.

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

Contracts

The FY2023/24 Recommended Budget includes the following significant contracts:

- \$670,000 for family strengthening services at the Vallejo First 5 Center and Rio Vista CARE.
- \$375,000 for three Triple P parent education.
- \$250,000 for quality early care and education services with SCOE.
- \$380,000 for the Help Me Grow call center with Solano Family & Children’s Services.

Michele Harris, Executive Director
Health & Public Assistance

- \$160,000 for annual grants.
- \$100,000 for transitional Kindergarten support activities.

Fixed Assets

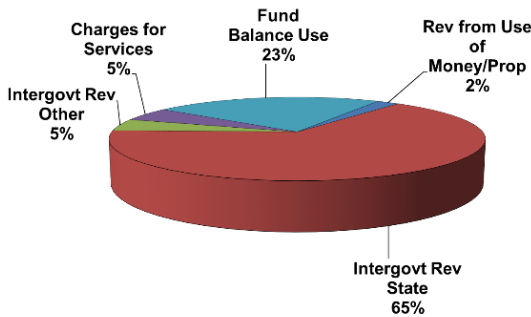
None.

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

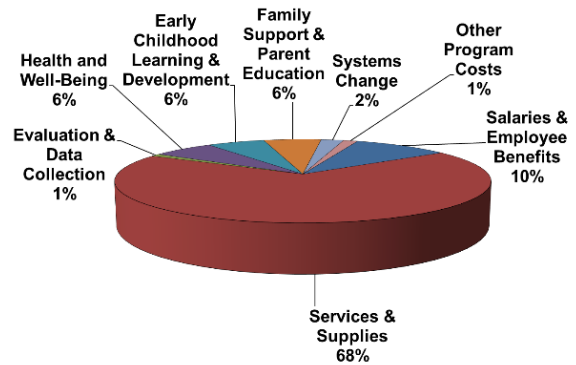
DEPARTMENTS COMMENTS

None.

SOURCE OF FUNDS



USE OF FUNDS



DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	39,102	53,211	300,000	246,789	463.8%
INTERGOVERNMENTAL REV STATE	3,806,660	3,811,030	8,655,292	4,844,262	127.1%
INTERGOVERNMENTAL REV OTHER	2,000,000	0	610,000	610,000	100.0%
CHARGES FOR SERVICES	490,819	678,465	695,178	16,713	2.5%
MISC REVENUE	473,635	235,000	5,000	(230,000)	(97.9%)
TOTAL REVENUES	6,810,216	4,777,706	10,265,470	5,487,764	114.9%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	1,174,676	1,186,092	1,274,920	88,828	7.5%
SERVICES AND SUPPLIES	262,075	1,333,892	8,909,368	7,575,476	567.9%
OTHER CHARGES	2,594,857	5,293,627	3,127,557	(2,166,070)	(40.9%)
OTHER FINANCING USES	11,486	11,784	13,118	1,334	11.3%
TOTAL APPROPRIATIONS	4,043,095	7,825,395	13,324,963	5,499,568	70.3%
CHANGE IN FUND BALANCE	(2,767,122)	3,047,689	3,059,493	11,804	0.4%

