

DEPARTMENTAL PURPOSE

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

Budget Summary:	
FY2023/24 Midyear Projection:	466,411,713
FY2024/25 Recommended:	514,823,262
County General Fund Contribution:	46,136,720
Percent County General Fund Supported:	9.0%
Total Employees (FTEs):	1,432.70

FUNCTION AND RESPONSIBILITIES

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

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

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), and State Utility Assistance Subsidy (SUAS). 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	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
ADMINISTRATION DIVISION	4,851,312	3,719,460	7,099,340	3,379,880	90.9%
BEHAVIORAL HEALTH DIVISION	111,609,390	141,493,887	174,078,788	32,584,901	23.0%
SOCIAL SERVICES DIVISION	136,768,961	152,263,277	163,758,298	11,495,021	7.5%
IHSS - PA ADMINISTRATION	854,782	1,037,107	1,069,366	32,259	3.1%
PUBLIC ASSISTANCE PROGRAMS	64,838,200	66,780,787	72,359,754	5,578,967	8.4%
FAMILY HEALTH SERVICES DIVISION	27,522,297	34,874,560	37,500,519	2,625,959	7.5%
HEALTH SERVICES DIVISION	48,983,195	55,166,026	51,659,333	(3,506,693)	(6.4%)
TOTAL REVENUES	395,428,135	455,335,104	507,525,398	52,190,294	11.5%
APPROPRIATIONS					
ADMINISTRATION DIVISION	5,151,312	3,719,460	7,099,340	3,379,880	90.9%
BEHAVIORAL HEALTH DIVISION	109,842,424	140,994,517	174,643,371	33,648,854	23.9%
SOCIAL SERVICES DIVISION	136,792,862	152,263,277	163,758,298	11,495,021	7.5%
IHSS - PA ADMINISTRATION	854,782	1,037,107	1,069,366	32,259	3.1%
PUBLIC ASSISTANCE PROGRAMS	64,838,200	66,780,787	72,359,754	5,578,967	8.4%
FAMILY HEALTH SERVICES DIVISION	27,522,297	34,874,560	37,500,519	2,625,959	7.5%
HEALTH SERVICES DIVISION	47,303,177	61,178,403	58,392,614	(2,785,789)	(4.6%)
TOTAL APPROPRIATIONS	392,305,053	460,848,111	514,823,262	53,975,151	11.7%
NET CHANGE	(3,123,082)	5,513,007	7,297,864	1,784,857	32.4%

STAFFING					
ADMINISTRATION DIVISION	108.00	109.00	111.00	2.00	1.8%
BEHAVIORAL HEALTH DIVISION	229.25	241.05	253.55	12.50	5.2%
SOCIAL SERVICES DIVISION	694.50	697.50	727.50	30.00	4.3%
IHSS - PA ADMINISTRATION	5.00	5.00	4.00	(1.00)	(20.0%)
PUBLIC ASSISTANCE PROGRAMS	0.00	0.00	0.00	0.00	0.0%
FAMILY HEALTH SERVICES DIVISION	156.40	158.40	157.40	(1.00)	(0.6%)
HEALTH SERVICES DIVISION	176.00	182.25	179.25	(3.00)	(1.6%)
TOTAL STAFFING	1,369.15	1,393.20	1,432.70	39.50	2.8%

Primary Funding Sources

The primary funding sources for H&SS are federal and State program revenues of approximately \$246.0 million (48.5% of total); 1991 Realignment (see glossary for definition) a Statewide (sales tax based) revenue - \$60.7 million; 2011 Public Safety Realignment (see glossary for definition) a Statewide (VLF and sales tax based) revenue - \$76.3 million; and Charges for Services estimated at \$26.7 million in reimbursements for services. The County General Fund Contribution of \$46.1 million represents 9.0% of H&SS funding and includes the required local (County) maintenance of effort (MOE) for several State and federal program areas.

Program Revenue

Program revenues are earned primarily by two methods. The first method is through reimbursement for actual costs from 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 FY2024/25, direct charges from other County departments plus Countywide Administrative Overhead total \$35.8 million of which 91.0%, or approximately \$32.6 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 FY2024/25 Recommended Budget includes \$465,423 in COVID-19 related funds compared to \$9.3 million in the FY2023/24 Adopted Budget, a net decrease of \$8.9 million or 95.0%.

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 FY2024/25 Recommended Budget includes \$60.7 million in 1991 Realignment funds that will be drawn down and recognized as revenues.

1991 Realignment funds are allocated to three main areas:

- Health Services – a portion of the Health Realignment funding (approximately \$6.87 million) previously set aside for the County Medi-Cal Services Program (CMSP) for indigent health care is being redirected at the State level to fund Social Services programs. The balance is available to support uncompensated costs in the Family Health Services budget and to fund the realigned Public Health programs.
- Social Services – funds are dedicated for Child Welfare Services, Foster Care and IHSS programs. By statute, any growth (funding above the established base amount) in overall 1991 Realignment Revenue is first used to fund caseload growth for Social Services statewide.
- Mental Health – funds are used to pay the 50% local share for services for adult Medi-Cal clients (the balance is reimbursed by federal funds) and for the full costs of services provided to indigents and other low-income clients. Under 2011 Realignment, and following the federal approval of the ACA (see glossary for definition) and State adoption of the Medi-Cal expansion and Healthcare Exchange, the funds previously allocated to this account have been shifted to pay for the County’s increased share of costs for the CalWORKs assistance programs (approximately \$9.7 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 AB 85, January 1, 2014, including increases in CalWORKs grants. With the implementation of the Affordable Care Act in 2010, the State anticipated that County costs and responsibilities for health care services for the indigent population would decrease because a majority of this population, previously uninsured, would now be eligible for Medi-Cal or Covered California. The enactment of AB 85 provided the mechanism for redirecting these realignment funds.

AB 85, effective January 2014, also changed the growth distribution within the three areas of 1991 Realignment. Specifically, Social Services receives first call on growth in funds (to fund caseload growth) but no longer receives general growth. Health Services receives significantly less from general growth, from approximately 52% to 18.5%, while Mental Health remains the same at approximately 40%.

AB 130 and Senate Bill (SB) 90 created a new County IHSS MOE, effective July 1, 2017. The State increased In-Home Supportive Services (IHSS) costs to counties partially by redirecting VLF growth from the Health, Mental Health, and CMSP accounts to Social Services. Social Services received the sales tax growth due to the IHSS caseload increase resulting in Health and Mental Health's sales tax bases being flat funded. Health and Mental Health lost funding of \$613,283 in FY2017/18 and \$509,458 in FY2018/19 as a result of the redirected growth funds. On July 1, 2019, SB 80 was enacted into law to create a more sustainable IHSS MOE structure which included rebasing counties' MOE to a lower amount, ceasing the redirection of VLF growth revenues, reducing the MOE inflation factor from 7% to 4%, and enacting changes to wage and benefit bargaining.

2011 Realignment

The major portion of the 2011 Public Safety Realignment funding is dedicated to human service programs and substantially changed how those programs are funded in California. H&SS estimates \$76.3 million in 2011 Realignment funds for FY2024/25. 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 \$46,136,720, an increase of \$7,638,732 or 20.0% when compared to the FY2023/24 Adopted Budget. This County General Fund Contribution includes \$4,708,209 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:

- \$4,108,068 increase in Behavioral Health to fund negotiated and approved wage increases for all non-MHSA behavioral health programs.
- \$2,001,661 increase in Social Services primarily due to increase in spending in the administration of Medi-Cal, CalWORKs, CalFresh, and Child Welfare Services resulting from increases due to negotiated and approved wage increases and increases in other countywide and departmental administration costs.
- \$942,804 increase primarily representing increase in Public Guardian and General Assistance program administration costs.
- \$809,548 decrease representing waiver of the CMSP annual participation fee.
- \$576,533 increase in Health Services to fund increases due to negotiated and approved wage increases for all health services programs.
- \$456,727 increase in Assistance primarily to fund increase in General Assistance program costs.
- \$222,181 increase in Family Health Services to fund ongoing structural deficit in the primary care and dental clinics.

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- \$78,730 increase in Maintenance of Effort in Health Services Division.
 - \$48,065 increase to support various County General Fund funded programs and initiatives.
 - \$13,511 increase in non-claimable costs.

The County General Fund Contribution of \$46,136,720 is appropriated with \$4,465,196 funding the Assistance Programs, and \$41,671,524 funding the following operations in H&SS:

- \$15,186,437 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.
- \$11,926,355 for mandated substance abuse and adult psychiatric outpatient and inpatient services.
- \$4,993,665 to fund some programs at the minimum level necessary. These programs include Public Health Laboratory, Public Guardian, General Assistance eligibility determination and administration. In most cases, these programs are supplemented by outside sources of funding including competitive grants and charges for services.
- \$4,708,209 to support the Family Health Services primary care and dental clinics.
- \$1,548,019 for mandated public health services.
- \$1,166,341 to support H&SS integration, homeless outreach and community services efforts, SSI advocacy, and Nurse Family Partnership, and CalFresh Verification programs.
- \$1,110,756 for required Maintenance of Efforts for Public Health, California Children’s Services, and Mental Health.
- \$1,031,742 for administrative costs that are non-claimable.

Primary Operational Expenditures

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

- Administration (BU 7501) includes \$7,099,340 in appropriations which recovers most costs through Administrative Overhead Intrafund Transfers.
- Family Health Services (BU 7580) includes \$37,500,519 in appropriations which includes primary and dental care clinics, including mobile vans.
- Social Services (BU 7680) includes \$163,758,298 in appropriations which includes Employment and Eligibility Services, Welfare Administration, Child Welfare Services, Older and Disabled Adult Services.
- IHSS Public Authority - Administration (BU 7690) includes \$1,069,366 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 \$174,643,371 in appropriations which includes Mental Health and Substance Abuse Services.
- Health Services (BU 7880) includes \$58,392,614 in appropriations which includes Public Health and Medical Services.
- Assistance Programs (BU 7900) includes \$72,359,754 in appropriations which includes above referenced assistance programs.

Other Administered Budgets not part of Fund 902 includes \$23,524,766 for the IHSS Public Authority (Fund 152 - BU 1520), \$7,204,773 Napa/Solano Area Agency on Aging (Fund 216 – BU 2160), \$530,222 for Tobacco Prevention and Education (Fund 390 - BU 7950), and a Transfers-Out of \$34,017,766 from the Mental Health Services Act (Fund 906 - BU 9600) to Behavioral Health Services (Fund 902 - BU 7780). Additional details on the program costs can be found in the H&SS Divisions and Other Administered Budget sections of the Recommended Budget for Health and Public Assistance.

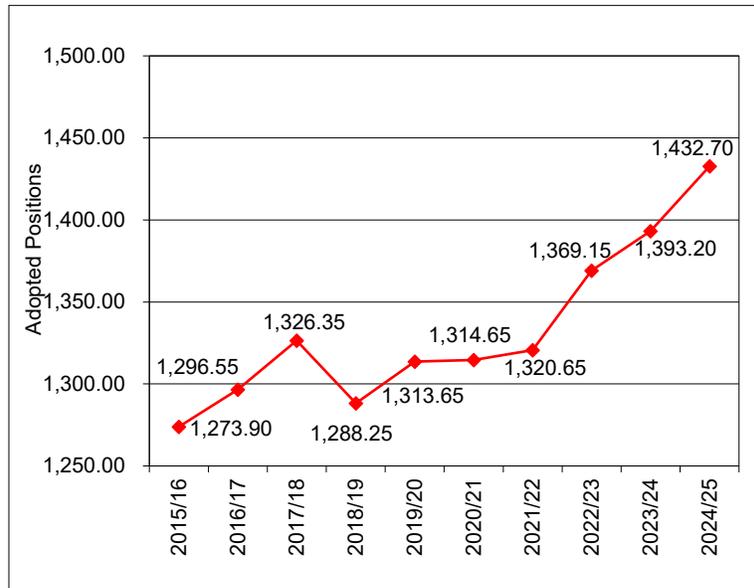
DEPARTMENT COMMENTS

None.

SUMMARY OF POSITION CHANGES

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

STAFFING TREND



PENDING ISSUES AND POLICY CONSIDERATIONS

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

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 530 contracts and service agreements with a value of approximately \$240 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 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 \$115 million in federal expenditures.

- ASB coordinated with the Department of Information Technology (DoIT) for the centralized purchase of 281 refresh computers and peripherals, upgraded and deployed 67 multi-function devices throughout the department, and implemented an Amazon net account reducing Cal card purchases by 50%.

WORKLOAD INDICATORS

- Administrative Support Bureau (ASB) facilitated over 2,500 purchase transactions (through purchase orders, credit cards, Office Depot) with expenditures totaling approximately \$8 million across the department.
- ASB completed the annual physical inventory of approximately 7,752 fixed assets assigned to H&SS.
- Budget and Financial Management Unit managed approximately \$725 million in funds: \$496 million which includes: Administration cost, Assistance and In-Home Supportive Services Program for provider wages, benefits and Public Authority Administration and Napa/Solano Area Agency on Aging administration and direct services; \$128 million in client benefits paid by the State; \$18 million in client assets; and \$83 million in other funds (including restricted trust funds).
- The Billing and Collections Units processed approximately \$44 million in Medi-Cal, Medicare, and private insurance claims.
- Accounts Payable and Contracts Units processed approximately 10,188 vendor claims totaling \$213 million.
- The Compliance Unit reviewed over 385 contracts and MOUs, ensuring that the appropriate contract exhibits were included.
- The Employee Services Unit coordinated the processing of 384 new hires, promotions, and transfers, 162 separations, 5,642 personnel action requests (ePARs), and monitored and troubleshooted the timecard reporting of approximately 1,200 employees in the IntelliTime payroll system.

DIVISION BUDGET SUMMARY

The Recommended Budget represents increases of \$3,379,880 or 90.9% in both revenues and appropriations when compared to the FY2023/24 Adopted Budget. The County General Fund Contribution in the Recommended Budget increased \$1,984.

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 \$3,379,880 or 90.9% net increase in revenues primarily due to the following:

- Increase of \$3,562,149 in interest income resulting from higher interest rates benefitting the County’s investment pool.
- Increase of \$1,984 in County General Fund due to increase of cost of lobbyist and contribution to Community Action Partnership (CAP) Solano JPA offset by decrease in homeless assistance expenses.
- Decrease of \$184,253 in Other Revenue primarily due to union reimbursement ending for a Limited-Term Social Worker III position that expired on January 31, 2024.

Primary Costs

The Recommended Budget includes a \$3,379,880 or 90.9% net increase in appropriations primarily due to the following:

- Increase of \$1,000,515 in Salaries and Employee Benefits due to additional position allocations, negotiated and approved wage increases, CalPERS retirement and health benefit costs, workers’ compensation rates, and accrued leave costs, offset by an increase in budgeted salary savings.
- Increase of \$1,422,125 in Services and Supplies due to increases in insurance, central data processing and DoIT time study charges, professional services, and education and training.
- Increase of \$3,588,401 in Other Charges primarily due to increases in interest expense and Countywide Administrative Overhead, offset by a decrease in audit services.
- Increase of \$63,556 in Fixed Assets to replace a forklift that is beyond its useful life in the Administrative Support Bureau.

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

Summary of Division Budget

- Increase of \$2,699,699 in Intrafund services (resulting in more costs reimbursed) primarily due increases in H&SS administrative costs and staff that support other divisions/programs and that are claimable to federal and State programs.

Contracts

The FY2024/25 Recommended Budget includes a total of \$345,064 in contracted and professional services. H&SS will return to the Board in June 2024 with a master list of contracts for the Board’s consideration.

Fixed Assets

The FY2024/25 Recommended Budget includes the following fixed assets:

- \$71,000 to replace an electric Forklift.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	2,971,272	1,674,825	5,236,974	3,562,149	212.7%
CHARGES FOR SERVICES	(91)	0	0	0	0.0%
MISC REVENUE	147,412	480,890	296,637	(184,253)	(38.3%)
OTHER FINANCING SOURCES	293,949	124,975	124,975	0	0.0%
GENERAL FUND CONTRIBUTION	1,438,770	1,438,770	1,440,754	1,984	0.1%
TOTAL REVENUES	4,851,312	3,719,460	7,099,340	3,379,880	90.9%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	12,070,589	16,793,536	17,794,051	1,000,515	6.0%
SERVICES AND SUPPLIES	2,978,993	3,777,900	5,200,025	1,422,125	37.6%
OTHER CHARGES	4,357,928	3,581,834	7,170,235	3,588,401	100.2%
F/A EQUIPMENT	0	7,444	71,000	63,556	853.8%
LEASES	2,905	7,068	8,568	1,500	21.2%
OTHER FINANCING USES	403,863	167,706	171,188	3,482	2.1%
INTRA-FUND TRANSFERS	(14,662,966)	(20,616,028)	(23,315,727)	(2,699,699)	13.1%
TOTAL APPROPRIATIONS	5,151,312	3,719,460	7,099,340	3,379,880	90.9%
NET CHANGE	300,000	0	0	0	0.0%

STAFFING					
ADMINISTRATION DIVISION	108	109	111	2	1.8%
TOTAL STAFFING	108	109	111	2	1.8%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in the division’s position allocations since the adoption of the FY2023/24 Budget are provided below:

On September 12, 2023, the Board approved reclassifying 3.0 FTE Policy and Financial Managers to 3.0 FTE Directors of Administrative Services to align with 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.

Summary of Division Budget

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Effective July 18, 2023, transferred 1.0 FTE Policy and Financial Analyst from Family Health Services Division to Administration Division. The position supports fiscal administration and is funded with various federal and State grants and allocations and 1991 Realignment.

On January 31, 2024, 1.0 FTE Limited-Term Social Worker III expired.

On February 4, 2024, 2.0 FTE H&SS Planning Analysts were transferred in from Public Health Services to the Administration Division to assist with fiscal administration.

On March 12, 2024, the Midyear Financial Report included the following position changes:

- Extended 1.0 FTE Limited-Term (project) Accounting Technician through June 30, 2025. The position provides financial reporting and budgeting support for federal and State allocations and grants. The position is funded with the Epidemiology and Laboratory Capacity (ELC) grant allocation through an Intra-Fund Transfer to the Public Health division.
- Added 1.0 FTE Accounting Technician to support the Accounts Payable unit in processing monthly transactions, reconciliation journals and invoice entry transactions and approvals. The position is funded with various federal and State grants and allocations and 1991 Realignment.

The FY2024/25 Recommended Budget includes the following position changes:

- Add 1.0 FTE Administrative Services Manager (TBD) to support the fiscal team assigned to Behavioral Health due to the expansion of programs, including CalAIM payment reform, 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.
- Delete 1.0 FTE Staff Analyst that supported the fiscal team assigned to Behavioral Health. This position is currently vacant and a classification with higher analytical skills and fiscal oversight is needed due to the expansion of programs in Behavioral Health.
- Add 1.0 FTE Office Assistant II to provide clerical/administrative support to the compliance and payroll. The addition of this position results in a decrease in the use of extra-help. The position is funded with federal, State and Realignment revenues.
- Add 1.0 FTE Office Assistant III (TBD) to provide complex administrative support and coordinate clerical operations in the Employee Services Unit.
- Delete 1.0 FTE Office Assistant II in the Employee Services Unit.
- Delete 1.0 FTE Administrative Services Administrator (TBD). This position was added as part of the 2019 H&SS reorganization approved by the Board. In 2023, a Chief Deputy – Administration classification was added and the reclassification of 3.0 FTE Policy and Financial Managers to Directors of Administrative Services which modified the organizational structure envisioned in 2019, strengthening cross-functional leadership infrastructure, replacing the need for this position.
- Delete 1.0 FTE Grant Writer (TBD). As of April 24, 2024, the department has 10.0 FTE H&SS Planning Analysts whose job duties include developing grant applications and program proposals.

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

FUNCTION AND RESPONSIBILITIES

The Behavioral Health Division provides specialty mental health services (SMHS) in accordance with Title 9, California Code of Regulations, sections 1820.205, 1830.205, and 1830.210. Substance Use Disorder services are delivered under the authority of Title 45, Code of Federal Regulations and California Health and Safety Code §11750-§11997. Behavioral Health provides integrated co-occurring care (Mental Health and Substance Use Disorder) for those who meet medical necessity for services under the MHP. Annually, Behavioral Health receives Mental Health Block Grant (MHBG) and Projects for Assistance in Transition from Homelessness (PATH) funding through the federal government, under the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). Behavioral Health also receives various other State grants to support special populations and initiatives.