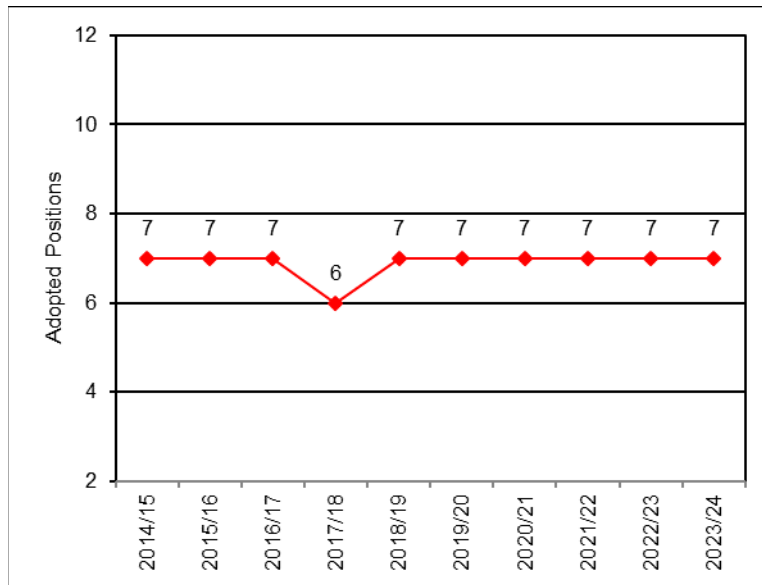
SUMMARY OF SIGNIFICANT ADJUSTMENTS

Two significant capital projects, the Fairfield First 5 Center and the Vallejo Early Learning Center are expected to be largely in process over the fiscal year creating a one-time significant increase to the First 5 Solano Recommended Budget.

SUMMARY OF POSITION CHANGES

There are no changes in position allocation in the FY2023/24 Recommended Budget.

STAFFING TREND



PENDING ISSUES AND POLICY CONSIDERATIONS

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

The two significant capital projects, the Fairfield First 5 Center and the Vallejo Early Learning Center will require additional contracts for services, Requests for Proposals, and policies and procedures to be established to prepare for operation of each of these efforts.

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Michele Harris, Executive Director
Health & Public Assistance

DETAIL BY REVENUE AND APPROPRIATION OTHER ADMINISTERED BUDGETS	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
1570 GRANTS/PROGRAMS ADMIN	1,771,802	1,664,440	1,648,298	(16,142)	(1.0%)
APPROPRIATIONS					
1570 GRANTS/PROGRAMS ADMIN	1,606,179	1,664,440	1,648,298	(16,142)	(1.0%)
NET CHANGE					
1570 GRANTS/PROGRAMS ADMIN	(165,623)	0	0	0	0.0%

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

DEPARTMENTAL PURPOSE

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

FUNCTION AND RESPONSIBILITIES

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

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

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

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

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

Community Investment Fund:

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

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

This budget, which is funded by a General Fund contribution, includes \$1.3 million to implement deep programming and \$250,000 to implement one-time investments. The budgets associated with Legacy Programs are not included in this budget unit. The initial funding cycle was three years from FY2020/21 through FY2022/23. The CIF was extended for one additional year, or through FY2023/24. This allowed for the CIF Planning Group to reconvene to review the results of program implementation, consider changes to the landscape for each priority area, and consider community data in an effort to make recommendations to the Board regarding funding for FY2024/25 and beyond.

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

1. *Mental Health* – Mental Health was ranked the highest need in Solano County. In particular, local experts shared that Solano County should clarify the existing System of Care and access points for mental health services and then widely

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

share that information via a community engagement campaign. Secondly, Solano County should help to increase provider understanding of how to respond to residents with mental health needs; one way is by sharing the System of Care and another way is to train providers on Mental Health First Aid to better connect clients to mental health services. For FY2023/24 implementation, the contract with Touro University California will be extended one additional year for implementation of a web app with mental health resources, community engagement, and Mental Health First Aid training.

2. *Affordable Housing* – Affordable housing was ranked as the second highest need in Solano County. Habitat for Humanity was awarded a \$200,000 grant for flood mitigation efforts on a Fairfield property and has fulfilled its contract as of December 31, 2022. For FY2023/24 and beyond, the annual Affordable Housing amount of \$200,000 will go toward an annual contribution to the Housing Trust Fund as introduced by Ordinance on July 26, 2022.
3. *Homelessness* – Homelessness was ranked the third highest need in Solano County. Experts cited the lack of coordination efforts and resources between entities trying to address homelessness, as well as the lack of provider/community understanding of how to respond to persons who are homeless/at risk of homelessness as the problem to be addressed. In FY2023/24, the \$250,000/year program with Vacaville Solano Services Corporation for a transition age youth shelter will continue. Volunteers of America (VOA) has operated a rapid rehousing program for three years as part of the CIF. VOA declined to continue the contract through FY2023/24, citing the rising rental costs as a barrier for them to continue the contract at the same level of service. The rapid rehousing contract is therefore anticipated to expire at the end of FY2022/23.