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

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

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

- A 24-hour toll-free access line to obtain mental health care operated by a team of County licensed clinicians during the day and the Crisis Stabilization Unit after hours. Access staff screen callers for both mental health and substance use needs and eligibility and offer connection to the right place for assessment and ongoing treatment.
- Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to beneficiaries experiencing a behavioral health crisis through de-escalation and stabilization techniques to reduce the immediate risk of danger and subsequent harm, and to avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement.
- Recovery oriented treatment, rehabilitation, and community support services to children and youth with serious emotional disorders and adults with serious mental illnesses. Youth and adults are served through County outpatient clinics in Vallejo, Fairfield, and Vacaville, as well as through community-based organizations located in all the cities.
- A contracted network augments the County's outpatient capacity and includes adult case management, full-service partnership, and specialized services for youth such as the 0-5 programs, counseling for youth at school sites, and therapeutic behavioral services (TBS) which is an intensive behavior-focused program for youth and families.

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- Crisis intervention, crisis stabilization, and inpatient services for youth or adults with acute needs. The County is responsible for funding psychiatric inpatient hospitalizations for any Solano County Medi-Cal beneficiary or uninsured Solano resident who is admitted to a hospital in a psychiatric emergency.
 - Community-Based Multidisciplinary service teams, or Full-Service Partnerships (FSPs) utilizing evidence-based practices for youth and adults which can include psychiatrists, nurse practitioners (NP), physician assistants (PA), nurses, mental health clinicians, specialists, and peers in recovery; these programs serve the entire county. 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 (IST). The County is responsible for the care to misdemeanants.
 - Collaborative services provided by field-based or onsite behavioral health staff at the Courts, Probation Department, County jail facilities, law enforcement community teams, homeless shelters, and Child Welfare Services locations. Collaborating across systems has also been a key aspect of outreach, engagement, and service delivery to the homeless population.
 - Intensively coordinated community and residential services to youth and families involved with the Child Welfare system under the Katie A. (see glossary for definition) court mandate. AB 403, Continuum of Care (CCR) (see glossary for definition), and Family First Prevention Services Act (FFPSA) (P.L. 115-123, 2018), which all expand services previously required to include other youth who qualify for a more intensive level of care.
 - Administrative functions include quality assurance and performance improvement; utilization management; beneficiary related issue resolution; authorization and denial of services; maintenance of financial records, policies and procedures, and electronic health records; and assurance of cultural competency in the provision of services.
 - MHSA funded programs which may include prevention and early intervention, community services and supports, information technology, innovative programs, and capital housing projects. The County, through the Behavioral Health Division, completes a Three-Year Plan that is county organized but community driven, and an annual report of delivered services which is provided to the Board of Supervisors and posted online. Proposition 1 will change the funded programs and substantially modify the County planning process for this and other funding sources.
 - Access to drug Medi-Cal or specialty mental health services for California Work Opportunity and Responsibility to Kids (CalWORKs) participants with moderate to severe level of care behavioral health issues that interfere in their ability to obtain employment toward self-sufficiency.
 - Administration of grants which provide supplemental services, including housing and supportive case management and other specialty treatment services through various levels of care.

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

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

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- 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 ACCOMPLISHMENTS

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

- The California 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.
- Integration of substance use and mental health has been successful and continues to support new initiatives. 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 2023 showed that out of a total of 3,603 adult clients with mental health diagnoses, 992 or 28% of the clients also had a co-occurring substance use disorder, which often affects their ability to fully engage in mental health treatment. Historically, mental health and substance use services have not been provided concurrently, resulting in underreporting diagnoses. In 2023, there were 115 overdose deaths in Solano County compared to 63 in 2022. This highlights a continued need for integrated care, early identification, and treatment capacity. This is also an integral part of the Opioid Settlement Fund mandates and CalAIM system redesign which requires mental health and substance use administrative integration by 2027.
- Reform around jail and reentry continues to grow and expand as a result of new mandates and statutory changes around justice involved populations with behavioral health needs. These changes bring partners together from the Sheriff's Office/Jails, Probation Department, local law enforcement, H&SS' Employment and Eligibility Services Division, Behavioral Health and others to reduce unnecessary incarceration for those with mental health and substance use issues and intervene earlier with services. These efforts also guide the development of Community Assistance, Recovery and Empowerment (CARE) Court and the Lanterman-Petris-Short (LPS) Act reform new mandates.
 - 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 individuals 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.
 - On January 10, 2023, the Board of Supervisors approved an allocation of \$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 facilitated the Sequential Intercept Model (SIM) mapping in February 2024, with over 58 people in attendance, to identify the continuum in relation to the jails and Courts to reduce entry into the justice system. This effort will also inform other Justice Initiatives.
 - In February 2023, Behavioral Health was invited to join and awarded participation in 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. This two-year behavioral health focused expansion of the SJC will engage in a peer-to-peer learning model to accelerate behavioral health reform and diversion across the criminal legal/criminal

justice system, with an emphasis on local jails, and a commitment to pursue community-driven race-conscious solutions to reduce harm to populations overrepresented in, or disparately impacted by, the criminal legal system.

- PATH grant: In the Fall of 2023, Solano County Behavioral Health received a provisional award of \$1,191,233 from the Department of Health Care Services (DHCS) under the Providing Access and Transforming Health (PATH) Justice-Involved Capacity Building Round 3 grant program to support collaborative planning with the Sheriff's Office on behavioral health service linkage for individuals with mental health and substance use disorder challenges being released from the jails. As a result of federal approval under CalAIM and AB 133 (establishes a mandate for data sharing), this grant supports initiation of pre-release and reentry services in the 90 days prior to an individual's release into the community.
- Solano County's Assisted Outpatient Treatment (AOT) initiative, or Laura's Law, began in Solano County in 2019 as a new intervention strategy adopted by the Solano County Board of Supervisors for local implementation. AOT is a civil (not criminal) legal procedure that can be requested by concerned family members, caregivers, and other qualified referral sources for people who may be too ill to recognize the need for services. In 2023, Solano received 15 unduplicated referrals (compared to 19 in 2022), no referral was court-ordered to the Department of State Hospitals (DSH), four were supported through treatment linkage and treatment re-engagement, and two were unable to be located or "out of county's jurisdiction."
- The Diversion Community Treatment (DCT) program was funded with a Department of State Hospitals (DSH) grant from July 1, 2020 through June 30, 2024. The DCT program provided intensive services to people on mental health diversion. Services included intensive case management, housing subsidies, vocational rehabilitation, therapy, individual rehabilitation, coordination with mental health court, and linkage to supports. The program served 32 individuals in 2023. DSH has informed counties that there is expansion funding available based on remaining grant funds. Behavioral Health has opted in to receive additional funding to expand competency and housing options and is awaiting an award notification from DSH. If awarded, all funds will need to be expended by June 30, 2028.
- Crisis Intervention Team (CIT) training for law enforcement and first responders started in October 2022. To date, 57 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 coordinate with mobile crisis teams.
- Mobile Crisis Services:
 - In April 2022, community-based mobile crisis services became available countywide; however, the program was paused in September 2022 due to staffing gaps. Mobile crisis was relaunched in May 2023 and available countywide in February 2024. As of April 15, 2024, mobile crisis is available 24/7, 365 days/year. A community number will be launched on May 15, 2024 as part of Mental Health Awareness Month through a marketing campaign with social media, video, television, and radio ads, bus wraps, and posters throughout the community. Mobile Crisis became a Medi-Cal entitlement as of January 2023 and counties had until December 2023 to become fully operational (with new requirements). Behavioral Health submitted its implementation plan to the State and is pending approval as of April 2024 which will allow for a higher encounter bundled billing rate. For 2023, the Mobile Crisis Team responded to 465 callers. Of these callers, 76% were stabilized in the community and thus diverted from emergency rooms, jails, and hospitals; others utilized Crisis Stabilization Unit services.
 - School based mobile crisis was implemented on July 27, 2021 with the Solano County Office of Education (SCOE) utilizing Mental Health Student Services Act (MHSSA) grant funds. SCOE serves all students, regardless of insurance or immigration status, with the mission of de-escalating situations, linking families to necessary services, and supporting the coordination of care. In 2023, 232 students were served, 52 (23%) were placed on an involuntary hold and 77% responded to de-escalation intervention and safety planning.
- 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 2023, the CARE Team received 264 referrals.

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- Behavioral Health staff continue to work closely with Child Welfare Services (CWS) and the Probation Department on the implementation of the federal Family First Prevention Services Act (FFPSA). 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 and presented with wraparound aftercare services. In 2023, there were 21 referrals (3 from Probation and 18 from CWS). Behavioral Health staff coordinate regularly with CWS, Probation and the County's wraparound provider to offer six months of wraparound aftercare to youth discharged from a STRTP.
- Solano County was invited by the California Department of Public Health, Injury and Violence Prevention Branch (CDPH/IVPB) recently to participate in the Youth Suicide Prevention Reporting and Crisis Response Pilot Program. This Pilot Program goes through June 2025 and is intended to develop and test models for activities related to rapid reporting and comprehensive crisis response at the local level related to youth suicide and suicide attempts in youth 25 years of age and under. On June 27, 2023, the Board approved participation in the pilot program and a revenue agreement for \$2,074,074 to fund Behavioral Health and Public Health activities related to the program.
- The Children and Youth Behavioral Health Initiative (CYBHI) is a five-year initiative to support behavioral health and wellness for all California's children, youth, and their families. In November 2023, Behavioral Health submitted a grant proposal in collaboration with Aldea, Inc. to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for Round 5: Early Intervention Programs and Practices. In March 2024, Behavioral Health received a notice of a \$750,000 grant award. Aldea, Inc. is the only provider of Supportive Outreach and Access to Resources (SOAR) First Episode Psychosis program, an evidence based early intervention program that was done in conjunction with University of California at Davis and University of California at San Francisco. The Aldea SOAR program began as an MHSA Innovation Project and ends June 30, 2024. This new grant award provides funding to implement Cognitive Behavioral Therapy for Psychosis (CBT-P) evidence-based treatment services for clinically eligible youth and young adults (up to age 25) to improve access to critical behavioral health interventions to youth who do not fully meet the criteria for the SOAR First Episode Psychosis program fidelity, but still need similar services.
- The HOPE Team (Homeless Outreach Partnership and Engagement) increased outreach to the homeless across the county to screen for behavioral health needs. The team started a psychiatric street medicine, an 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 2023, the HOPE Team made 442 visits to encampments and served 248 individuals, and 47 of those received street medicine services. Street medicine 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.
- Behavioral Health selected, and the Board approved, a new housing and homeless services provider to expand services as a result of new grants which will support Behavioral Health with the following service priorities: support for the No Place Like Home (NPLH) development in Vallejo, Blue Oak Landing (Eden); forensic respite funded with Proposition 47 grant that supports a 30-day stay at a sober living or recovery home for individuals exiting jail; rental subsidy, management of Behavioral Health's MHSA and SABG funded subsidy program; phasing-in of remaining services such as housing navigation, landlord engagement and rental subsidy expansion, and street outreach. Through a contract the County will continue to offer permanent supported housing (PSH) at the No Place Like Home Fair Haven Commons (MidPen) in Fairfield.
- Affordable supportive housing is critical to the service continuum and Behavioral Health has received several grants to address the needs of the behavioral health population:
 - No Place Like Home (NPLH) Round 1 funding: Fair Haven Commons in Fairfield is a housing development that provides 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. The 34 permanent supportive units were all occupied as of Summer 2023. Funding contribution from 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 in Summer 2022 and provides 23 permanent supportive housing units for

those who are homeless and have mental health needs. The 23 permanent supportive housing units were occupied as of Spring 2023. Funding contribution from 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 application for a HHAP Round 5 allocation being coordinated with the Community Action Partnership Solano (CAP Solano) Joint Powers Authority (JPA).
- The Mental Health residential treatment facility located on the Beck Avenue, Fairfield, campus, is completed. 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. As of April 2024, there are 21 individuals residing at the facility.
- Under the CalAIM initiative, Partnership HealthPlan of California, the County's managed care plan, has allocated \$7,978,564 in Housing and Homelessness Incentive Program (HHIP) grant funding to Behavioral Health. The 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. 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. Funding will be 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) for services from FY2022/23 through FY2026/27.
- Behavioral Health received a noncompetitive allocation of \$8,352,207 in Behavioral Health Bridge Housing (BHBH) program funding. The BHBH program was signed into law in September 2022 under Assembly Bill 179 (Ting, Chapter 249, Statutes of 2022), and provides funding through June 30, 2027. These funds will support bridge housing settings to address the immediate and sustainable housing needs of people experiencing homelessness who have serious behavioral health conditions, including a serious mental illness (SMI) and/or substance use disorder (SUD). These funds are connected to the CARE Act to support enhancements of different types of housing to support CARE Court recipients and others.
- Walk-In psychiatry services restarted March 2023 in Vacaville for new or returning clients and has now expanded to all cities. Previously, services were appointment only due to the COVID-19 pandemic; however, offering walk-in services supports the post-pandemic increased demand for services and need for more in-person care to reduce crisis symptoms or situations.
- 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.
- The expanded Internship Program provides workforce development opportunities for students and stipends to students completing master's degree level programs in the fields of counseling and social work, and doctoral interns in the field of psychology. Stipends are awarded to students providing services to the unserved/underserved communities throughout Solano County. The interns are placed in county operated programs and provided clinical supervision and support. The Internship Program Coordinator focuses 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. As of March 2024, there are 16 active memorandums of understanding with master's degree level and nurse practitioner programs.
- The Internship Program has achieved full membership with the Association of Psychology Postdoctoral and Internship Centers (APPIC) and is participating in a mentorship program. Incumbents receive training and hours, a prerequisite for moving into regular clinical psychologist positions and a requirement for accreditation for the American Psychological Association (APA). Four clinical psychologist positions to support the Behavioral Health internship program were added as part of the FY2023/24 Midyear Financial Report.

Substance Use Disorders

- Services continue to be expanded through the Organized Delivery System (ODS) Drug Medi-Cal (DMC) waiver through Partnership HealthPlan of California (PHC) under the seven county regional model, which includes prevention, intervention,

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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, 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.

- Behavioral Health is coordinating efforts with the Public Health Division's prevention team and Drug Safe Solano, the county opioid coalition, to administer funds received through opioid settlement judgements.
- On December 5, 2023, the Board of Supervisors adopted a resolution adding the oversight of substance use services under the Mental Health Advisory Board and renaming it to the Behavioral Health Advisory Board, thereby, consolidating the functions of the Alcohol and Drug Advisory Board into the new Behavioral Health Advisory Board. Proposition 1 (a statewide initiative approved by the voters in March 2024) and SB 326, the Behavioral Health Services Act (signed by the Governor of October 12, 2023 and effective immediately) renamed MHSA to the Behavioral Health Services Act (BHSA) and expanded it to include treatment of substance use disorders. Counties are now required to have a "behavioral health board" instead of a "mental health board."

WORKLOAD INDICATORS

The following workload indicators cover calendar year 2023:

- Behavioral Health provided mental health services to approximately 5,878 severely mentally ill adults and youth through county programs, contract programs and the Managed Care Provider Network. The county adult outpatient clinic services served 3,473 adults, a 6% increase from 2022. Programs served 1,465 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 1,330 Solano County residents were served by 68 providers in the regional model. Behavioral Health staff managed 257 of these clients. Service linkage continues through referral to the Carelon (formerly known as Beacon) call center, substance use disorder providers, or Behavioral Health staff who complete American Society of Addiction Medicine (ASAM) assessments to determine level of care and needs.

DIVISION BUDGET SUMMARY

The Recommended Budget represents increases of \$32,584,901 or 23.0% in revenues and \$33,648,854 or 23.9% in appropriations when compared to the FY2023/24 Adopted Budget. The balance of \$564,583 reflects revenues from the restricted Department of State Hospitals (DSH) fund. The County General Fund reflects an increase of \$4,108,068 or 48.0% to offset the impact of the negotiated and approved wage increases and new mandates for Behavioral Health.

Primary Funding Sources

Federal revenues are a primary funding source for Behavioral Health services. Federal revenue provides 50% reimbursement for adult mental health and Drug Medi-Cal services provided to traditional Medi-Cal recipients. Children's mental health services are also primarily reimbursed at 50%. For the Medi-Cal recipients that became eligible under the Affordable Care Act (ACA), the federal reimbursement is 90%. To ensure that counties receive 100% reimbursement for the ACA population, State General Fund provides the 10% difference. In addition to federal Drug Medi-Cal revenues, services that are not Medi-Cal billable are funded with a federal Substance Use Block Grant (SUBG) (previously referred to as Substance Abuse Block Grant or SABG).

Billing for Mental Health Medi-Cal services changed on July 1, 2023 ("payment reform") from a cost per unit basis to a service rate based on Current Procedure Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) by provider type. Previously, county interim rates were claimed to DHCS and cost settled to actual costs through a lengthy cost settlement process. Under the new system, reimbursement is driven by direct service provision and not cost settled. Counties bear more fiscal risk as they will be responsible for managing the behavioral health system with revenues generated through direct service billing. Another major change 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 funding to DHCS. DHCS will then claim the services to the federal government and return both the nonfederal and federal share to the

counties. H&SS continues to troubleshoot claiming issues in implementing payment reform and reimbursement has been delayed, impacting cash flow.

The Drug Medi-Cal Organized Delivery System (DMC-ODS) was implemented July 1, 2020. Partnership HealthPlan administers the Drug Medi-Cal services on behalf of the County. The County pays Partnership HealthPlan an interim per utilizer per month rate. Federal and State reimbursement is provided after the County pays Partnership HealthPlan. An annual reconciliation process to actual allowable costs between the County, Partnership HealthPlan, and the Department of Healthcare Services (DHCS) is supposed to occur; however, the reconciliations for FY2020/21, FY2021/22, and FY2022/23 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 is distributed up to an established base amount. If funding exceeds the base, growth is distributed and added to the base in the next fiscal year.

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

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

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 \$32,584,901 or 23.0% net increase in revenues primarily due to the following:

- Increase of \$24,821,019 in the use of 2011 Realignment primarily due to budgeting \$12,377,164 for cash flow purposes for Medi-Cal and DMC reimbursement through the IGT process. The remaining increase of \$12,443,855 is due to the transfer of the Crisis Stabilization Unit (CSU) and Mobile Crisis program budgets into the Adult Bureau resulting in 2011 Realignment funding the operating and non-federal Medi-Cal share costs for those programs; increases in staffing costs for Mental Health Administration, Quality Assurance, and Internship programs; increased inpatient hospital costs due to higher bed usage and the transition of Kaiser specialty mental health clients to Behavioral Health effective July 1, 2024; and increases in DMC reimbursements and substance abuse costs not reimbursed by other funding sources. The Recommended Budget includes prior year 2011 Realignment anticipated rollover and projected FY2024/25 receipts to fund ongoing operations.
- Increase of \$4,953,369 in State grant revenues due to the implementation of the Behavioral Health Bridge Housing (BHBH) program; Homeless Housing, Assistance and Prevention (HHAP) Rounds 3 and 4; and Housing and Homeless Incentive Program (HHIP) grants. Also, included is funding for the California Department of Public Health (CDPH) Youth Suicide Prevention grant; the Crisis Care Mobile Unit grant (CCMU); and the CalAIM Providing Access and Transforming Health (PATH) Justice Involved (JI) Initiative.
- Increase of \$4,108,068 in County General Fund Contribution primarily to offset the impact of negotiated and approved wage increases and new mandates on Behavioral Health.
- Increase of \$2,858,648 in the use of 1991 Realignment due to more bed days and rate increases for clients in Institutions for Mental Disease (IMD), board and care, and inpatient/state hospital facilities. The Recommended Budget includes prior year 1991 Realignment anticipated rollover and projected FY2024/25 receipts to fund ongoing operations.
- Decrease in MHSA funding of \$2,604,415 primarily due to the transfer of the Crisis Stabilization Unit (CSU) and Mobile Crisis program budgets into the Adult Bureau, resulting in 2011 Realignment, instead of MHSA, funding operating costs and the

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non-federal Medi-Cal match. Offsetting the decrease is an increase in MHSA revenues for cash flow for the IGT and funding for subcontracted housing programs.

- Decrease of \$1,570,785 in Operating Transfers In for the County American Rescue Plan Act (ARPA) revenue reflecting a reduction in the remaining amount available for the Beck Residential Facility in FY2024/25 and full expenditure in FY2023/24 of the funding for the Internship Program.
- Increase of \$1,455,349 in Opioid Settlement funding to implement opioid prevention campaigns and programs.
- Decrease of \$608,242 in federal SUBG funding primarily due to discretionary SUBG ARPA funding ending and over estimating SUBG revenues in FY2023/24, and a decrease in budgeted prevention and Friday Night Live revenues in FY2024/25.
- Decrease of \$486,591 in Federal/State Short Doyle Medi-Cal revenues primarily due to a decrease in specialty mental health Medi-Cal revenues as original estimates under payment reform may have been too high for the first year of payment reform implementation. Partially offsetting the reduction is an increase in DMC reimbursement as more clients are receiving services; however, limited Medi-Cal and DMC claiming has occurred due to challenges with payment reform implementation and further adjustments may be required at FY2024/25 Midyear.
- Decrease of \$226,609 in Federal Other revenues primarily due to less Mental Health Block Grant (MHGB) ARPA funding available in FY2024/25 to support the first episode psychosis program.
- Decrease of \$211,870 due to Behavioral Health Quality Improvement Program (QIP) reimbursement ending in FY2023/24.
- Decrease of \$124,604 in Charges for Services primarily due to fewer third-party payer revenues projected resulting from delays with implementing payment reform.
- Increase of \$104,415 in Federal Short Doyle Administration revenue primarily due to increases in staffing and auditing costs.
- Increase of \$53,876 in Federal Quality Assurance revenues primarily due to increases in staffing costs.
- Increase of \$15,167 in State 2011 Realignment revenues (AB 109) due to more reimbursed costs.
- Decrease of \$6,897 in Forfeitures and Penalties due to less fees projected to be received from Probation for drug and alcohol offenses.

Primary Costs

Primary costs for Behavioral Health are: \$43,428,954 for Salaries and Employee Benefits; \$10,423,274 for Services and Supplies; \$113,428,963 for Other Charges; \$744,454 for Other Financing Uses; and \$6,617,726 for Intrafund Transfers.

The recommended appropriations for the Behavioral Health Division include \$143,246,148 for Mental Health (BU 7700), \$15,388,294 for Substance Abuse (BU 7560) and \$16,008,929 for Intergovernmental Transfer (BU 7598).

The FY2024/25 Recommended Budget includes \$33,648,854 or 23.9% net increase in appropriations primarily due to the following:

- Increase of \$3,802,792 in Salaries and Employee Benefits primarily due to the addition of new positions in Mental Health during FY2023/24 and FY2024/25, negotiated and approved wage increases, offset by an increase in budgeted salary savings.
- Increase of \$2,785 in Services and Supplies primarily due to increases in education and training, central data processing charges, liability insurance, interpreters, drugs/pharmaceutical supplies, software subscriptions, ambulance services, county garage, and utilities. These increases are partially offset with a decrease in contracted services primarily due to lower funding projected for a MHSA Innovation project, DoIT time study costs, and advertising and marketing.
- Increase of \$27,386,981 in Other Charges due to an increase in appropriations to provide DHCS with the non-federal share for the IGT process, net increases in bed days and rates for inpatient hospital, Institutions of Mental Disease (IMD) facilities, Augmented Board and Care (ABC), Board and Care facilities and State hospital beds, and increases in permanent supported housing services, street outreach, forensic respite, landlord engagement and subsidy administration, rapid rehousing and supportive services for adults. Costs for per utilizer per month (PUPM), substance abuse residential bed days, and recovery residences also increased. Appropriations also include new contracts for opioid settlement activities and Countywide

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Administrative Overhead costs increased. These increases are partially offset with reductions in costs associated with the Community Care Expansion (CCE) Preservation grant as funding will be expended by December 2024, fewer locum tenens costs due to fewer psychiatrist hours projected based on trends, and a decrease in first episode psychosis and substance abuse services contracts due to ARPA funding ending or being reduced in FY2024/25.

- Decrease of \$58,895 in Other Financing Uses primarily due to a reduction in transfer out to Fleet as no vehicle purchases are budgeted for FY2024/25, offset by an increase in pension obligation bonds.
- Increase of \$2,517,355 in Intrafund Transfers due to increases in Health and Social Services departmental overhead, the transfer of the Chief Deputy Behavioral Health and administrative support’s salary and benefits costs to Behavioral Health from the Administration Division, and the termination of funding from Employment and Eligibility Services for the CalWORKs Successful Mental Health and Addiction Recovery Treatment (SMART) program.

Contracts

The recommended appropriations for Behavioral Health include \$91,465,340 or 52.4% 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 2024 with a master list of contracts for the Board’s consideration.

Fixed Assets

None.

DIVISION COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
FINES, FORFEITURES, & PENALTY	25,325	30,921	24,024	(6,897)	(22.3%)
INTERGOVERNMENTAL REV STATE	43,132,433	52,692,970	84,732,310	32,039,340	60.8%
INTERGOVERNMENTAL REV FEDERAL	34,695,287	36,683,356	35,917,198	(766,158)	(2.1%)
INTERGOVERNMENTAL REV OTHER	55,000	0	55,000	55,000	0.0%
CHARGES FOR SERVICES	597,772	562,346	437,745	(124,601)	(22.2%)
MISC REVENUE	921,457	0	1,455,349	1,455,349	0.0%
OTHER FINANCING SOURCES	24,918,894	42,956,898	38,781,698	(4,175,200)	(9.7%)
GENERAL FUND CONTRIBUTION	7,263,222	8,567,396	12,675,464	4,108,068	48.0%
TOTAL REVENUES	111,609,390	141,493,887	174,078,788	32,584,901	23.0%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	32,478,501	39,626,162	43,428,954	3,802,792	9.6%
SERVICES AND SUPPLIES	6,031,973	10,420,489	10,423,274	2,785	0.0%
OTHER CHARGES	67,158,698	86,017,839	113,404,820	27,386,981	31.8%
LEASES	6,206	26,307	24,143	(2,164)	(8.2%)
OTHER FINANCING USES	672,298	803,349	744,454	(58,895)	(7.3%)
INTRA-FUND TRANSFERS	3,494,748	4,100,371	6,617,726	2,517,355	61.4%
TOTAL APPROPRIATIONS	109,842,424	140,994,517	174,643,371	33,648,854	23.9%
NET CHANGE	(1,766,965)	(499,370)	564,583	1,063,953	(213.1%)

STAFFING					
BEHAVIORIAL HEALTH	229.25	241.05	253.55	12.50	5.2%
TOTAL STAFFING	229.25	241.05	253.55	12.50	5.2%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in the division's position allocations since the adoption of the FY2023/24 Budget are provided below.

On March 12, 2024, the Midyear Financial Report included the following position changes:

- Extended 1.0 FTE Limited-Term (project) Mental Health Clinician (Licensed) through June 30, 2026. The position provides assessments and triage for Mental Health diversion clients. The position is funded with a DSH grant allocation.
- Added 1.0 FTE H&SS Planning Analyst to assist with the Behavioral Health Bridge Housing (BHBH) grant program that addresses individuals facing homelessness with serious behavioral health conditions. The position is funded with Behavioral Health Bridge Housing (BHBH) grant funds.
- Added 1.0 FTE Health Education Specialist to assist with implementation of the Youth Suicide Prevention project, including technical assistance for key stakeholders and the community. The position is funded with a Suicide Prevention Grant allocation.
- Added 2.0 FTE Limited-Term Clinical Psychologist through June 30, 2025. These positions support the Behavioral Health internship program (approved by the Board on January 10, 2023) where incumbents receive training and hours, a prerequisite for moving into regular Clinical Psychologist positions, and a requirement for accreditation with the American Psychological Association. The positions are funded with federal, State and MHSA revenues.
- Added 2.0 FTE Clinical Psychologist to support the Behavioral Health internship program and a requirement for accreditation with the American Psychological Association. The positions are funded with federal, State and MHSA revenues.
- Increased 0.5 FTE Office Assistant II to 1.0 FTE Office Assistant II to provide additional clerical and office support needed to comply with CalAIM at the Fairfield Adult Outpatient Clinic. The position is funded with 1991/2011 Realignment and MHSA revenue.
- Added 1.0 FTE Project Manager to assist with countywide coordination, regulatory oversight, contracts and reporting of opioid treatment services. The position is funded with the Opioid Settlement Fund.
- Added 1.0 FTE Clinical Services Associate to serve as the medication assisted treatment (MAT) coordinator and providing clinical linkages and case management support. The position is funded with the Opioid Settlement Fund.
- Added 1.0 FTE Medical Assistant (Lead) to manage client psychiatric supports, assist medical assistants and psychiatrists, and linkages to Family Health Services' clinics. The position is funded with the Opioid Settlement Fund.

The FY2024/25 Recommended Budget includes the following position changes:

- Add 1.0 FTE Behavioral Health Services Administrator to provide oversight and support with implementation of CalAIM and Proposition 1 required reform elements, including managing complex policy and fiscal requirements and data reporting mandates to meet managed care requirements. The position is funded with Federal Administration and 2011 Realignment.
- Add 1.0 FTE H&SS Planning Analyst to address increase in workload resulting from CalAIM and Proposition 1 required reform elements, including data and reporting requirements. The position is funded with Federal Administration and MHSA revenue.
- Add 1.0 FTE Project Manager to address increase in workload resulting from CalAIM and Proposition 1 required reform elements, including contract development, monitoring, and evaluating deliverables. The position is funded with Federal Administration and 2011 Realignment.
- Add 1.0 FTE Senior Staff Analyst (TBD) to address increase in workload resulting from CalAIM and Proposition 1 required reform elements, including managing the development and monitoring of contracts and data reporting. The position is funded with Federal Administration and 2011 Realignment.
- Add 1.0 FTE Office Assistant II to provide clerical/administration support to Behavioral Health administration. The position is funded with Federal Administration and 2011 Realignment.

- Add 1.0 FTE Office Supervisor to assist with expansion of services at the adult outpatient clinics and meeting Kaiser Carve In, CalAIM and other mandate requirements. The position is funded with 2011 Realignment.
- Add 1.0 FTE Limited-Term Behavioral Health Peer Support Specialist through December 31, 2026 to provide 'lived' experience and support, and mentoring to individuals involved in the justice system and CARE Court. The position is funded with Providing Access and Transferring Health (PATH) Justice-Initiative grant.
- Add 1.0 FTE Limited-Term Mental Health Specialist II through December 31, 2026. The position provides outreach and coordination services to individuals in the criminal justice system seeking treatment. The position is funded with PATH Justice-Initiative grant.
- Delete 3.0 FTE Mental Health Clinician (Licensed).
- Delete 2.0 FTE Psychology PHD Intern TBD that are not recommended for extension.

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. However, any fluctuations in the economy will impact what the County receives for these revenues.

Included in CalAIM is a requirement to standardize specialty mental health services (SMHS) for all counties, which means that current Kaiser Medi-Cal specialty mental health services' clients will transition to County Behavioral Health caseload. DHCS has submitted transition guidance on the process for transitioning the clients from Kaiser to Solano County. Kaiser is working collaboratively with Solano County to develop a joint plan that includes methods for identifying members, screening and assessment needed, service types, documentation exchange, staffing/contracts needed, etc. There will be a phased in transition with the planning period going through June 2024 and the transition of clients beginning July 1, 2024 and concluding December 31, 2024.

- The total number of persons transitioning to the Behavioral Health from Kaiser is still being finalized; however, the current initial estimate is 644 individuals with approximately 390 adults and 170 children/youth for Full-Service Partnership and intensive outpatient levels and approximately 70 adults/children in subacute/residential placements. Although this is lower than the original estimate of 2,091 individuals, the most significant impact to funding will be those in inpatient care, who are largely not known until they enter crisis. Clients receiving inpatient or residential care, admitted prior to July 1, 2024 by Kaiser will remain the responsibility of Kaiser throughout their entire stay to avoid disruption until January 2025.
- As of January 2024, Kaiser is now a managed care plan (MCP), serving the mild/moderate behavioral health population, similar to Partnership HealthPlan, requiring Behavioral Health to now coordinate with two managed care plans.

New initiatives and mental health reform legislation has overwhelmed county behavioral health systems. Since 2022, just over 50 new initiatives, programs, or compliance mandates from new laws have been added to MHP requirements pertaining to the following categories: New Medi-Cal benefits, program/quality reforms, children/youth behavioral health initiatives, infrastructure (treatment and housing), LPS/crisis continuum, housing/homelessness, Department of State Hospital coordination, mandates around equity and diversity planning, new Healthcare Effectiveness Data and Information Set (HEDIS) standardized measures that compare the quality of health plans in coordination with managed care plans and hospitals, coverage parity and others. This workload has become a crisis for county behavioral health systems to manage concurrent and constant changes, update policies and practices, while experiencing workforce shortages.

Senate Bill (SB 43) expands California's Lanterman-Petris-Short (LPS) conservatorship law by updating the criteria for determining if a person is "gravely disabled," the standard for LPS conservatorship eligibility. The new definition allows for consideration of whether a person fails to provide for their own medical care or personal safety and includes not just mental illness, but also severe substance use disorder and chronic alcoholism. There is currently an insufficient number of treatment beds to support those with mental health and even fewer beds for those needing SUD residential or withdrawal management/detox. On December 15, 2023, the Board approved deferring implementation until January 2026 to provide time for reviewing and updating policies, 5150 training for staff and peace officers, development of workflows and data tracking of involuntary holds, increasing treatment beds for crisis

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and inpatient services. A priority in the next year will be to develop or expand inpatient, sobering centers, and crisis and residential placements for the increasingly eligible group of people.

SB 1338 (Chapter 319, Statutes of 2022) established the Community Assistance, Recovery, and Empowerment (CARE) Act, which created 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 which may be imposed by the Court, and lack of housing stock to meet the requirements of the required client plan. 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. Data reporting and exchange will be critical to develop with information technology supports in the next year.

Payment reform, under the CalAIM initiative, was implemented in July 2023, and has significantly changed 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 claiming. Behavioral Health has experienced delays in receiving claims data from providers and has limited data with which to develop financial projections and make adjustments to contractor rates to ensure viability in the programming and business models. Behavioral Health and the H&SS fiscal team are working with a consultant to support the division in rolling out Payment Reform (CPT codes, rates for contractors, IGT payments, etc.).

The Healthcare Effectiveness Data Information Set (HEDIS) initiative, also included under the CalAIM Behavioral Health Quality Improvement Program (BHQIP) per Behavioral Health Information Notice No: 23-005 in February 2023 provides performance rates for Medi-Cal managed care health plans. DHCS instituted nine priority behavioral health measures as part of a Comprehensive Quality Strategy (CQS). The county plan priority measures (under MHP and DMC-ODS) are a way of measuring different aspects of care quality like effectiveness of care and access / availability of care. These national measures are best practices under the National Committee for Quality Assurance (NCQA) standards. Many of these metrics have required negotiating with hospitals and managed care plans to access data; and to date, Behavioral Health has been unable to access the full necessary data due to insufficient data exchange processes across plans and systems. This data exchange and resulting data reporting are a priority for receiving incentive payments and meeting compliance requirements.

Proposition 1, approved by voters in March 2024, contained two broad components: 1) changes the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA) and adjusts funding and funding categories; and 2) approves a \$6.4 billion bond to build more facilities for mental health care and drug or alcohol treatment, and more housing for people with mental health, and drug or alcohol challenges. While Proposition 1 makes no changes to the amount of revenue collected through the tax, it does reduce the amount available to counties and how counties may use the funding. Most significantly, BHSA creates a requirement that one-third (30%) of the funds allocated to each county must be spent on housing. It also shifts 10% of the funding (versus 5%) from counties to the State for workforce initiatives and prevention. Another significant change will be made to the planning process for BHSA requiring an Integrated Plan for all behavioral health services that includes budget and outcome information across all funding sources. Implementation is to begin July 1, 2026.

BH-CONNECT provides new Medi-Cal benefits under a demonstration waiver that counties can opt-in starting in 2025. On October 20, 2023, DHCS submitted an application for a new Medicaid Section 1115 Demonstration to increase access to and improve mental health services for Medi-Cal members statewide. The Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration takes advantage of Centers for Medicare and Medicaid Services' 2018 guidance and associated federal funding aimed at improving care for Medi-Cal members living with significant behavioral health needs. This process will support better funding models for evidence-based practices, expansion of '9-8-8' emergency response call system and crisis services, services for CARE Court recipients and others. This also establishes a county option to receive Federal Fund Participation (FFP) for services provided during short-term stays in institutions for mental disease (IMDs). Additional details are pending on requirements and implementation processes.

The Providing Access and Transforming Health (PATH) Justice-Involved Initiative allows eligible individuals who are incarcerated to enroll in Medi-Cal and receive a targeted set of services in the 90 days before their release. On January 26, 2023, California became the first state in the nation approved to offer a targeted set of Medicaid services to youth and eligible adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release. This initiative aims to ensure continuity of

health care coverage and services between the time individuals are incarcerated to when they are released. It also provides people who are reentering the community with the prescribed medications and durable medical equipment they need, and access to programs and services to support the transition.

PATH planning and implementation efforts are requiring a significant level of collective and close working partnerships between all entities involved, including but not limited to Behavioral Health, Public Health, Social Services, Probation, Sheriff's Office, community-based organizations, managed care plans, and communities at large. Significant policy and operational changes are required and requiring substantial time to fully implement. The initiative will require significant support from DoIT around data exchange between the jails, Probation, Courts, Behavioral Health, and Employment and Eligibility. Behavioral Health and the Sheriff's Office are working closely together on their respective PATH implementation plans and coordination to ensure people are identified and supported in the right systems, including managed care plans for mild/moderate behavioral health needs, prior to exiting jails.

According to DHCS, PATH funding is designed to support the planning and implementation of the Justice-Involved Initiative but is not intended as a long-term funding source to support the ongoing operating costs beyond the start-up phase.

Behavioral Health continues to face 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. With contract adjustments, County contract providers have been able to adjust to the hiring demands more nimbly by adjusting salaries and offering sign on and retention bonuses. However, such adjustments are more challenging for county-operated services.

The Board approved Internship Program has been successful, 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. Once minimum qualifications are met, these interns are eligible to apply for positions within the County. Behavioral Health began implementation of this new program in Spring 2023. Since that time, 21 graduate level intern applications were received; seven applicants were accepted and started their internship with Behavioral Health. From that group, three interns became registered and then applied for permanent full-time registered mental health clinician positions within Behavioral Health. New students starting their 2024-2025 school year have submitted applications and seven were selected to begin their internship with Behavioral Health in the Fall 2024.

Additionally, two current psychology interns are now completing their post-Doctorate hours in June 2024 to sit for the State exam and become licensed; they intend to apply for our permanent psychology positions, as two new psychology interns start in July 2024.

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. Behavioral Health is working with its partners and utilizing feedback from the Justice Initiative reforms to evaluate how persons are deemed IST and focus on early screening, treatment and prevention of IST determinations.

Broader behavioral health reforms for Medi-Cal Managed Care Plans (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.

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Medi-Cal cost report audits continue to be delayed. DHCS is currently auditing the FY2014/15 Short Doyle cost report and FY2018/19 Substance Abuse cost report. Counties continue to be concerned about the lag in timing of audits and the lack of consistency in how costs are treated. Counties are also unable to submit the FY2022/23 Medi-Cal cost report that was due December 31, 2022 as DHCS has been delayed in issuing the templates for county submissions. DHCS also continues to indicate their intent to recoup from counties 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. Timing and how the recoupment will occur remain unknown. 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 2023, Solano Family Health Services' membership was 25,375 Medi-Cal enrollees assigned through Partnership HealthPlan of California (PHC).

- Due to the shortage of providers, the Fairfield Adult Primary clinic remains closed to new member assignments from PHC; however, the Vacaville Primary and Fairfield Pediatric clinics were reopened to new member assignments from PHC on March 1, 2024.
- Provider recruitment continues to be an ongoing challenge. In addition to recruitment efforts through the County Department of Human Resource Services, FHS works with a specialized recruiting firm to recruit providers. In 2023, progress was made, and all supervising physician and health service management positions were filled.
- In May 2023, OCHIN EPIC was selected to replace Family Health Services' current outdated electronic health record system. Project implementation began in February 2024 with a projected "Go Live" date of September 2024. 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. The new system is funded with \$2.57 million in one-time American Rescue Plan Act (ARPA) - Coronavirus State and Local Fiscal Recovery Funds (SLFRF) commitment by the Board of Supervisors and \$1.0 million that was jointly secured by Representative Garamendi and Senator Padilla through the federal Community Project Funding initiative that allows members of Congress to request direct funding for projects that benefit the communities they represent.
- In accordance with audit instructions received from a Health Resources and Services Administration (HRSA) Operational Site Visit in 2023, Family Health Services updated the Co-Applicant Agreement between Solano County and the Community Health Board to better define the role of each party in the governance of the FQHC Community Health Care Centers in Solano County and align with HRSA requirements.