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

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

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

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

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

This budget unit also includes \$80,000 for First 5 Solano staff to manage the Community Investment Fund.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

- Seven community partners with annual grants have been providing services to Solano residents in the top areas of need including mental health, housing, safe and stable environments for children, and youth development. Services included:
 - Supported over 300 high school and transitional aged youth with a drop-in center and resources for safe and affordable housing and paid internship opportunities.
 - Provided over 125 parents an evidence-based parent education group to support positive parenting practices.
- Continued implementation of the SolanoConnex web app to connect residents to mental and emotional health services in the community. Training for frontline workers will commence in FY2023/24.

Summary of Other Administered Budgets 1570 – Fund 151-Grants/Programs Administration

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

- Operated a transition age youth shelter with 8 beds to house youth ages 18-24.
- Provided 20 residents with rapid rehousing services to secure permanent housing.

WORKLOAD INDICATORS

- Managed eleven contracts for the Community Investment Fund.
- Worked with evaluation consultant to begin the three-year reassessment of the Community Investment Fund.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents a decrease of \$16,142 or 1.0% in both revenues and appropriations when compared to the FY2022/23 Adopted Budget. The Recommended Budget includes a General Fund Contribution of \$1,648,298, a decrease of \$16,142 compared to the FY2022/23 Adopted Budget.

Primary Funding Sources

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

Contracts

The FY2023/24 Recommended Budget includes the following significant contracts:

- \$445,000 for the Touro University-Mental Health Deep Investment.
- \$250,000 for the Transition Age Youth Homeless Services Provider-Vacaville Solano Services Corporation Deep Investment.
- \$250,000 for annual grants (to be awarded upon RFP process).

Fixed Assets

None.

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

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	3,316	0	0	0	0.0%
MISC REVENUE	200,000	0	0	0	0.0%
GENERAL FUND CONTRIBUTION	1,568,486	1,664,440	1,648,298	(16,142)	(1.0%)
TOTAL REVENUES	1,771,802	1,664,440	1,648,298	(16,142)	(1.0%)
APPROPRIATIONS					
SERVICES AND SUPPLIES	0	40,000	0	(40,000)	(100.0%)
OTHER CHARGES	1,606,179	1,624,440	1,648,298	23,858	1.5%
TOTAL APPROPRIATIONS	1,606,179	1,664,440	1,648,298	(16,142)	(1.0%)
NET CHANGE	(165,623)	0	0	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

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

PENDING ISSUES AND POLICY CONSIDERATIONS

In addition to the three-pronged approach outlined above, the Board has identified a need for an Emergency Fund to support nonprofit agencies who are providing essential services in the community who may need one-time financial support to continue operations. Staff is drafting policies and procedures and will return to the Board for approval of the criteria and process and to set the amount designated in this Emergency Fund.



Veterans Services

- Claim Activities
- Dependents Tuition Fee Waiver
- Community Outreach and Education
- Advocacy for Veterans in Most Matters

DEPARTMENTAL PURPOSE

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

Budget Summary:	
FY2022/23 Midyear Projection:	1,141,318
FY2023/24 Recommended:	1,269,380
County General Fund Contribution:	719,380
Percent County General Fund Supported:	56.7%
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 34,000 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 Benefit Counselors at Travis Air Force Base and the VA medical clinic on Mare Island. The Department filed 2,350 claims in first 10 months of FY2022/23, resulting in \$18 million in benefits for veterans and their dependents.

WORKLOAD INDICATORS

CVSO is currently providing service to an average of 118 clients per day in FY2022/23, including a mix of walk-in, virtual and scheduled appointments, phone appointments, and via email correspondence in three locations.

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

Functional Area Summary

DETAIL BY REVENUE AND APPROPRIATION FUNCTIONAL AREA	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
VETERANS SERVICES	469,405	550,000	550,000	0	0.0%
TOTAL REVENUES	469,405	550,000	550,000	0	0.0%
APPROPRIATIONS					
VETERANS SERVICES	930,769	1,140,561	1,269,380	128,819	11.3%
TOTAL APPROPRIATIONS	930,769	1,140,561	1,269,380	128,819	11.3%
NET COUNTY COST					
VETERANS SERVICES	461,364	590,561	719,380	128,819	21.8%
NET COUNTY COST	461,364	590,561	719,380	128,819	21.8%

STAFFING					
VETERANS SERVICES	6	8	8	0	0.0%
TOTAL STAFFING	6	8	8	0	0.0%

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents no change in revenues and an increase of \$128,819 or 11.3% in appropriations when compared to the FY2022/23 Adopted Budget, resulting in an increase in Net County Cost of \$128,819 or 21.8%.