WORKLOAD INDICATORS

- In 2023, the We're All Family! Mobile Food Pharmacy (MFP) program, sponsored by the Yocha Dehe Wintun Nation, saw an increase of 42.6% in the average total pounds of healthy and nutritious produce distributed; however, the number of Food Rx Prescriptions redeemed by clients (food boxes) decreased by 39%. Since the official launch of the program, the MFP has provided more than 1,200 tons of free and fresh produce to low-income families.
- In 2023, FHS provided primary care and dental health services to 17,180 patients, a decrease of 1,417 patients from 2022. There was a total of 54,196 patient visits, which represents a decrease of 7% from the prior year.
- In 2023, of the 17,180 FHS patients reporting, 38% of FHS patients lived below 100% of the Federal Poverty Line (FPL) and 91.3% of FHS patients had Medi-Cal Managed Care as their primary insurance or are dually enrolled in Medicare and Medi-Cal. Uninsured patients represented 6.8% of patients and the remaining 0.5% were enrolled with a private insurer.

DIVISION BUDGET SUMMARY

The Recommended Budget represents increases of \$2,625,959 or 7.5% in both revenues and appropriations when compared to the FY2023/24 Adopted Budget. The Recommended Budget includes a combination of \$4,327,740 in 1991 Public Health Realignment and an ARPA-SLFRF contribution in the amount of \$4,708,209 to fund the structural deficit in FY2024/25.

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 all sites: 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, dental van in FY2012/13 and 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 FY2024/25 Recommended Budget includes a combination of \$4.3 million in 1991 Public Health Realignment and the utilization of \$4.7 million in ARPA-SLFRF revenue replacement/recovery funds to support the FHS clinics. The ARPA-SLFRF revenue will not be available to support the FHS clinics in FY2025/26.

The Recommended Budget for Family Health Services includes a \$2,625,959 or 7.5% net increase in revenues compared to the FY2023/24 Adopted Budget primarily due to the following:

- Increase of \$222,818 in ARPA-SLFRF to partially fund the ongoing structural deficit within the clinics.
- Decrease of \$558,626 in FQHC revenues under Charges for Services due to a projected decrease in encounters resulting from ongoing challenges in meeting daily encounter targets.
- Decrease of \$886,784 in Federal Other as the majority of the \$1 million in federal Community Project Funding secured by Representative Garamendi and Senator Padilla for the electronic health record system upgrade was utilized in FY2023/24. The federal funding for the upgrade expires July 2024.
- Decrease of \$602,948 in Federal Direct – COVID-19 due to one-time COVID-19 related grants received and fully expended in FY2023/24.
- Increase of \$4,184,172 in 1991 Public Health Realignment for a total of \$5,714,646 for FY2024/25. The Recommended Budget reflects the use of \$1,386,906 to fund the cost of care of the uninsured and underinsured (under WIC §17000) that cannot be covered by the (HRSA) Section 330 grant and for the cost of Public Health services being provided at the FHS clinics, such as immunization, viral and tuberculosis care. An additional \$4,327,740 of 1991 Public Health Realignment is utilized to partially fund the structural deficit.
- Decrease of \$10,000 in Federal Aid primarily due to a projected decrease in one-time funding from Ryan White Part C Capacity grant which expired August 31, 2023.
- Increase of \$277,964 in Miscellaneous Revenues due to an increase in estimated quality incentive revenues from Partnership HealthPlan.

Summary of Division Budget

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Contracts

The FY2024/25 Recommended Budget for Family Health Services includes a total of \$2,218,365 or 5.9% in contracted services. H&SS will return to the Board in June 2024 with a master list of contracts for the Board's consideration.

Fixed Assets

The FY2024/25 Recommended Budget includes the following fixed assets for the dental clinics, funded with FQHC revenues or, if a no-cost extension is approved, HRSA Capital Grant revenue:

- \$20,000 for two Dexis/x-ray sensors.
- \$18,000 for three x-ray sensors.
- \$5,000 for a dental x-ray chair.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	2,762,266	1,530,474	5,714,646	4,184,172	273.4%
INTERGOVERNMENTAL REV FEDERAL	5,415,580	3,604,330	2,104,598	(1,499,732)	(41.6%)
CHARGES FOR SERVICES	15,454,605	23,916,292	23,357,666	(558,626)	(2.3%)
MISC REVENUE	2,314,664	1,337,436	1,615,400	277,964	20.8%
OTHER FINANCING SOURCES	237,745	0	0	0	0.0%
GENERAL FUND CONTRIBUTION	1,337,437	4,486,028	4,708,209	222,181	5.0%
TOTAL REVENUES	27,522,297	34,874,560	37,500,519	2,625,959	7.5%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	17,566,937	20,971,466	23,932,227	2,960,761	14.1%
SERVICES AND SUPPLIES	5,254,355	7,692,306	6,534,915	(1,157,391)	(15.0%)
OTHER CHARGES	2,200,424	2,980,225	3,640,491	660,266	22.2%
F/A EQUIPMENT	25,138	184,100	43,000	(141,100)	(76.6%)
LEASES	4,356	0	6,200	6,200	0.0%
OTHER FINANCING USES	169,513	251,670	252,738	1,068	0.4%
INTRA-FUND TRANSFERS	2,301,574	2,794,793	3,090,948	296,155	10.6%
TOTAL APPROPRIATIONS	27,522,297	34,874,560	37,500,519	2,625,959	7.5%
NET CHANGE	0	0	0	0	0.0%

STAFFING					
FAMILY HEALTH SVS	156.40	158.40	157.40	(1)	(0.6%)
TOTAL STAFFING	156.40	158.40	157.40	(1)	(0.6%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

For several years H&SS used 1991 Public Health Realignment, which is a primary funding source for the County to provide Public Health services, to fund the structural deficit (i.e., funding gap) in FHS. In FY2022/23, the \$2,862,255 structural deficit was funded with a combination of 1991 Public Health Realignment and County General Fund. In FY2023/24, \$4,486,028 in ARPA-SLFRF and \$602,948 in federal COVID-19 grants funded the gap. The FY2024/25 structural deficit for FHS will be funded with a combination of \$4,327,740 in 1991 Public Health Realignment and \$4,708,209 in ARPA-SLFRF funds.

SUMMARY OF POSITION CHANGES

Changes in the division's position allocations since the adoption of the FY2023/24 Budget are provided below.

Effective July 18, 2023, transferred 1.0 FTE Policy and Financial Analyst from Family Health Services Division to the Administration Division to support fiscal administration.

There are no changes in position allocation in the FY2024/25 Recommended Budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

Family Health Services continues to focus on operational, quality and process improvements in order to optimize client services, quality outcomes and revenue generation and anticipates implementing a number of changes, including provision of a patient portal, improved communication with clients using telehealth, and more robust appointment scheduling. It is anticipated that once OCHIN EPIC health record system 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.

DIVISION PURPOSE

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

FUNCTION AND RESPONSIBILITIES

Public Health

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

Key functional areas in Public Health include communicable disease control, surveillance and epidemiology, health promotion and community wellness, emergency services, public health laboratory, maternal, child and adolescent health, nutrition services, and vital statistics. In 2015, the Older and Disabled Adult Services Bureau (ODAS) operationally merged with Public Health including services provided through In-Home Supportive Services (IHSS), Adult Protective Services, Public Administrator / Public Guardian / Public Conservator, and the IHSS Public Authority (PA). In 2019, the Napa/Solano Area Agency on Aging (N/S AAA) was established in the Older and Disabled Adult Services Bureau. For financial purposes, the budget and metrics for ODAS, the IHSS PA and the N/S AAA are included in Budget Unit 7680, Social Services.

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

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

On June 30, 2022, Public Health received notification from the California Department of Public Health (CDPH) that Solano County would receive \$2,060,478 in Future of Public Health (FoPH) funding provided through the California Budget Act of 2022. This new ongoing annual State funding is to be used to build the capacity for local health jurisdictions to respond to current and future emergencies through strengthening and expanding the local public health workforce. With this funding, Public Health expanded its workforce to include public health nurses, health education specialists, a public health microbiologist, a communicable disease investigator, a health equity coordinator, health assistants, and clerical and fiscal staff.

The Future of Public Health funding provided Public Health the opportunity to continue successful strategies developed during the COVID-19 pandemic response, including:

- The Infection Prevention Team was developed to evaluate and train high-risk locations to decrease the spread of the influenza, coronavirus, and other transmissible diseases in these settings.
- The Case Investigation and Contact Tracing Team was expanded with a new communicable disease investigator and a public health nurse, and investigates all communicable diseases in Solano County, including sexually transmitted diseases and Tuberculosis.

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- The Public Health Laboratory continues to serve four counties (Napa, Solano, Yolo, and Marin) and secured laboratory equipment that helps to operate the laboratory more efficiently.
- The Epidemiology Unit expanded its workforce and continues to take a lead role in coordinating and providing technical assistance to healthcare providers, partner agencies and other stakeholders in preventing additional deaths and illnesses due to influenza, coronavirus, and other transmissible diseases. With the end of the COVID-19 pandemic, this unit has returned to analyzing data related to health equity issues.
- Home visiting programs were expanded in the Maternal, Children, and Adolescent Health program with the addition of a public health nurse and health assistants.
- A position was added to function as a health equity coordinator and to oversee the FoPH workplan, as well as multiple community-based contracts. The position will work with the Medi-Cal managed care plans, health care partners, and the community to develop strategic plans to address health equity issues.

Additional Highlights:

- The Oral Health Education Program of the Health Promotion and Community Wellness Bureau provided 269 children with free fluoride varnish application/dental screening and 2,711 children received oral health education.
- In 2023, Public Health became accredited by the Public Health Accreditation Board (PHAB). In 2023 and 2024, Public Health worked with community agencies and partners to update and develop the Community Health Assessment, Community Health Improvement Plan (CHIP) and Public Health's Strategic Plan. The reports provide data to the community about the health status of Solano County, as well as action plans on how the community and the local health department will address health issues within the community. The reports are required to maintain PHAB accreditation status and maintain Future of Public Health funding. With CalAIM implementation, Medi-Cal managed care plans and health care agencies will be required to work with local health jurisdictions to develop the plans.
- Public Health continued its partnership with Trauma Transformed to implement a Trauma Informed Systems (TIS) framework toward becoming a more healing organization. Over the past three years this has involved providing TIS 101 trainings to hundreds of H&SS staff and community partners; a trauma informed continuous quality improvement series including an organizational assessment and a Public Health Trauma Informed Leadership Team (TILT) formation; a trauma informed leadership learning series; healing circles offerings; and bi-monthly Public Health Informational Relational Meetings (PHIRM) to connect with colleagues and discuss putting TIS principles into practice.
- The Women, Infants and Children (WIC) program collaborated with the Solano County Library to provide an early literacy program through the California Department of Public Health's Books for Kids grant. WIC received just over \$52,000 to provide book bundles that are age and culturally appropriate for WIC families. The book bundles are provided by the Solano County Library to WIC clients with the option to enroll into the 1,000 Books Before Kindergarten program and get a library card. As of August 2023, a total of 390 book bundles have been distributed at libraries to Solano County WIC families.
- In 2023, Public Health launched the *"Don't Think, Know campaign."* The campaign provides free, confidential sexually transmitted disease home testing services to women 25 years of age and younger. Young women can go online or call to order a free chlamydia and gonorrhea test kit, as well as receive results and find local health clinics where they can go for free or low-cost treatment.

WORKLOAD INDICATORS

- The Women, Infants and Children (WIC) program's caseload continues to experience an increase. In July 2023, 8,972 clients, a 4.9% increase over July 2022, received WIC benefits in Solano County resulting in 99% of the funded caseload being served. As a result of the increased caseload, WIC will receive additional funding to serve more clients in FY2024/25. WIC also continued an online pre-screening form; and in 2023, 1,215 families used this service to start WIC enrollment.
- In 2023, the Communicable Diseases Bureau tracked approximately 1,400 cases of HIV and investigated and closed over 3,350 cases of sexually transmitted disease (STD). There were approximately 475 cases of syphilis, 620 cases on gonorrhea, and 2,100 cases of chlamydia.

- During 2023, Healthy Families Solano enrolled 34 new families, served a total of 101 families, and completed more than 1,652 virtual and in-person home visits.
- In 2023, a total of 136 clients were served in the Black Infant Health program.
- Nurse-Family Partnership served 189 clients in 2023; 106 new clients were enrolled, and 75 infants were born, with 98% initiating breastfeeding at birth.
- In 2022, District Nursing changed its name to Community Nursing IMPACT program and follows an evidence informed pilot project. In 2023, the IMPACT program served 575 families and made 1,268 home visits.
- In 2023, Solano Car Seat Connection distributed 139 car seats and 229 gift cards for car seats. The Bicycle Helmet Safety Program distributed 364 helmets to Solano school aged children and youth.
- The Public Health Laboratory tested more than 15,744 human, animal, tick, and environmental specimens in 2023. The highest volume tests performed on human specimens included blood lead level (13.04%), Coronavirus SARS-CoV-2 (5.58%), QuantiFERON TB Gold Plus (31.85%), and TB smear/culture (23.12%).
- In 2023, Public Health, Vital Statistics Unit issued 2,307 birth certificates, 20,469 death certificates (representing approximately 3,933 deaths in Solano County), and 5,083 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 2023, there were 244 Emergency Medical Technicians certified, recertified, and/or registered in Solano County and a total of 155 Paramedics were newly accredited or recertified.

DIVISION BUDGET SUMMARY

The Recommended Budget represents a decrease of \$3,506,693 or 6.4% in revenues and a decrease of \$2,785,789 or 4.6% in appropriations when compared to the FY2023/24 Adopted Budget. The Recommended Budget includes appropriations of \$8,080,531 in Public Health, \$1,002,179 in Administration and \$1,130,215 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 \$3,035,438 reflects a net decrease of \$185,519.

Primary Funding Sources

Funding sources for Public Health include various federal grants; fee-for-service; revenue contracts with other counties; IGT; and federal and State allocations. Programs utilizing federal grants include Nurse-Family Partnership, Health Education and Women, Infants and Children (WIC). Programs utilizing fee-for-service and revenue contracts include the Public Health Laboratory, Vital Statistics, and Health Promotion and Community Wellness. Programs utilizing federal and State allocations include Tuberculosis Control, Communicable Disease, AIDS Surveillance, AIDS Community Education, Health Promotion and Community Wellness, Community Nursing IMPACT Program (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 \$3,506,693 or 6.4% net decrease in revenues compared to the FY2023/24 Adopted Budget. The net decrease is primarily due to the following:

- Increase of \$2,000 in Licenses, Permits and Franchise revenues due to increase in burial permits.
- Increase of \$532,276 in interest income on restricted IGT funds.
- Decrease of \$45,079 in other governmental agency revenues primarily due to Mendocino County withdrawing from the Public Health Laboratory Joint Exercise of Powers Agreement (JEPA).
- Decrease of \$8,273,972 in COVID-19 State Direct and State Pass Through primarily due to a decrease in the Epidemiology and Laboratory Capacity (ELC) grant funding, Maternal, Infant, Early Childhood Home Visiting Program (MIECHV) American Rescue Plan Act Supplemental funding and the ending of one-time COVID-19 Immunization and Government Operations revenues.

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- Net increase in federal and State grants and allocations of \$4,194,474 and \$1,875,399, respectively. The increases are largely due to an increase in prior year revenues resulting from cash flow and revenue recognition of prior year claims.
- Decrease of \$928,211 in Future of Public Health (FoPH) infrastructure funds due to the expiration of rollover funding effective June 30, 2024.
- Decrease of \$273,713 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 \$839,447 in 1991 Public Health Realignment primarily due to an increase in prior year revenues resulting in a lesser draw offset by increases in costs not covered by other grants or funding sources. In prior years, 1991 Public Health Realignment has been used to fill in gaps in funding due to cash flow delays in delays of payments for various allocations and grants.
- Increase of \$361,340 in Charges for Services primarily due to an increase in administrative service fees from the Solano Emergency Medical Services Cooperative (SEMSC) and recording fees, offset by a decrease in interfund professional services for the Lead Abatement Program.
- Increase of \$73,759 in Miscellaneous Revenues is mainly due to rollover funding from the Yocha Dehe Wintun Nation donation for the Vibe Solano program.
- Decrease of \$185,519 in County General Fund primarily due to the waiver of the County Medical Services Program (CMSP) annual participation fee of \$809,548.

Primary Costs

Primary costs for Health Services are \$29,222,517 for Salaries and Employee Benefits, \$11,854,727 for Services and Supplies, \$12,846,307 for Other Charges, \$75,000 for Equipment, \$12,420 for Leases, \$303,170 for Other Financing Uses, and \$4,078,473 for Intrafund Transfers.

The Recommended Budget for the Health Services Division includes \$51,261,846 in appropriations for Public Health (BU 7800) and \$7,130,768 for Medical Services (BU 7588).

The Recommended Budget includes \$2,785,789 or 4.6% net decrease in appropriations primarily due to the following:

- Decrease of \$371,816 in Salaries and Employee Benefits primarily due to a decrease in extra-help and an increase in salary savings, offset by increases due to negotiated and approved wage increases.
- Decrease of \$1,954,782 in Services and Supplies primarily due to decreases in contracted services and special departmental expenditures that were funded with one-time COVID-19 related funding sources, offset by increases in DoIT related costs and liability insurance.
- Decrease of \$792,174 in Other Charges primarily due to decreases in contracted direct services, small projects and the waiver of the CMSP annual fee, offset by increases in Countywide Administrative Overhead, interfund charges from the Department of General Services and the Auditor-Controller.
- Decrease of \$45,383 in Fixed Assets due to fewer requests for equipment this fiscal year.
- Decrease of \$153,851 in Other Financing Uses primarily due to no planned transfer outs to the Accumulated Capital Outlay fund for FY2024/25.
- Increase of \$519,797 in Intrafund Transfers due to increases in H&SS administrative costs and costs previously funded by other H&SS divisions.

Contracts

The FY2024/25 Recommended Budget for Health Services includes \$3,069,200 or 5.3% in contracted services for the provision of services to Public Health. H&SS will return to the Board in June 2024 with a master list of contracts for the Board's consideration.

Summary of Division Budget

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Fixed Assets

The FY2024/25 Recommended Budget includes the following fixed assets:

- \$75,000 to replace a real time Polymerase chain reaction (PCR) instrument that is obsolete to remain Clinical Laboratory Improvement Amendments (CLIA) compliant per the Centers for Disease Control (CDC) recommendation.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
LICENSES, PERMITS & FRANCHISE	26,844	28,000	30,000	2,000	7.1%
FINES, FORFEITURES, & PENALTY	265,437	275,000	275,000	0	0.0%
REVENUE FROM USE OF MONEY/PROP	548,296	157,650	689,926	532,276	337.6%
INTERGOVERNMENTAL REV STATE	36,029,704	40,475,150	32,308,919	(8,166,231)	(20.2%)
INTERGOVERNMENTAL REV FEDERAL	7,020,864	7,555,455	11,476,216	3,920,761	51.9%
INTERGOVERNMENTAL REV OTHER	942,087	977,083	932,004	(45,079)	(4.6%)
CHARGES FOR SERVICES	1,808,144	2,150,041	2,511,381	361,340	16.8%
MISC REVENUE	586,831	326,690	400,449	73,759	22.6%
OTHER FINANCING SOURCES	315,065	0	0	0	0.0%
GENERAL FUND CONTRIBUTION	1,439,923	3,220,957	3,035,438	(185,519)	(5.8%)
TOTAL REVENUES	48,983,195	55,166,026	51,659,333	(3,506,693)	(6.4%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	23,628,420	29,594,333	29,222,517	(371,816)	(1.3%)
SERVICES AND SUPPLIES	10,233,360	13,809,509	11,854,727	(1,954,782)	(14.2%)
OTHER CHARGES	12,017,314	13,638,481	12,846,307	(792,174)	(5.8%)
F/A EQUIPMENT	226,450	120,383	75,000	(45,383)	(37.7%)
LEASES	7,369	0	12,420	12,420	0.0%
OTHER FINANCING USES	519,880	457,021	303,170	(153,851)	(33.7%)
INTRA-FUND TRANSFERS	670,384	3,558,676	4,078,473	519,797	14.6%
TOTAL APPROPRIATIONS	47,303,177	61,178,403	58,392,614	(2,785,789)	(4.6%)
NET CHANGE	(1,680,018)	6,012,377	6,733,281	720,904	12.0%

STAFFING					
HEALTH SERVICES	176.00	182.25	179.25	(3.00)	-1.6%
TOTAL STAFFING	176.00	182.25	179.25	(3.00)	-1.6%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

Changes in the division's position allocations since the adoption of the FY2023/24 Budget are provided below.

- On February 4, 2024, 2.0 FTE H&SS Planning Analysts were transferred out from Public Health to the Administration Division to assist with fiscal administration.

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On March 12, 2024, the Midyear Financial Report included the following position changes:

- Extended 1.0 FTE Limited-Term Health Education Specialist through June 30, 2025. This position supports the Health Promotion and Community Wellness program and is funded with Substance Use Block Grant (SUBG) and 1991 Health Realignment revenues.
- Converted 1.0 FTE Limited-Term (project) Communicable Disease Investigator to 1.0 FTE Limited-Term (regular) Communicable Disease Investigator and extend through June 30, 2026. The position performs mandated investigations of reported communicable disease cases, educates clients and providers, and provides linkages to care. The position is funded with one-time Communicable Diseases grant revenues until exhausted and then to be funded with IGT revenues.
- Extended 1.0 FTE Limited-Term Project Manager through June 30, 2026. The position supports the Health Promotion and Community Wellness program and is funded with Substance Use Block Grant (SUBG) and 1991 Health Realignment revenues.
- Extended 1.0 FTE Limited-Term Epidemiologist through June 30, 2026. The position supports comprehensive needs assessment, infection prevention activities and investigations, and identifies trends in disease and data analyses. The position is funded with ELC grant revenues until exhausted and then to be funded with 1991 Realignment.
- Extended 1.0 FTE Limited-Term Health Education Specialist through June 30, 2026. The position assists with Public Health's internship program. The position is funded with CERI until exhausted and then to be funded with California Strengthening Public Health Initiative (CASPHI) allocation.
- Converted 1.0 FTE Limited-Term (project) Communicable Disease Investigator to 1.0 FTE Limited-Term (regular) Communicable Disease Investigator and extended through June 30, 2026. The position performs case investigations and contact tracing activities. This position is funded with ELC grant revenues until exhausted and then to be funded with IGT revenue.
- Extended 2.0 FTE Limited-Term Health Assistants through June 30, 2026. The positions 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 and are funded by CalWORKs Home Visiting Program revenues.
- Extended 1.0 FTE Limited-Term Public Health Nurse through June 30, 2026. The position is assigned to the Community Nursing IMPACT program and is funded with IGT revenues.
- Extended 1.0 FTE Limited-Term Mental Health Clinician (Licensed) through June 30, 2025. The position provides perinatal mental health services within Maternal, Child and Adolescent Health (MCAH) and is funded with MCAH Title V and Title XIX funds and MHSA revenue.
- Extended 1.0 FTE Limited-Term Project Manager through June 30, 2026. The position provides administrative oversight of federal and State grants and is funded with CASPHI grant revenue.

On May 7, 2024, 1.0 FTE Limited-Term Community Services Coordinator and 1.0 FTE Limited-Term Health Education Specialist were extended through June 30, 2025. The positions were assisting with COVID-19 response efforts and funded with ELC Enhancing Detection Expansion COVID-19 State Pass-Through funding but will now support the Behavioral Health Division in their street outreach efforts. The Health Education Specialist will provide health education around unmanaged chronic disease and reproductive health and provide case management linkages to healthcare and sexually transmitted disease (STD) screening. The Community Services Coordinator will also support case management linkages to healthcare, social services supports, rapid rehousing and permanent housing, manage contracts with local nonprofit organizations, and develop evaluation framework.

The FY2024/25 Recommended Budget includes the following position change:

- Delete 1.0 FTE Limited-Term Public Health Nurse (Senior).

PENDING ISSUES AND POLICY CONSIDERATIONS

Public Health

As of January 1, 2024, Kaiser Foundation Health Plan, Inc. contracts with DHCS under a new direct contract to provide Medi-Cal services (managed care plan) to enrollees in Solano County. DHCS requires Medi-Cal managed care plans to establish

Memorandums of Understandings (MOUs) with local health jurisdictions and WIC programs. Public Health has concerns with the proposed MOUs and will work with the Medi-Cal managed care plans to address the concerns, which require prioritizing the managed care clients over other clients and imposing unfunded mandates on local health jurisdictions.

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

In FY2024/25, Solano Emergency Medical Services Cooperative will issue a Request for Proposals (RFP) for ambulance services within the Exclusive Operating Area.

Public Health continues to partner with Employment and Eligibility Services to strengthen the relationship and referrals between the CalFresh and WIC programs. Many WIC clients are eligible for the CalFresh program; however, only about a quarter are enrolled in the program. Additionally, Public Health and Child Welfare Services are strengthening referral processes between the Maternal, Child, and Adolescent Health Bureau's home visiting programs and Child Welfare Services. These efforts, among many others, aim to realize an integrated Health and Social Services Department and improve customer service to clients.

DIVISION PURPOSE

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

Child Welfare Services

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

Employment and Eligibility Services

E&ES contributes to Solano County residents' well-being by providing safety net public assistance, housing 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 CalFresh 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 California Automated Welfare System (CalSAWS). Special programs include Transitional Housing Program Plus (THP-Plus) for transition age youth and the use of the Wraparound Reinvestment Fund.

Older and Disabled Adult Services

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

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

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

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

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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 its own narrative (BU 1520) and H&SS Social Services' IHSS Public Authority Administration Bureau in its own narrative (BU 7690).

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTSChild Welfare Services

- In 2018, federal enactment of the Family First Prevention Services Act (FFPSA) established a new and optional opportunity for county agencies to access federal Title-IVE funds to prevent the need for foster care. The State of California created an opt-in process for counties, which Solano County elected to pursue. A Comprehensive Prevention Plan (CPP) was created with widespread stakeholder collaboration and outlines various prevention strategies, including updating the Mandated Reporter Training, expanding Healthy Families America home visiting model, and creating a Community Pathway model of prevention services. The CPP has been approved by the California Department of Social Services and is being implemented.
- Child Welfare Services received approval for its County Self-Assessment (CSA). This CSA is conducted every five years and provides a review of the child welfare system. It also analyzes the juvenile placement services provided by Solano County Juvenile Probation Services. The CSA prioritizes populations and areas of need to be addressed in the 5-year System Improvement Plan (SIP). The SIP will be finalized in 2024.
- To further improve staff retention, Child Welfare Services invested in the provision of Emotional Intelligence training and coaching for its supervisors and managers. This leadership strategy focuses on promoting self-awareness and social awareness to enhance leadership skills.
- There continues to be staffing challenges in recruiting for the Social Worker III classification. This is the classification whose primary duties include child abuse investigations and case management. Retention has improved with the implementation of retention strategies, which include tracking data, conducting listening sessions and exit interviews, and creating a trauma-informed workplace. However, workforce shortages remain, and the number of qualified applicants has decreased over time despite holding open and continuous recruitment processes.

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. On July 3, 2023, Solano County successfully migrated to the California Automated Welfare System (CalSAWS), which included new document imaging, call center, task management, reporting, appointment scheduling, and lobby management functionality, as well as a new public self-service portal, called BenefitsCal. However, required ongoing data clean-up, report validation, business process modifications, configuration adjustments and the current lack of historical reporting tools continue to impact staff productivity, program reporting timeliness, and customer service.
- E&ES administers several housing assistance programs for individuals and families who meet targeted program criteria. In 2023, 464 CalWORKs families requested assistance with housing or eviction prevention services under the CalWORKs Housing Support Program. Of the requests for assistance, 198 families were permanently housed, and 48 families received eviction prevention support. Through the Housing and Disability Advocacy Program (HDAP), 33 disabled individuals were permanently housed in 2023. Funding for these programs is limited and the availability of funds for FY2024/25 may be delayed while the community need exceeds program allocations.
- The CalWORKs Outcomes and Accountability Review (Cal-OAR) was established by SB 89 (Chapter 24, Statutes of 2017) and provides a data-driven continuous quality improvement framework for counties to evaluate and improve local CalWORKs programs. In 2023, as part of the first cohort of participating counties, E&ES completed the CalWORKs System Improvement Plan informed by stakeholder feedback in the self-assessment process. State proposals to reduce future CalWORKs funding jeopardize the viability of the plan's strategies.

Welfare Administration

- State intercepts in support of fraud investigations were placed on hold during the pandemic but re-opened midway through 2023 providing the opportunity for the County to recover fraudulent payments.
- Medi-Cal annual redeterminations began on July 1, 2023 at the conclusion of the public health emergency on March 31, 2023. The increased workload associated with individual client redeterminations continues to present significant impact to workload capacity as staff responds to increased demands. In the 2nd and 3rd quarters of 2023, there was a 68% increase in fair hearings related to Medi-Cal programs. The Special Investigations Bureau will continue to evaluate internal business process reorganizing and staffing requirements to meet the increased demands.
- The temporary CalFresh Emergency Allotments, which provided a minimum of \$95.00 for CalFresh households, ended in February 2023. These emergency allotments were authorized under the Families First Coronavirus Response Act of 2020. In April 2023, clients began receiving their regular CalFresh benefits amount, and the difference in aid for many households was significant. The State Hearings Division saw an increase in CalFresh hearings as a result. According to E&ES, Solano County had 31,396 active CalFresh cases as of March 2024 and the associated increased workload is projected to remain consistent throughout the year.

Older and Disabled Adult Services

- Staff continue to participate in the California Office of Emergency Services Victim Services Program Unit Elder Abuse (XE) program which is a multidisciplinary community agency meeting to create a larger safety net for victims of crime and connect victims to resources.
- In 2023, continued the State's Home Safe Program, administered by E&ES, which serves APS clients who are homeless or at risk of homelessness to receive housing supports and housing location services. 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. As of March 2024, 111 clients have been evaluated for services with 45 cases receiving interventions to either stabilize an at-risk for homelessness or provided shelter if experiencing homelessness. The State has indicated it will discontinue funding for this program in FY2024/25.
- The IHSS client caseload was at 6,046 by the end of 2023, which is an additional 518 clients over last year. 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. Currently, each Deputy Public Guardian averages 55 cases from the various PG / PC / PA clients.
- In December 2023, the Board honored 48 centenarians, people aged 100 years and older. More than 300 centenarians have been honored since the celebration's inception 17 years ago. According to the U.S. Census Bureau, for 2023 there are an estimated 101,000 centenarians in the U.S., which is the second highest number in the world. Remarkable examples of longevity and the meaning of quality of life, centenarians age with dignity and grace. In our county, centenarians come from diverse ethnic, socioeconomic, religious, and educational backgrounds.

WORKLOAD INDICATORS

Child Welfare Services

- In 2023, CWS received 5,162 reports, 240 more than in 2022 and 624 more than in 2021, for allegations of child abuse and neglect which were evaluated and addressed. Of these 5,162 reports, 2,028 led to investigations. These investigations led to 133 children being placed in out of home care. During this same period, 65 children were returned home, and 76 adoptions or guardianships were legally ordered.
- As of December 2023, CWS had 353 children and youth in out of home placement, as compared to 359 in December 2022. Of the 353 children in out of home placements, 95 were with a relative or non-related extended family member, 17 in Short Term Residential Therapeutic Placements (STRTP's) (4 in county/13 out of county), 47 in Non-Relative Solano County Resource Family/Foster homes, 112 in Foster Family Agency Certified Homes, 23 young adults in Supervised Independent

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Living placements, 57 youth in non-dependent Legal Guardianship placements, 1 dependent youth in Guardianship placement, and 1 youth in other placement types (court ordered or specialty homes).

Employment and Eligibility Services

- In 2023, E&ES successfully migrated to CalSAWS, however, due to ongoing data and report validation, and the current lack of historical reporting tools, the number of unduplicated county residents is not available.
- 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 2023, the average monthly caseload for each of the programs administered by E&ES grew compared to 2022 with CalWORKs caseload growing by 7% to 3,347; CalFresh growing by 8% to 31,396; Medi-Cal growing by 6% to 75,193; and General Assistance growing by 16% to 345.
- In 2023, E&ES processed 73,925 safety net program applications, a 3% increase from 2022.
- In 2023, electronic skimming of benefits grew by 219% compared to 2022. E&ES replaced more than \$2.4 million of stolen cash and food benefits in 3,692 unique skimming instances.

Welfare Administration

In calendar year 2023:

- The Special Investigations Bureau (SIB) conducted 3,933 investigations in which 1,719 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 535 (163 CalWORKs and 372 CalFresh) overpayments/over issuances totaling \$1,460,311.
- The Appeals Unit held 1,218 hearings from represented programs, including CalFresh, CMSP, CalWORKs, General Assistance, IHSS, and Medi-Cal.

Older and Disabled Adult Services

In calendar year 2023:

- APS investigated 2,989 reports of elderly adult and dependent adult abuse, which is a 22% increase compared to 2022. 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 347 cases and closed 13 PG / PC cases.
- Public Administrator investigated 42 open cases and closed three cases.
- IHSS received 2,750 new applications for services which is a 24% increase compared to 2022. Of this total, 1,812 were assigned for intake assessments and 1,468 were denied due to program eligibility criteria not being met. As of December 31, 2023, IHSS caseload totaled 6,046 recipients.
- The IHSS Enrollment Team provided orientations to 1,618 individuals and provided phone and walk-in assistance to 5,717 individuals.

DIVISION BUDGET SUMMARY

The Recommended Budget represents increases of \$11,495,021 or 7.5% in both revenues and appropriations when compared to the FY2023/24 Adopted Budget. The County General Fund Contribution of \$19,811,659 reflects an increase of \$3,035,291 or 18.1%.

Primary Funding Sources

The primary funding sources for Social Services 23 major programs are State allocations, federal funds, 2011 Realignment (see glossary for definition), and 1991 Realignment (see glossary for definition). Federal funding includes the following: Title IV-E for

Adoptions, Commercially Sexually Exploited Children (CSEC) Program, Child Welfare Services, Independent Living Program (ILP) and Kinship Guardianship Assistance Payment Program (Kin-GAP); Title XIX for Medi-Cal and Health Related (CWS, IHSS and APS); Temporary Assistance for Needy Families (TANF – see glossary for definition) for CalWORKs and CWS Emergency Assistance; Title XX for Child Welfare Services; Title IV-B for Child Welfare Services and Promoting Safe and Stable Families (PSSF); Title IIIB, IIIB C1 and C2, and Title IIIE for Napa/Solano AAA Administration, and State Administrative matching grants for the Supplemental Nutrition Assistance Program (SNAP) from the Department of Agriculture, also known as CalFresh.

State funds are primarily used for the following programs: Napa/Solano AAA, IHSS, CalWORKs, and CalFresh administration. State funds are also allocated to support components of administering child welfare services that are not part of 2011 Realignment which include the implementation of Continuum of Care Reform (CCR). In the FY2024/25 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 \$25.3 million in Realignment revenues in FY2024/25. The estimated Realignment receipts are projected with 2.0% increase from the FY2023/24 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 FY2024/25.

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

Projecting revenues for Social Services continues to be a challenge due to variations in caseloads, staff time studies for programs, and available State and federal allocation information. Costs for the administration of Social Services programs are shared by federal, State, and county agencies based on ratios developed from the State Quarterly County Expense Claim (CEC) (see glossary for definition) which may vary based on time study hours and caseloads. The timing of receipt of revenues also impacts forecasts. In developing the budget, various assumptions must be made based on these factors.

The Recommended Budget for Social Services includes a \$11,495,021 or 7.5% net increase in revenues compared to the FY2023/24 Adopted Budget, primarily due to the following:

- Increase of \$5,257,702 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 \$2,084,439 in combined State and federal revenues primarily due to projected increases in Medi-Cal, CalWORKs, and Child Welfare Services revenues.
- Increase of \$1,107,417 in prior year State and federal revenues due to higher revenues estimated when compared to the FY2023/24 Adopted Budget relative to revenue recognition during the fiscal year in compliance with Government Accounting Standard Board (GASB) Statement No. 33.
- Increase of \$264,530 in Operating Transfers-In from Fund 216 – Napa/Solano AAA representing reimbursement for program management and administrative support costs.
- Decrease of \$254,358 in Other Revenues primarily due to lower projected charges for services of Public Guardian Unit based on FY2023/24 year-to-date collections.
- Increase of \$3,035,291 in County General Fund Contribution primarily due to increase in spending in the administration of CalFresh, CalWORKs, Child Welfare Services, Public Guardian and IHSS.

Primary Costs

Child Welfare Services (BU 7600) – With recommended appropriations of \$38,695,859, CWS includes the costs of social workers, supervisors, eligibility workers, and administrative and clerical support staff dedicated primarily to child protective services. Other programs administered by CWS include Adoptions, Foster Care Eligibility, Supportive and Therapeutic Options, Family Preservation, Wraparound Services, Child Abuse Prevention, Transitional Housing Placement Program, Emergency Child Care Bridge Program, and contracted Community Services.

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Employment and Eligibility Services (BU 7650) – With recommended appropriations of \$90,264,177, E&ES includes the costs of staff dedicated to eligibility determination and welfare-to-work programs, eligibility workers, employment services, social workers, supervisors, and administrative and clerical support staff. Also included is the cost of employment services contracts, ancillary and transportation services provided to CalWORKs clients, and housing support services. Programs administered include CalWORKs, Medi-Cal, CMSP, CalFresh, Refugee, General Assistance, and housing support programs.

Welfare Administration (BU 7545) – With recommended appropriations of \$10,561,360, WA includes the costs of welfare fraud investigators, appeals specialists, and administrative and clerical support staff who receive reports of potential fraud in all social services programs. WA conducts investigations on these reports and hears appeals from clients regarding decisions made on benefits for assistance programs and IHSS services. Clerical and accounting staff who handle fiscal disbursement functions for the assistance programs are also included in this cost center.

Special Projects (BU 7675) – With recommended appropriations of \$3,326,570, Special Projects includes the costs for the Transitional Housing Assistance Program for emancipated foster youth, the CalSAWS database and case management system used to determine eligibility for Assistance programs and other costs covered by the CalSAWS allocation, and other grants for ODAS, E&ES, and CWS divisions.

Older and Disabled Adult Services (BU 7640) – With recommended appropriations of \$20,644,702, 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 \$1,301,492, Napa/Solano AAA includes the costs of staff dedicated to Napa/Solano AAA.

Social Services Support (BU 7670) – With recommended appropriations of (\$1,035,862), this primarily represents funding from Public Health to fund new positions in ODAS.

The Recommended Budget includes a \$11,495,021 or 7.5% net increase in appropriations compared to the FY2023/24 Adopted Budget:

- Increase of \$10,218,092 in Salaries and Employee Benefits due to negotiated and approved wage increases and additional positions in ODAS, CWS, E&ES and Welfare Administration Divisions (see Summary of Position Changes for details) and an increase in salary savings.
- Increase of \$2,283,343 in Services and Supplies due to increases in liability insurance, postage charges, DoIT charges, county garage services, contracted services, and utilities. These are offset by decreases in various other line items such as computer components and data processing services.
- Decrease of \$22,251 in Other Charges due to decreases in housing assistance to clients, family stabilization expenditures and interfund services, offset by increases in CalWORKs childcare, contracted direct services, and Countywide Administrative Overhead.
- Decrease of \$264,688 in Fixed Assets as there are no planned fixed asset purchases for FY2024/25.
- Increase of \$54,181 in Other Financing Uses due to an increase in pension obligation bond rate costs.
- Decrease of \$781,010 in Intrafund Transfers primarily due to an increase in Social Services' share of H&SS Administration Division costs, offset by decreases due to termination of the MOU between E&ES and Behavioral Health Division related to the SMART program and IGT transfer in from Public Health Division to fund positions in ODAS.

Contracts

The FY2024/25 Recommended Budget for Social Services includes \$6,166,074 or 3.8% in contracted direct services for the provision of services to CWS, E&ES and ODAS. H&SS will return to the Board in June 2024 with a master list of contracts for the Board's consideration.

Fixed Assets

None.

Summary of Division Budget

7680 – Fund 902-Social Services
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DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE		2023/24		FROM	
CATEGORY AND	2022/23	ADOPTED	2024/25	ADOPTED TO	PERCENT
APPROPRIATION CATEGORY	ACTUAL	BUDGET	RECOMMENDED	RECOMMENDED	CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	1	0	0	0	0.0%
INTERGOVERNMENTAL REV STATE	42,473,610	50,201,454	62,041,786	11,840,332	23.6%
INTERGOVERNMENTAL REV FEDERAL	78,756,632	83,174,003	79,783,229	(3,390,774)	(4.1%)
CHARGES FOR SERVICES	450,340	644,490	407,632	(236,858)	(36.8%)
MISC REVENUE	704,783	415,000	397,500	(17,500)	(4.2%)
OTHER FINANCING SOURCES	2,004,727	1,051,962	1,316,492	264,530	25.1%
GENERAL FUND CONTRIBUTION	12,378,869	16,776,368	19,811,659	3,035,291	18.1%
TOTAL REVENUES	136,768,961	152,263,277	163,758,298	11,495,021	7.5%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	86,082,758	96,335,265	106,553,357	10,218,092	10.6%
SERVICES AND SUPPLIES	12,833,239	14,842,463	17,125,806	2,283,343	15.4%
OTHER CHARGES	28,122,153	29,718,931	29,696,680	(22,251)	(0.1%)
F/A BLDGS AND IMPRMTS	0	140,000	0	(140,000)	(100.0%)
F/A EQUIPMENT	0	124,688	0	(124,688)	(100.0%)
LEASES	16,193	41,961	49,315	7,354	17.5%
OTHER FINANCING USES	1,554,580	1,000,430	1,054,611	54,181	5.4%
INTRA-FUND TRANSFERS	8,183,939	10,059,539	9,278,529	(781,010)	(7.8%)
TOTAL APPROPRIATIONS	136,792,862	152,263,277	163,758,298	11,495,021	7.5%
NET CHANGE	23,901	0	0	0	0.0%

STAFFING					
SOCIAL SERVICES DIVISION	694.50	697.50	727.50	30.00	4.3%
TOTAL STAFFING	694.50	697.50	727.50	30.00	4.3%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

The County General Fund Contribution of \$19,811,659 increased by \$3,035,291 or 18.1% when compared to the FY2023/24 Adopted Budget.