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 the counties for providing services to veterans. This funding is distributed based on individual counties' workload data. Solano County anticipates receiving \$550,000 in subvention funding again in FY2023/24.

Primary Costs

Salaries and Employee Benefits represents an increase of \$108,359 or 11.7% due to increases in Salaries and Employee Benefits resulting from negotiated and approved labor contracts. Services and Supplies represents an increase of \$14,445 or 13.5% primarily due to increased central data processing charges.

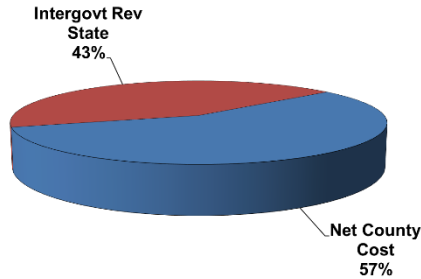
Fixed Assets

None.

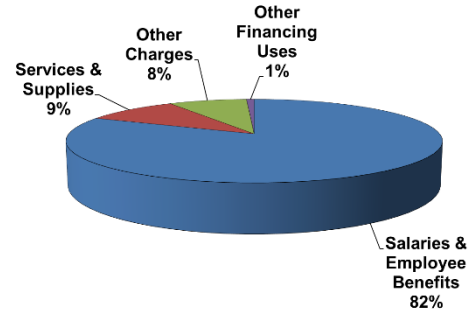
DEPARTMENT COMMENTS

None.

SOURCE OF FUNDS



USE OF FUNDS



DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2021/22 ACTUAL	2022/23 ADOPTED BUDGET	2023/24 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	469,405	550,000	550,000	0	0.0%
TOTAL REVENUES	469,405	550,000	550,000	0	0.0%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	726,472	928,210	1,036,569	108,359	11.7%
SERVICES AND SUPPLIES	93,930	107,298	121,743	14,445	13.5%
OTHER CHARGES	80,233	96,215	100,204	3,989	4.1%
OTHER FINANCING USES	6,409	8,838	9,864	1,026	11.6%
INTRA-FUND TRANSFERS	23,724	0	1,000	1,000	100.0%
TOTAL APPROPRIATIONS	930,769	1,140,561	1,269,380	128,819	11.3%
NET COUNTY COST	461,364	590,561	719,380	128,819	21.8%

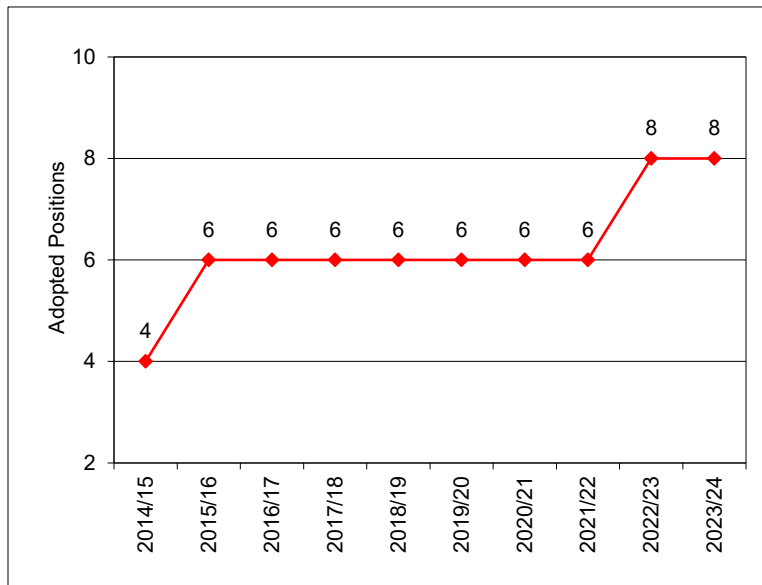
SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

There are no changes in position allocation in the FY2023/24 Recommended Budget.

STAFFING TREND



PENDING ISSUES AND POLICY CONSIDERATIONS

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