Salaries and Employee Benefits reflect an increase of \$10.2 million primarily due to negotiated and approved wage increases, additional positions to address increase in caseloads, and increases in various countywide charges in allocated program costs particularly in E&ES, CWS and ODAS. 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.

SUMMARY OF POSITION CHANGES

Changes in the division's position allocations since the adoption of the FY2023/24 Budget are provided below by program.

Child Welfare Services

On March 12, 2024, the following position changes were approved by the Board:

- Added 2.0 FTE Limited-Term Social Worker II through June 30, 2027 to support the Excellence in Family Finding, Engagement and Support (EFFES) program created by AB 179 (Statutes of 2022). Solano County, as a participating county, was allocated \$989,000 in one-time State General Fund, available for expenditure through June 30, 2027, for specialized permanency work to identify and engage persons related to the child. The allocation requires a 50% local match and

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Wraparound Reinvestment and 1991 Realignment revenues will provide the local match with no impact to the County General Fund.

- Added 2.0 FTE Limited-Term Office Assistant II through June 30, 2027 to provide clerical support to Child Welfare Services and the EFFES program. The positions will also be funded with one-time State General Fund, Wraparound Reinvestment and 1991 Realignment revenues. There will be no impact to the County General Fund.

The FY2024/25 Recommended Budget includes the following position changes:

- Add 1.0 FTE Paralegal (Senior) to act in a lead capacity in the management of various legal processes. The position is funded with State and 1991/2011 Realignment revenues and County General Fund.
- Delete 1.0 FTE Legal Procedures Clerk.

Employment and Eligibility Services

On December 23, 2023, 1.0 FTE Limited-Term Program Analyst expired.

On February 16, 2024, 1.0 FTE Accounting Technician transferred to Welfare Administration.

On February 19, 2024, 1.0 FTE Accounting Clerk II and 1.0 FTE Office Supervisor transferred to Welfare Administration.

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

- Converted 12.0 FTE Limited-Term Eligibility Benefit Specialist II to 12.0 FTE Eligibility Benefit Specialist II (regular). The positions administer Medi-Cal renewals and assist with the increase in caseloads, including addressing the growth in CalFresh caseload. The positions are funded with federal and State allocation funds.
- Added 1.0 FTE Eligibility Benefits Specialist Supervisor to oversee staff whose duties primarily focus on public assistance benefits. The position is funded with federal and State allocation funds.

The FY2024/25 Recommended Budget includes an increase of 14.0 FTE positions to address the continuing increases in caseload and applications for benefits. The average monthly Medi-Cal caseload has grown by 43% (+22,034 cases) and the average monthly CalFresh caseload has grown by 55% (+10,821 cases) compared to FY2018/19. Additionally, the continuous Medi-Cal coverage mandate enacted in response to the COVID-19 pandemic ended, resulting in increases in eligibility redeterminations at the same time caseloads are increasing. In addition to increases in ongoing caseloads, applications are up year-over-year with increases of 57% in CalWORKs, 5% in CalFresh, 41% in Medi-Cal and 14% in General Assistance. These positions are funded with federal and State allocation funds and 1991 Realignment.

The FY2024/25 Recommended Budget includes the following position changes:

- Add 13.00 FTE Eligibility Benefits Specialist II.
- Add 2.0 FTE Eligibility Benefits Specialist III.
- Add 1.0 FTE Eligibility Benefits Specialist Supervisor.
- Delete 1.0 FTE Staff Development Trainer.
- Delete 1.0 FTE Office Assistant III.

Welfare Administration

During FY2023/24, 1.0 FTE Clerical Operations Supervisor was reclassified to 1.0 FTE Office Supervisor to align the classification with the job duties being performed. The position is funded with federal and State allocations.

On February 16, 2024, 1.0 FTE Accounting Technician transferred in from the Employment and Eligibility Services.

On February 19, 2024, 1.0 FTE Accounting Clerk II and 1.0 FTE Office Supervisor transferred in from the Employment and Eligibility Services.

The FY2024/25 Recommended Budget includes the following position changes:

- Add 1.0 FTE Appeals Specialist to address continuing increase in caseload due to over issuances, which is compounded by a reduction in regulatory timeframes for investigating. As of February 2024, 4,012 cases are being investigated, a 52% increase from February 2021. The position is funded with 1991 Realignment.
- Add 1.0 FTE Limited-Term Accounting Technician through June 30, 2026. This position will provide fiscal support to address the increase in workload resulting from the implementation of CalSAWS. This includes reports, reconciliations, and housing transactions (processed outside of CalSAWS). The position is funded with 1991 Realignment.

Older and Disabled Adult Services

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

- Added 1.0 FTE Office Coordinator (TBD) to provide support for the administration of the Napa/Solano Area Agency on Aging program. As this State mandated program continues to grow, including the Governor’s executive order to create a Master Plan for Aging, there is a corresponding increase in number of contracts for the delivery of services, and federal and State reporting requirements. Fifty percent of the position is funded with Solano County General Fund and the remaining 50% from Napa County’s contribution.
- Added 1.0 FTE Social Services Manager (TBD) to support and oversee service delivery to clients in the IHSS and Public Authority programs. The position is funded with 1991 Realignment.
- Added 2.0 FTE Social Worker II for the IHSS program as eligible clients and caseloads continue to increase, along with the annual reassessments required by the State program. The positions are primarily funded with federal and State revenues, and 1991 Realignment.

The FY2024/25 Recommended Budget includes the following position changes:

- Add 5.0 FTE Social Worker II to address the continuing increase in client caseload in the In-Home Supportive Services program. The position is funded with Public Health Intergovernmental Transfer revenue.
- Add 1.0 Social Services Supervisor to supervise a unit of social workers. The position is funded with Public Health Intergovernmental Transfer revenue.

PENDING ISSUES AND POLICY CONSIDERATIONS

Child Welfare Services

Effective January 1, 2023, Assembly Bill (AB) 2085 (Chapter 770, Statutes of 2022) and Senate Bill (SB) 1085 (Chapter 832, Statutes of 2022) became effective. These two bills have provided guidance to Child Welfare Services regarding the definition of “general neglect”. The AB 2085 amended Penal Code (PC) §11165.2, §11166, and §11167. The amendments to PC §11165.2 specify that “general neglect” does not include a parent’s economic disadvantage. SB 1085 amended Welfare and Institutions Code (WIC) §300 and §300.2 to prohibit a child from being found within the jurisdiction of the juvenile court solely based on indigence or other conditions of financial difficult.

Poverty is a risk factor for neglect, but poverty does not equate to neglect. Because the general neglect definition is broad and has the potential to be misapplied, reports alleging general neglect may disproportionately impact families experiencing poverty and in need of economic supports. This also contributes to the racial disproportionality of children of color in the Child Welfare System. Impoverished families are believed to comprise the majority of children removed from home into foster care, and neglect is a factor in more than 60 percent of all removals, per federal data.

As a result of this legislation, Child Welfare Services are encouraged to provide referrals to services, support families in economic insecurity, develop clear policies and procedures for determining when a child may be at risk of suffering serious physical harm or illness, and create community pathways for families to access services prior to a call being made to the child abuse hotline. Focusing on these strategies will ensure that families are helped in times of need and not further traumatized by the system. Additionally, this definitional change is intended to mitigate racial disproportionality of marginalized communities of color.

The Family Urgent Response System (FURS) provides foster youth and their caregivers with the immediate support they need during times of emotional crisis, and links youth and families to needed supports and services to help stabilize the situation. The

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Governor's FY2024/25 Proposed Budget eliminates funding for this program. The FY2024/25 Recommended Budget does not include funding for the FURS program; however, if the Governor's May Revision restores this funding, CWS will include the unanticipated funding in their Supplemental Budget request.

The Bringing Families Home program provides housing-related supports to child welfare involved families and those at risk of homelessness. The Governor's FY2024/25 budget proposal would delay any new funding to FY2025/26. Unless the funding is reinstated, the program will be eliminated in FY2025/26.

The 2023 Budget Act created a housing supplement to the basic rate paid for a nonminor dependent foster youth placed in a Supervised Independent Living Placements (SILP). The Governor's FY2024/25 Proposed Budget reduces the supplemental funding in FY2024/25 and ongoing.

Employment and Eligibility Services

To address the State's projected budget shortfall, the Governor's FY2024/25 Proposed Budget includes several reversions and reductions for CalWORKs programs. Reversions are 'claw backs' of unspent funds allocated for FY2022/23 and FY2023/24, and reductions apply to previously approved multi-year allocations. These include:

- CalWORKs Single Allocation – the State provides this funding to counties to administer the CalWORKs program and funds local eligibility activities, and employment and supportive services for CalWORKs recipients. The Governor's budget proposal included a reduction in funding for FY2024/25 and ongoing.
- Family Stabilization – the Governor's budget proposal includes a reduction in ongoing funding for this program, essentially eliminating the program.
- Employment Services Intensive Case Management – the Governor's budget proposal includes a reduction in ongoing funding for this program, essentially eliminating the program.
- Expanded Subsidized Employment – the Governor's budget proposal includes a reduction in ongoing funding for this program, essentially eliminating the program.

Solano County is one of 19 California performance measurement counties subject to State and federal CalFresh quality control reviews. The California Department of Social Services (CDSS) has notified the 19 performance measurement counties that the statewide CalFresh payment error rate has exceeded both the six percent federal tolerance level and the national error rate for FFY2022/23, placing the State in jeopardy of a financial sanction if the error rate again exceeds the six percent tolerance level in FFY2023/24. If there is a federal fiscal liability, both the State and performance measurement counties who exceed the federal tolerance level will share the penalty in accordance with federal sanction pass-on calculations defined in Division 15 of the California Department of Social Services Manual of Policies and Procedures. Any imposed sanctions would be applied by reducing the federal share of the County's reimbursable CalFresh administrative costs.

In response to the State's budget shortfall, the Department of Health Care Services (DHCS) is evaluating budget solutions to reduce Medi-Cal spending. While no plan has been announced, potential spending reductions could include elimination of optional patient services, reversing recent eligibility expansions or discontinuing automated eligibility determinations.

CalFresh, CalWORKs, and General Assistance benefits are delivered to eligible recipients on Electronic Benefit Transfer (EBT) cards, which function like debit cards. Electronic theft of benefits from EBT cards continues to be a significant issue, with nearly \$1.2 million stolen from Solano residents in the first quarter of 2024. In most circumstances, benefits must be replaced by Employment and Eligibility staff within 10 days of the reported theft. To combat electronic benefit theft, the State has announced that it will be replacing existing EBT cards with new Chip EMV/Tap enabled cards beginning as soon as the summer of 2024.

The Governor's FY2024/25 budget proposes to extend the one-time augmented CalWORKs Housing Support Program (HSP) funds provided in FY2021/22. The one-time augmented funds originally had expenditure authority through the end of FY2023/24; the Governor's Proposed Budget would extend the expenditure deadline through FY2024/25. Additionally, the one-time augmented funds provided in FY2022/23, as well as the ongoing appropriation provided in FY2023/24, have an expenditure deadline through FY2024/25. The County Welfare Directors Association of California has developed a redistribution scenario for unspent augmented funds based on counties' actual expenditures. If the proposal is approved, the County will receive an augmentation of more than \$3 million in additional HSP funding to be utilized through FY2024/25.

Welfare Administration

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

Older and Disabled Adult Services

In 2023, Medi-Cal eligibility asset limits were increased and beginning January 1, 2024, asset limitations were removed altogether. These changes have likely contributed to the 10% growth in caseloads compared to a smaller percentage in prior years.

In August 2023, California Department of Social Services (CDSS) informed program staff of the successful completion of a Quality Improvement Action Plan maintaining 90% reassessment compliance for the most fragile clients who are most at risk of out of home placement. However, CDSS administered a consecutive Quality Improvement Action Plan – corrective action – for being out of compliance in maintaining at least 80% for overall reassessments.

Medi-Cal Redeterminations began in April 2023 and approximately 200 IHSS clients lost Medi-Cal coverage in the last year. Staff are informing In-Home Supportive Services' clients about the need to maintain Medi-Cal eligibility in order to receive IHSS services.

In June 2019, Governor Newsom, recognizing California's over-65 year of age 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 for Aging rollout was delayed until January 2021. 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. The plan is slated to serve as a blueprint to build healthy age friendly communities.

Additionally, the Master Plan for Aging created opportunities to enhance service delivery to seniors and people with disabilities. In 2023, ODAS received \$200,000 for the Local Aging and Disability Action Plan grant from the California Department of Aging to create a local aging and disability friendly community plan with community members and leaders working together. In addition, Napa/Solano Area Agency on Aging, in collaboration with Independent Living Resources of Solano and Contra Costa Counties, opened the Solano Aging and Disability Resource Connection (ADRC) and received "designated status" from the State, along with the ability to receive additional funding for services. The ADRC promotes integration of service delivery, one stop information and referrals for more coordination of services between aging service delivery entities, including county and community agencies.

The Governor's FY2024/25 Proposed Budget delays funding for the Home Safe Program, which may result in a pause in services in FY2024/25 if funding is delayed to FY2025/26. The Home Safe Program offers strategies to address and prevent homelessness and support ongoing housing stability for APS clients. Clients have received an array of services including, but not limited to information and referral, emergency placement in hotel rooms and provision of temporary housing in residential care facilities and permanent housing.

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 2023:

- IHSS PA continued to recruit providers to the Registry, receiving 301 applications. Despite many interventions to assist applicants to complete Registry onboarding such as videoconference interviews and Registry orientation, only 46 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 279, with 141 already fully assigned to work for one or more consumers. The IHSS PA received 1,110 requests for caregivers in 2023. Due to limited available caregivers on the Registry, 89% 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.
- The IHSS PA continued with implementation of 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 2023, there were 50 requests for emergency providers.

WORKLOAD INDICATORS

In calendar year 2023:

- The IHSS PA maintained an average of 279 providers on the IHSS PA Provider Registry to serve an average of 178 IHSS consumers per month. These providers represent a subset on the 5,611 IHSS paid providers countywide as of December 2023.
- Processed 301 applications from individuals interested in being placed on the IHSS PA Provider Registry, resulting in 46 new providers added.
- Received and processed 1,110 provider list requests from IHSS recipients who requested assistance in finding a provider.
- Provided 5,339 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 1,312 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 17,650 pairs of gloves and 1,095 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 FY2024/25 Recommended Budget represents increases of \$32,259 or 3.1% in both revenues and appropriations when compared to the FY2023/24 Adopted Budget.

Budget unit 7690, a Bureau of the H&SS Department Budget, is primarily comprised of the cost of H&SS dedicated staff and operating expenditures needed to administer the IHSS PA responsibilities.

Primary Funding Sources

IHSS – Public Authority Administration is primarily funded with an operating transfer-in of \$1,050,616 from the IHSS Public Authority operating fund (Fund 152, BU 1520) to reimburse H&SS for administrative support staff and operating costs.

The FY2024/25 Recommended Budget projects a \$32,259 or 3.1% increase in revenues primarily due to an increase of \$29,109 in reimbursement from Fund 152 due to an overall increase in costs.

Primary Costs

Primary costs for IHSS PA Administration are \$622,062 for Salary and Employee Benefits; \$118,210 for Services and Supplies; \$250,051 for Intra-fund Transfers; \$71,753 for Other Charges; and \$7,470 for Other Financing Uses.

The FY2024/25 Recommended Budget projects a \$32,259 or 3.1% increase in appropriations primarily due to the following:

- Decrease of \$140,951 in Salaries and Employee Benefits primarily due to the deletion of a position, offset by increases in negotiated and approved wage increases, and a decrease in salary savings.
- Increase of \$14,408 in Services and Supplies due to increases in DoIT charges, managed print services, and membership costs, offset by decreases in education, training, and travel costs.
- Increase of \$11,400 in Other Charges primarily due to an increase in Countywide Administrative Overhead costs and contracted direct services, offset by decreases in interfund services.
- Increase of \$147,402 in Intra-fund Transfers primarily due to higher transfer of salaries and benefits from Older and Disabled Adult Services (ODAS) budget unit for staff support to the IHSS Public Authority, offset by a decrease in H&SS administration costs allocated to BU 7690.

Contracts

The FY2024/25 Recommended Budget includes the following significant contracts:

- \$17,180 for software licenses and maintenance services.
- \$18,750 for provider training and support services.

Fixed Assets

None.

BUREAU COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
MISC REVENUE	6,400	15,600	18,750	3,150	20.2%
OTHER FINANCING SOURCES	848,382	1,021,507	1,050,616	29,109	2.8%
TOTAL REVENUES	854,782	1,037,107	1,069,366	32,259	3.1%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	706,622	763,013	622,062	(140,951)	(18.5%)
SERVICES AND SUPPLIES	100,096	103,802	118,210	14,408	13.9%
OTHER CHARGES	29,115	60,173	71,573	11,400	18.9%
OTHER FINANCING USES	6,629	7,470	7,470	0	0.0%
INTRA-FUND TRANSFERS	12,320	102,649	250,051	147,402	143.6%
TOTAL APPROPRIATIONS	854,782	1,037,107	1,069,366	32,259	3.1%
NET CHANGE	0	0	0	0	0.0%

STAFFING					
IHSS - PA ADMINISTRATION	5	5	4	(1)	(20.0%)
TOTAL STAFFING	5	5	4	(1)	(20.0%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

On March 12, 2024, the Midyear Financial Report included the following position change:

- Deleted 1.0 FTE Public Authority Administrator as a Social Services Manager (TBD) was added to Social Services' ODAS Bureau with responsibilities divided between Public Authority activities and IHSS oversight.

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 2023, the California Department of Social Services (CDSS) continued to offer the IHSS Career Pathways program that provides training and stipends to IHSS caregivers who attend classes through their approved training vendors. Unfortunately, there was limited class offerings, and most Solano caregivers did not participate. 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.

DIVISION PURPOSE

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

FUNCTION AND RESPONSIBILITIES

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

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

Projecting the cost of Assistance Programs is challenging, given frequent changes in federal and State regulations for eligibility, duration, 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 FY2024/25 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 \$5,578,967 or 8.4% in both revenues and appropriations when compared to the FY2023/24 Adopted Budget. The County General Fund (CGF) contribution of \$4,465,196 represents an increase of \$456,727 or 11.4%.

Primary Funding Sources

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

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

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

In addition, Assembly Bill (AB) 85 (see glossary for definition) changed the 1991 Realignment structure to 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.

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

Summary of Division Budget

The Recommended Budget for Assistance Programs projects a \$5,578,967 or 8.4% net increase in revenues compared to the FY2023/24 Adopted Budget primarily due to projected cost increases in Adoptions, Foster Care, CalWORKs, Refugees, and General Assistance; offset by a decrease in projected ARC Assistance costs. The changes are reflected in the following revenue sources:

- \$3,263,099 increase in State and federal revenues.
- \$1,859,141 increase in combined 1991 and 2011 Realignment revenues.
- \$456,727 increase in County General Fund Contribution.

Primary Costs

The FY2024/25 Recommended Budget for Assistance Programs projects \$5,578,967 or 8.4% net increase in appropriations compared to the FY2023/24 Adopted Budget. The projected increase is primarily the result of the following:

Adoptions Assistance Program (BU 7901) – \$1,551,299 or 13.7% net increase in appropriations due to increase in projected paid cases based on current trends.

Foster Care Assistance programs – \$359,415 or 2.3% net increase in appropriations due to the following:

- Kin-GAP (BU 7902) – Costs are projected to increase by \$207,972 or 13.5% when compared to FY2023/24 Adopted Budget.
- Foster Care (BU 7903) – Costs are projected to increase by \$129,912 or 1.0% when compared to FY2023/24 Adopted Budget.
- County Only Foster Care (BU 7908) – Costs are projected to increase by \$21,531 or 5.4% when compared to FY2023/24 Adopted Budget.

CalWORKs Assistance (BU 7904) – \$3,084,559 or 8.4% net increase in appropriations due to increase in projected paid cases based on current trends.

Refugee Assistance (BU 7906) – \$91,914 or 175.1% net increase in appropriations due to an increase in projected paid cases.

General Assistance (BU 7907) – \$740,129 or 31.6% net increase in appropriations due to increase in average grant and projected paid cases based on current trends.

Approved Relative Caregiver (BU 7909) – \$223,002 or 59.4% net decrease in appropriations due to decrease in projected paid cases based on current trends.

Work Incentive Nutritional Supplement (WINS), State Utility Assistance Subsidy (SUAS) (BU 7911) – \$25,347 or 7.0% decrease in appropriations based on current trends.

Contracts

The FY2024/25 Recommended Budget includes \$1,865,378 in contracted direct services for the provision of Adoption and Foster Care Wraparound services and \$437,062 in Emergency Child Care Bridge Program for Foster Care. H&SS will return to the Board in June 2024 with a master list of contracts for the Board's consideration.

Fixed Assets

None.

DIVISION COMMENTS

None.

Summary of Division Budget

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

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	40,316,224	40,045,313	44,031,996	3,986,683	10.0%
INTERGOVERNMENTAL REV FEDERAL	18,416,838	22,727,005	23,862,562	1,135,557	5.0%
GENERAL FUND CONTRIBUTION	6,105,138	4,008,469	4,465,196	456,727	11.4%
TOTAL REVENUES	64,838,200	66,780,787	72,359,754	5,578,967	8.4%
APPROPRIATIONS					
SERVICES AND SUPPLIES	489,411	777,864	651,648	(126,216)	(16.2%)
OTHER CHARGES	64,705,409	66,002,923	71,708,106	5,705,183	8.6%
OTHER FINANCING USES	(356,620)	0	0	0	0.0%
TOTAL APPROPRIATIONS	64,838,200	66,780,787	72,359,754	5,578,967	8.4%
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

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

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

Summary of Other Administered Budgets

DETAIL BY REVENUE AND APPROPRIATION OTHER ADMINISTERED BUDGETS	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	19,856,317	22,200,829	23,524,766	1,323,937	6.0%
9600 MHSA	20,703,432	46,475,183	31,119,021	(15,356,162)	(33.0%)
7950 TOBACCO PREVENTION & EDUCATION	475,786	473,944	530,222	56,278	11.9%
APPROPRIATIONS					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	19,856,317	22,200,829	23,524,766	1,323,937	6.0%
9600 MHSA	24,422,546	40,256,343	37,649,531	(2,606,812)	(6.5%)
7950 TOBACCO PREVENTION & EDUCATION	475,786	472,879	530,222	57,343	12.1%
NET CHANGE					
1520 IN HOME SUPP SVCS-PUBLIC AUTH	0	0	0	0	0.0%
9600 MHSA	3,719,114	(6,218,840)	6,530,510	12,749,350	(205.0%)
7950 TOBACCO PREVENTION & EDUCATION	0	(1,065)	0	1,065	(100.0%)

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 2023, 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. Governor Newsom declared the end of the COVID-19 pandemic in California, which had an impact on this committee by disallowing 100% virtual meetings. Under a new law, Assembly Bill 2449, the Advisory Committee must have an in-person quorum to conduct business, and members who have special circumstances may attend virtually twice per year. As a result of re-implementing the in-person requirement, there were two meetings in 2023 where a quorum was not present, and voting could not take place to conduct business. Despite this challenge, the Advisory Committee has remained active with their advocacy, and began working with a Public Health sponsored intern to conduct an IHSS service delivery survey.

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 \$1,323,937 or 6.0% in both revenues and appropriations when compared to the FY2023/24 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 \$1,323,937 or 6.0% in revenues primarily due to the following:

- Increase of \$1,055,313 in County General Fund due to increase in IHSS MOE.
- Increase of \$742,117 in combined State and federal revenues due to increases in projected provider health benefit costs and in IHSS Public Authority administration costs.
- Decrease of \$481,409 in 1991 Social Services Realignment revenue representing a decrease in share of the IHSS MOE funded with 1991 Realignment.
- Increase of \$7,916 in Administrative Overhead primarily representing a one-time Countywide Administrative Overhead credit.

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

Summary of Other Administered Budgets

Primary Costs

Primary costs for IHSS Public Authority are \$22,462,100 in Other Charges, \$1,050,616 in Operating Transfer-Out, and \$12,050 in Services and Supplies.

The Recommended Budget projects a net increase of \$1,323,937 or 6.0% in appropriations primarily due to the following:

- Increase of \$670,122 in IHSS MOE primarily representing annualized adjustment in IHSS MOE for the 4% annual inflation increase per SB 80 (2019).
- Increase of \$643,962 in Individual Providers-IHSS costs representing the projected increase in health premium payments based on projected provider hours multiplied by \$0.55 hourly approved benefit rate.
- Increase of \$29,109 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.
- Decrease of \$19,256 in Countywide Administrative Overhead.

Contracts

The FY2024/25 Recommended Budget includes a total of \$4,888,545 in contracted services for estimated health plan costs.

Fixed Assets

None.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	27,875	0	0	0	0.0%
INTERGOVERNMENTAL REV STATE	7,941,149	10,316,582	10,248,300	(68,282)	(0.7%)
INTERGOVERNMENTAL REV FEDERAL	2,461,619	2,810,729	3,139,719	328,990	11.7%
CHARGES FOR SERVICES	177	6,897	14,813	7,916	114.8%
GENERAL FUND CONTRIBUTION	9,425,498	9,066,621	10,121,934	1,055,313	11.6%
TOTAL REVENUES	19,856,317	22,200,829	23,524,766	1,323,937	6.0%
APPROPRIATIONS					
SERVICES AND SUPPLIES	5,950	12,050	12,050	0	0.0%
OTHER CHARGES	19,010,597	21,167,272	22,462,100	1,294,828	6.1%
OTHER FINANCING USES	839,770	1,021,507	1,050,616	29,109	2.8%
TOTAL APPROPRIATIONS	19,856,317	22,200,829	23,524,766	1,323,937	6.0%
NET CHANGE	0	0	0	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

The FY2024/25 Recommended Budget includes an increase of \$1,055,313 in County General Fund share of IHSS MOE compared to the FY2023/24 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

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.

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

DEPARTMENTAL PURPOSE

On May 7, 2013, the Solano County Board of Supervisors approved the establishment of the Mental Health Services Act (MHSA) budget unit in accordance with State Welfare and Institutions Code (WIC) §5892(f) to facilitate the MHSA County Fiscal Accountability Certification required by the State. The MHSA funding is managed under the Department of Health and Social Services, Behavioral Health Division.

FUNCTION AND RESPONSIBILITIES

MHSA was established in November 2004 with passage of Statewide Proposition 63 which placed a 1% tax on personal income in excess of \$1 million and provided the first opportunity in many years for the California Department of Mental Health (DMH) to provide increased funding for personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. 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

- The Full-Service Partnership (FSP) programs continue to provide the most intensive outpatient level of care with services provided to consumers 2-3 times per week, and more often as necessary. The adult FSPs continue to implement Assertive Community Treatment (ACT), an evidenced-based practice (EBP) model, and the child/youth FSP teams continue to implement the Transitions to Independence Process (TIP) EBP to engage and support young people experiencing emotional and/or behavioral struggles.
- The Employment Services and Support program uses the Individual Placement and Support (IPS) (EBP) model to help people get jobs in the community. In 2023, IPS served 126 consumers, of which 21% (27) were youth under 25, and 64% (81) of the consumers secured competitive employment and 47% (59) maintained employment for at least 90 days.
- The Solano County Early Psychosis (EP) Treatment program has continued to be a research pilot site for the beta testing of a new application (app) developed through the multi-county statewide Early Psychosis Learning Health Care Network Innovation (INN) project led by U.C. Davis Behavioral Health Center of Excellence. This app allows consumers and family members to self-report on progress in care and will assist in treatment planning with consumers and allow EP programs to learn from each other with a goal to develop a national network to improve care for individuals with early psychosis. This project ends June 2024; however, U.C. Davis Behavioral Health Center of Excellence will continue to support the app and data reporting.
- 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 Interdisciplinary Collaboration and Cultural Transformation Model (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 focused particular attention on the racial, ethnic, and economic inequities that occur in historically underserved communities, which have been exacerbated by the COVID-19 pandemic. The ICCTM project and Solano County Behavioral Health staff were supporting Los Angeles, Fresno, Kern and Marin Counties in the Learning Collaborative through September 2023. This project has now concluded and discussions to sustain efforts occurs at the County Behavioral Health Directors Association (CBHDA) Cultural Competency, Equity, and Social Justice Committee (CCESJC) in preparation for changes to the DHCS' Cultural Competency Plan requirements in 2024.
- Under the Prevention and Early Intervention (PEI) component, Behavioral Health led an effort to train community members in a new model to support mental health and suicide prevention. Two culturally responsive workshops were held using the Be Sensitive Be Brave (BSBB) curriculum which infuses culture and diversity. Each two-hour workshop (virtual or in-person) includes approximately 15-40 participants and includes interactive breakout sessions. The trainings are currently available in English, Cantonese, and Mandarin, with Spanish and other additional languages available soon.
- The mental health workshop prepares individuals to help friends and loved ones during times of distress and how to recognize mental health conditions, what to do when someone needs support, and tools for maintaining good mental health.

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- The suicide prevention workshop teaches individuals to act as eyes and ears for suicidal distress and to connect individuals to help by identifying signs of suicide.
 - County and community-based organization programs continue to experience staffing recruitment and retention challenges impacting the capacity of the system to manage new requests for services and providing services based on the level of care need for individual consumers.

WORKLOAD INDICATORS

Per WIC §5847 (a) and (b), counties must prepare and submit a Three-Year Program and Expenditure Plan and annual updates for MHSA programs and expenditures to the (MHSAOAC) and the (DHCS). In 2023, Behavioral Health held the required (CPP) meetings with over 249 attendees and included a presentation on the history and components of MHSA, the role of the community in the CPP process, State and local MHSA updates, and data related to MHSA funded programs and services rendered in FY2022/23. A 30-day public comment period was held and on August 15, 2023, a virtual public hearing was held in partnership with the Solano County Mental Health Advisory Board. On September 12, 2023, the Board approved the MHSA Three-Year Plan, which is a requirement of the MHSA. The approved plan was then submitted to MHSAOAC and DHCS.

Behavioral Health staff are now preparing to begin the community participation planning (CPP) process for the MHSA Annual Report for FY2023/24.

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

- Prevention and Early Intervention (PEI): 24% of the total MHSA funds received annually are allocated to PEI to provide support to prevent individuals (with 51% of the funds supporting individuals 25 years of age or younger) from developing mental health conditions and/or to serve those with mild-to-moderate mental health conditions and countywide stigma and suicide prevention efforts.
 - 5,180 people were served across various programs including mobile crisis and school-based services.
- Community Services and Supports (CSS): 68% of the total MHSA funds received annually are allocated to CSS for services to individuals of all ages with more serious mental health conditions.
 - 1,287 clients were served in high intensity programs including FSP, forensics, and others.
 - \$4.0 million or 14.8% of the CSS funds provided supported housing services.
- Innovation (INN): 5% of the total MHSA funds received annually are allocated to INN for increasing access to quality mental health services to underserved or underrepresented communities with measured outcomes and promote interagency and community collaboration related to mental health services, supports, or outcomes. Behavioral Health is 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 the CSS component may be transferred to this component to fund programs designed to enhance the public mental health workforce, including training on evidence-based practices, stipends for interns, loan assumption, and retention programs for hard to fill positions.
 - Supported over 15 workforce and community trainings, including trainings on evidence-based practices.
 - Supported the Internship Program, including post-graduate and master's level psychology interns and a loan-repayment program.
- Capital Facilities and Technological Needs (CF/TN): this component has not received an allocation since 2014; however, funds from the CSS component may be transferred to this component. Funds can be used for training the workforce on evidence-based practices, stipends for interns, loan assumption, and retention programs for hard to fill positions.
 - Supported implementation of a level of care tool for the children's programs and a data interoperability software to create dashboards across all services.

- Prudent Reserve (PR): counties are permitted to allocate up to 33% of the 5-year average of incoming CSS funds to the PR account. These funds are intended to only be used in a budget crisis and counties must obtain permission from the State. Solano currently has \$5.7 million in the PR account which is 15% of the total current annual MHSA budget.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents a decrease of \$15,356,162 or 33.0% in revenues and a decrease of \$2,606,812 or 6.5% in appropriations when compared to the FY2023/24 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	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	744,264	395,756	1,559,330	1,163,574	294.0%
INTERGOVERNMENTAL REV STATE	19,959,140	46,079,419	29,559,691	(16,519,728)	(35.9%)
CHARGES FOR SERVICES	28	8	0	(8)	(100.0%)
TOTAL REVENUES	20,703,432	46,475,183	31,119,021	(15,356,162)	(33.0%)
APPROPRIATIONS					
OTHER CHARGES	446	3,173	776	(2,397)	(75.5%)
OTHER FINANCING USES	24,422,100	40,253,170	37,648,755	(2,604,415)	(6.5%)
TOTAL APPROPRIATIONS	24,422,546	40,256,343	37,649,531	(2,606,812)	(6.5%)
CHANGE IN FUND BALANCE	3,719,114	(6,218,840)	6,530,510	12,749,350	(205.0%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

The decrease of \$15,356,162 in revenues is primarily due to a projected decrease in statewide MHSA revenues when compared to the FY2023/24 Adopted Budget. The State transfers 1.76% of all personal income tax payments to the MHSA fund monthly. An annual adjustment is typically done two years later to reconcile the fund. Depending on the result, the adjustment may be either positive or negative against the State MHSA Fund.

Due to economic conditions in FY2021/22, the annual adjustment received in FY2023/24 was significantly higher than the annual adjustment expected to be received in FY2024/25. The Department of Finance has notified counties of the Statewide annual adjustment for FY2022/23 which will be received in August 2024. Also contributing to the reduction is a projected decrease in the monthly tax receipt transfers due to updated projections in the Governor’s FY2024/25 Proposed Budget. Partially offsetting the decrease is an increase in interest income as the fund is yielding higher rates of return.

The decrease of \$2,606,812 in appropriations is primarily due to a decrease in transfers out to Fund 902 for MHSA program costs to balance the draw against anticipated future revenues.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

PENDING ISSUES AND POLICY CONSIDERATIONS

In March 2024, California voters approved Proposition 1, which makes significant revisions to the Mental Health Services Act and authorizes a \$6.4 billion bond to finance supportive housing and behavioral health treatment settings. Proposition 1 renames the Mental Health Services Act to the Behavioral Health Services Act (BHSA), redirects up to 10%, versus 5%, of annual revenues to

the State, broadens the eligible uses of funds to include the provision of substance use disorder treatment services, revises the BHSA funding categories, and establishes extensive additional oversight, accountability, and sanction provisions.

Counties will be required to dedicate 30% of their funding for housing and other community-based residential solutions and 35% on a new Full-Service Partnership component. Additionally, the prevention component will no longer be overseen by county mental health plans but at the State level, and the planning process for the Behavioral Health Services Act requires an integrated plan for all behavioral health services that includes budget and outcome information across all funding sources.

DEPARTMENTAL PURPOSE

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

FUNCTION AND RESPONSIBILITIES

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

With the passage of Proposition 56 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. The following are TPEP's three current 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 by rebranding them as non-Menthol or creative names such as 'Jazz.' 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 FY2023/24, a major accomplishment was the implementation of a tobacco retail license (TRL) ordinance in Vallejo. This success was a collaborative of multiple groups that took the lead while TPEP provided technical assistance. The continued advocacy of youth from Club Stride and from Bay Area Community Resource (BACR) Youth Tobacco-Control Advocacy Policy Program (YTAPP) who testified at Vallejo City Council meetings, was critical in the passage of this ordinance.

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

Additionally, two CDPH - California Pathways into Public Health (Cal-PPH) college interns supporting TPEP and BACR youth collaborated to provide a presentation to the Fairfield Youth Commission on November 6, 2023. The presentation highlighted the health impacts that both TRL and smoke-free multi-unit housing (SFMUH) policies can have on their community.

WORKLOAD INDICATORS

- The first six months of FY2023/24 were dedicated to conducting public opinion polls and key informant interviews to receive local insight from residents and key informants. The work provides the needed data to set direction for which cities are ready or near ready to focus efforts on tobacco prevention, including preventing secondhand smoke and exposure to flavored tobacco products. Combined, a total of 177 smoke-free multi-unit housing and flavors restriction polls and 5 interviews were completed in Fairfield and Suisun City; and a combined total of 321 smoke-free outdoor dining polls and 10 interviews were completed in Fairfield, Suisun, Rio Vista, and Vacaville.
- As a result of the public opinion poll process, Tobacco Free Solano Coalition members identified Vacaville and Rio Vista as potential jurisdictions to begin discussions on smoke-free outdoor dining ordinances.
- The efforts of youth groups and other community members to provide input to Vallejo City Council resulted in a smoke-free multi-unit housing ordinance and a tobacco retail license ordinance. This has resulted in efforts to implement the same two ordinances in Fairfield and Suisun City. TPEP provided technical assistance and supported a media campaign on dangers of second-hand smoke exposure with a focus on those communities targeted by the tobacco industry, which included youth, persons of color and the LGBTQ community.
- Tobacco-Free Solano Coalition members and other volunteers will be conducting an adult tobacco flavored purchase survey in Fairfield and Suisun City in 2024. As noted, most flavored tobacco products are not allowed to be sold in California; however, some retailers still sell these products. Benicia is the only city in Solano County that has a tobacco retail license ordinance which holds retailers accountable through compliance checks and punitive actions if found to be in violation.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents increases of \$56,278 or 11.9% in revenues and \$57,343 or 12.1% in appropriations when compared to the FY2023/24 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 net increase in revenues of \$56,278 is primarily due to rollover funds from the prior year TPEP allocation for use in FY2024/25.

Primary Costs

- \$161,549 for Salaries and Employee Benefits, which reflect an increase of \$4,523 primarily due to negotiated and approved wage increases, CalPERS retirement and health benefit costs, and workers' compensation rates. This is offset by a decrease in extra help.
- \$118,540 in Services and Supplies, which reflect an increase of \$14,586 primarily due to an increase in contracted services, offset by decreases in advertising and marketing and liability insurance costs.
- \$248,598 in Other Charges, which reflect an increase of \$38,161 primarily due to an increase in Public Health personnel staff time for TPEP programs, offset by a decrease 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	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	1,919	1,361	6,169	4,808	353.3%
INTERGOVERNMENTAL REV STATE	322,365	455,828	509,548	53,720	11.8%
CHARGES FOR SERVICES	148,566	16,755	14,505	(2,250)	(13.4%)
MISC REVENUE	783	0	0	0	0.0%
OTHER FINANCING SOURCES	2,153	0	0	0	0.0%
TOTAL REVENUES	475,786	473,944	530,222	56,278	11.9%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	263,785	157,026	161,549	4,523	2.9%
SERVICES AND SUPPLIES	35,444	103,954	118,540	14,586	14.0%
OTHER CHARGES	174,468	210,437	248,598	38,161	18.1%
OTHER FINANCING USES	2,088	1,462	1,535	73	5.0%
TOTAL APPROPRIATIONS	475,786	472,879	530,222	57,343	12.1%
CHANGE IN FUND BALANCE	0	(1,065)	0	1,065	(100.0%)

STAFFING					
TOBACCO PREVENTION & EDUCATION	2	1	1	0	0.0%
TOTAL STAFFING	2	1	1	0	0.0%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

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

SUMMARY OF POSITION CHANGES

There are no changes in position allocation.

PENDING ISSUES AND POLICY CONSIDERATIONS

Due to successful work with the cities of Benicia and Vallejo, and their 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 2023:

- The N/S AAA continued assisting service providers in reopening sites after COVID-19 shutdowns. Many congregate meal participants were reluctant to return to congregate settings. Likewise, volunteer visiting programs were slow to transition from calling clients to in-person visits, as volunteers and clients were reluctant to resume in-person visiting. Evidence-based exercise programs successfully transitioned to in-person. Volunteer transportation services continued delivering groceries to homebound seniors and regular transportation services to healthcare appointments resumed.
- “Designation” status was awarded to the Aging and Disability Resource Connection (ADRC) of Solano. The ADRC is a joint program with the Independent Living Resource Center of Contra Costa and Solano Counties. The newly mandated program integrates multiple resources to create a client-focused support system for services available countywide. In July 2022, the ADRC received an “Emerging” status. The “Designation” status means the ADRC fully meets all the requirements of an ADRC and will receive ongoing funding from the CDA. ADRC Solano served over 600 individuals in the first two months of operation.
- The N/S AAA Executive Director continued to co-chair the Data and Outcomes Workgroup of 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 the ‘No Wrong Door’ model throughout the State.
- The N/S AAA Executive Director continued to co-chair the Communications Committee for the California Association of Area Agencies on Aging (C4A). The committee is creating a statewide communications strategy and customizable materials for local AAAs to use in local outreach efforts.
- The N/S AAA conducted two community meetings to gather feedback to finalize strategies for the fourth year of the Four-Year Area Plan (July 1, 2023 through June 30, 2024). The purpose of the Plan is to align local activities with the key funding areas established by the CDA and the Older Americans Act. Along with program recommendations, requests were made to allocate funds for outreach activities to inform seniors about 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 give to clients, and were sent to senior centers, AAA service providers and low-income senior living facilities.
- N/S AAA was asked by CDA to create a pilot Line Dance curriculum for the CalFresh Healthy Living program (SNAP-Ed) and it was accepted by the CDA. The new evidence-based curriculum includes instructor materials, videos, and class handouts. Program materials are now available to use statewide in the SNAP-Ed program.
- N/S AAA participated in a Digital Connections program offered by the CDA and distributed 1,700 iPads with 12-months of AT&T internet service. The goal of the program is to help older adults become more comfortable using electronic devices to

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

Gerald Huber, Director of Health & Social Services

Health & Public Assistance

stay socially connected while assisting with initial costs. The iPads were given out through the Aging and Disability Resource Connection.

- Advisory Council to the N/S AAA took on a more active role in community outreach by attending three separate community tabling events, giving out resource materials and explaining how to connect with services.
- N/S AAA participated in a workshop at the statewide Multi-Disciplinary Team (MDT) convening for the first time. The workshop showcased the myriad of services offered through the AAA and the benefits of including AAAs in local MDT groups. The N/S AAA scheduled a convening of MDT partners locally to discuss opportunities to grow local MDT meetings.
- N/S AAA is the lead project manager for a new grant to create a countywide strategy for localizing the statewide Master Plan for Aging. The Local Aging and Disability Action Planning grant program builds on local survey data and includes new community input to present a suggested plan for creating a blueprint for incorporating age-friendly focus into planning processes.

WORKLOAD INDICATORS

- The N/S AAA created and monitored 68 separate contracts and amendments with 19 different service providers supporting 68 different types of services. This is a 22% 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.
- Through nonprofit service providers, the N/S AAA provided over 50,000 meals to homebound seniors, connected over 12,000 older and disabled adults to services, made 36,000 phone calls to check on homebound older adults, provided over 5,000 rides by volunteers, and installed over 640 assistive devices to help reduce falls for 71 individuals.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget includes decreases of \$1,085,310 or 13.1% in revenues and \$1,119,832 or 13.4% in appropriations when compared to the FY2023/24 Adopted Budget. The decrease in Net County Cost of \$34,522 represents carry over of FY2021/22 surplus that was not closed at year-end. In FY2023/24 Adopted Budget, revenues were reduced to account for this which will bring fund balance to zero at FY2023/24 year-end. This department is primarily comprised of contracted direct services and an Operating Transfer Out (Fund 902 – BU 7685, N/S AAA Administration budget) for the cost of Health and Social Services staff and operating expenditures allocated to the administration of the N/S AAA.

Primary Funding Sources

The primary funding sources for this budget are federal revenues (Titles III B, III C-1, III C-2, III D, III E and VII), State General Fund, and required match contributions from Napa County and Solano County General Funds.

The Recommended Budget includes \$6,416,582 in combined federal and State revenues, \$253,362 in contributions from Napa County and \$554,829 in Solano County General Fund.

The Recommended Budget projects a net decrease of \$1,085,310 or 13.1% in revenues primarily due to the following:

- Decrease of \$562,993 in combined federal and State revenues primarily due to the expiration of various one-time funding.
- Decrease of \$825,492 in COVID-19 State Pass-Through revenues primarily due to expiration of various one-time American Rescue Plan Act (ARPA) funding allocated for Older Americans Act programs.
- Increase of \$127,258 in Other Revenues representing Napa County's share of the overall increase in the administration costs of N/S AAA.
- Increase of \$175,917 in Operating Transfers In representing a \$175,917 increase in share of Solano County General Fund due to the overall increase in the administration costs of N/S AAA.

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

Primary Costs

The Recommended Budget includes \$7,224,773 in appropriations, a decrease of \$1,119,832 or 13.4% when compared to the FY2023/24 Adopted Budget. Primary costs include:

- \$5,884,524 in Contracted Direct Services to provide various supportive services, home-delivered and congregate meals, nutrition counseling and education, ombudsman services, and elder abuse prevention.
- \$38,757 in Countywide Administrative Overhead costs.
- \$1,301,492 in Operating Transfers Out to Fund 902, Bureau 7685, which represents \$492,987 in Salaries and Employee Benefits and \$808,505 for other operating expenditures to administer the N/S AAA program.

Contracts

The FY2024/25 Recommended Budget includes a total of \$5,884,524 or 81.4% in contracted direct program services. H&SS will return to the Board in June 2024 with a master list of contracts for the Board’s consideration.

Fixed Assets

None.

DEPARTMENT COMMENTS

None.

DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	2,171,271	4,662,944	2,719,627	(1,943,317)	(41.7%)
INTERGOVERNMENTAL REV FEDERAL	3,089,173	3,142,123	3,696,955	554,832	17.7%
MISC REVENUE	87,116	126,104	253,362	127,258	100.9%
OTHER FINANCING SOURCES	230,590	378,912	554,829	175,917	46.4%
TOTAL REVENUES	5,578,150	8,310,083	7,224,773	(1,085,310)	(13.1%)
APPROPRIATIONS					
OTHER CHARGES	4,866,319	7,258,121	5,923,281	(1,334,840)	(18.4%)
OTHER FINANCING USES	711,831	1,086,484	1,301,492	215,008	19.8%
TOTAL APPROPRIATIONS	5,578,150	8,344,605	7,224,773	(1,119,832)	(13.4%)
NET COUNTY COST	0	34,522	0	(34,522)	(100.0%)

SUMMARY OF SIGNIFICANT ADJUSTMENTS

The Operating Transfers Out to Fund 902 increased by \$215,008 primarily due to the addition of 1.0 FTE Office Coordinator (TBD) in ODAS-AAA Administration (BU 7685) that the Board approved as part of the FY2023/24 Midyear Financial Report. The position provides support for the administration of the N/S AAA program. As this State mandated program continues to grow, including the Governor’s executive order to create a Master Plan for Aging, there is a corresponding increase in the number of contracts for the delivery of services, and federal and State reporting requirements. The cost of the position is shared equally between Solano and Napa Counties.

SUMMARY OF POSITION CHANGES

There are no positions allocated to this budget.

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

PENDING ISSUES AND POLICY CONSIDERATIONS

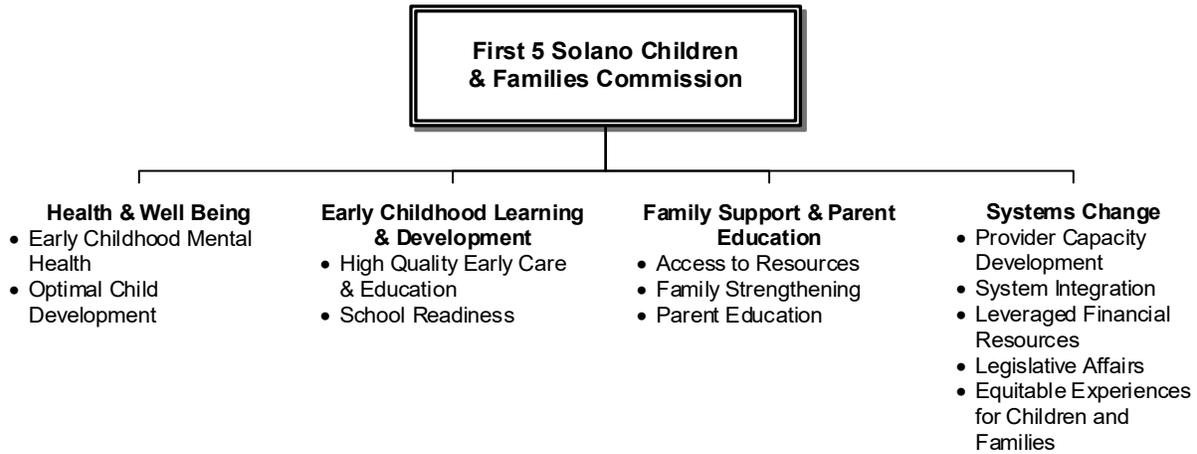
Many of the priorities included in the statewide Master Plan for Aging are being mandated locally, which includes creating Aging and Disability Resource Connections. AAAs are being tasked with reviewing the Master Plan for Aging and localizing initiatives and including in local Area Plans with limited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

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 are ending. 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, medical bills, utilities, and purchasing battery back-up units and emergency packs. While the Public Health Emergency declaration has ended, the need remains but the additional funding to support the programs has also ended.

The State was providing enhanced funding for the Senior Nutrition Program; however, it is anticipated that the State will not continue the enhanced allocation from the State General Fund due to the projected State budget shortfall. This may reduce senior nutrition funding significantly in FY2025/26. Similarly, additional “Fall Prevention” service funds may be eliminated, which would significantly reduce the funding levels for the program.

The California Department of Aging continues to increase the number of required reports and level of data and details collected from AAAs and our 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. Additionally, the ADRC “Designation” status will increase the data reporting and monitoring requirements beginning in FY2024/25.



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:	
FY2023/24 Midyear Projection:	12,306,098
FY2024/25 Recommended:	8,155,773
County General Fund Contribution:	0
Percent County General Fund Supported:	0%
Total Employees (FTEs):	7

FUNCTION AND RESPONSIBILITIES

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

- Health and Well-Being, including early childhood mental health, ensuring optimal development, and access to health services.
- Early Childhood Learning and Development, including early care and education quality improvement, early literacy, and a childcare and early learning facility.
- Family Support and Parent Education, including family strengthening services, First 5 Centers, and evidence-based parent education.

In addition to direct services, First 5 Solano has a Strategic Plan Priority Area of *Systems Change* with the goal of ensuring early childhood systems are strong, integrated, sufficiently resourced, inclusive, and equitable. Activities in this priority area include cross system collaboration, increasing capacity of early childhood providers, advocating for legislative and policy changes, and expanding financial resources for the early childhood system. The systems building cross initiative approach includes funding a referral call center known as “Help Me Grow Solano” to increase the connection of young children to services and increase the number of developmental screenings for children.

Michele Harris, Executive Director
Health & Public Assistance

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

- Over the last year, provided services to over 7,300 Solano residents, including children, parents/caregivers and providers of services to young children.
- Continued overseeing the 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, Child Start, Inc., Solano County Office of Education (SCOE), the State of California, City of Vallejo, and others, with the goal of annually serving up to 300 children ages 0-5 and their families with child care and early learning opportunities set to open in summer 2026.
- 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, anticipated to complete construction in December 2025.
- Implemented the first year of the Commission’s 2023-2028 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 500 developmental screenings for children that may be at risk of developmental or behavioral concerns.
 - Worked with Solano HEALS – Aliados Health and Solano County Health & Social Services to train 14 African American doulas to provide prenatal and postpartum support to African American mothers.
 - 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, 2023 – June 30, 2024, First 5 Solano managed over 50 ongoing contracts and Memorandums of Understanding totaling approximately \$2.8 million, which provided services to over 7,300 Solano residents.
- In partnership with Child Start, Inc, and with funding from Solano County, purchased the Beverly Hills Elementary School in Vallejo and transferred the property to Child Start, Inc., for the purposes of renovating the school to become an Early Learning Center.

DETAIL BY REVENUE AND APPROPRIATION FUNCTIONAL AREA	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
FIRST 5 SOLANO	3,941,221	10,265,470	3,694,817	(6,570,653)	(64.0%)
TOTAL REVENUES	3,941,221	10,265,470	3,694,817	(6,570,653)	(64.0%)
APPROPRIATIONS					
FIRST 5 SOLANO	4,227,184	13,324,963	8,155,773	(5,169,190)	(38.8%)
TOTAL APPROPRIATIONS	4,227,184	13,324,963	8,155,773	(5,169,190)	(38.8%)
CHANGE IN FUND BALANCE					
FIRST 5 SOLANO	285,963	3,059,493	4,460,956	1,401,463	45.8%
CHANGE IN FUND BALANCE	285,963	3,059,493	4,460,956	1,401,463	45.8%

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

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents a decrease of \$6,570,653 or 64.0% in revenues and \$5,169,190 or 38.8% in appropriations when compared to FY2023/24 Adopted Budget. The projected shortfall of \$4,460,956 will come from the Commission's Fund Balance or contingencies, as these expenditures are covered by revenues received in prior years.

The FY2024/25 Recommended Budget implements the second 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 decrease in revenue of \$6,570,653 or 64.0% primarily due to revenues received in FY2023/24 to support the one-time renovations of the Vallejo Early Learning Center from multiple State and local funding sources.

Primary Costs

The Recommended Budget includes a decrease \$5,169,190 or 38.8% in appropriations primarily due funds for the one-time renovation expenses in FY2023/24 for the Vallejo Early Learning Center. This is partially offset by an increase of \$78,376 or 6.1% in Salaries and Employee Benefits due to negotiated and approved wage increases, CalPERS retirement and health benefit costs, and workers' compensation rates.

First 5 Solano will be providing \$2.8 million to community agencies to implement services and programs in alignment with the Commission's Strategic Plan with an additional \$2.7 million to continue renovations for the Early Learning Center in Vallejo.

Contracts

The FY2024/25 Recommended Budget includes the following significant contracts:

- \$2,710,000 for Early Learning Center renovations.
- \$683,500 for family strengthening and support services.
- \$600,000 for Systems Change support activities.
- \$465,000 for Triple P parent education.
- \$380,000 for the Help Me Grow call center.
- \$160,000 for annual grants.
- \$100,000 for quality early care and education services.

Fixed Assets

None.

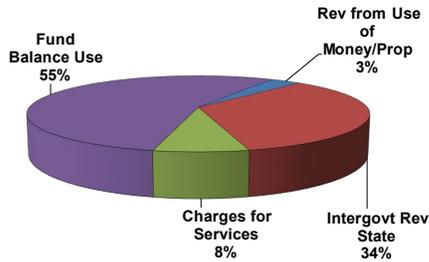
See related Budget Unit 9153 – Fund 153 Contingencies (refer to Contingencies section of the Budget).

DEPARTMENTS COMMENTS

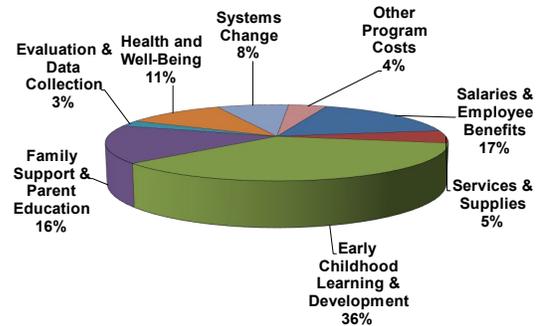
None.

Michele Harris, Executive Director
Health & Public Assistance

SOURCE OF FUNDS



USE OF FUNDS



DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	299,228	300,000	275,000	(25,000)	(8.3%)
INTERGOVERNMENTAL REV STATE	2,733,771	8,655,292	2,790,390	(5,864,902)	(67.8%)
INTERGOVERNMENTAL REV OTHER	0	610,000	0	(610,000)	(100.0%)
CHARGES FOR SERVICES	570,263	695,178	624,427	(70,751)	(10.2%)
MISC REVENUE	325,042	5,000	5,000	0	0.0%
OTHER FINANCING SOURCES	12,918	0	0	0	0.0%
TOTAL REVENUES	3,941,221	10,265,470	3,694,817	(6,570,653)	(64.0%)
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	1,168,368	1,274,920	1,353,296	78,376	6.1%
SERVICES AND SUPPLIES	304,754	8,909,368	423,608	(8,485,760)	(95.2%)
OTHER CHARGES	2,742,822	3,127,557	6,365,956	3,238,399	103.5%
OTHER FINANCING USES	11,239	13,118	12,913	(205)	(1.6%)
TOTAL APPROPRIATIONS	4,227,184	13,324,963	8,155,773	(5,169,190)	(38.8%)
CHANGE IN FUND BALANCE	285,963	3,059,493	4,460,956	1,401,463	45.8%

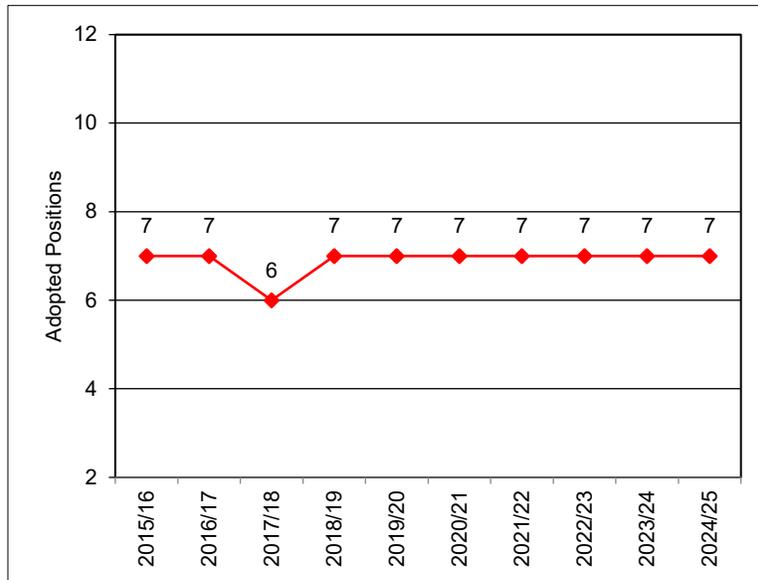
SUMMARY OF SIGNIFICANT ADJUSTMENTS

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

SUMMARY OF POSITION CHANGES

There are no changes in position allocation.

STAFFING TREND



PENDING ISSUES AND POLICY CONSIDERATIONS

First 5 Solano continues 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 continue to require additional contracts for services, Requests for Proposals, and established policies and procedures to prepare for the operation of both efforts.

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

DETAIL BY REVENUE AND APPROPRIATION OTHER ADMINISTERED BUDGETS	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
1570 GRANTS/PROGRAMS ADMIN	1,675,574	1,648,298	2,348,970	700,672	42.5%
APPROPRIATIONS					
1570 GRANTS/PROGRAMS ADMIN	1,557,318	1,648,298	2,938,076	1,289,778	78.2%
NET CHANGE					
1570 GRANTS/PROGRAMS ADMIN	(118,256)	0	589,106	589,106	100.0%

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

DEPARTMENTAL PURPOSE

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

FUNCTION AND RESPONSIBILITIES

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

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

- Priority Need 1: Mental Health – Upon consultation with the Mental Health Chief Deputy Director in Health & Social Services, the planning team recommended continuing the overarching community goal to “increase access to Solano County’s mental health system of care” with dual strategies of increasing community understanding of how to access mental health services and increasing provider understanding of how to respond to residents with mental health needs.
- Priority Need 2: Affordable Housing – Since housing is primarily developed within the boundaries of cities, the recommendation is the Board continue investing in the Solano County’s Housing Trust Fund to increase the supply of affordable housing under the community goal of “reducing homelessness.”
- Priority Need 3: Homelessness – Upon consultation with the CAP Solano Administrator (the designee for homelessness issues in Solano County) the planning team recommended that the Board approve to continue the community goal to “reduce homelessness” by addressing prevention services.
- Priority Needs 4-6: Early Education, Youth Development, Safe and Stable Environments for Children – While mental health, housing, and homelessness continue to be the highest priorities, early education, youth development, and safe and stable environments for children were also identified as needs.

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

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

This budget contains \$1,500,000 of County funding to implement deep programming (with \$600,000 of additional revenue to support homeless prevention) and \$365,000 to implement one-time investments. Budgets associated with Legacy Programs are included in the budget units associated with those programs and are not included in this budget unit. The initial three-year funding cycle was extended for one additional year from FY2020/21 through FY2023/24. FY2024/25 is the start of a new three-year funding cycle.

New for FY2024/25 is the addition of \$250,000 to establish an Emergency Fund to address one-time funding for agencies who offer services addressing one or more of the six priority CIF needs. Any established nonprofit that is facing an emergency and needs bridge funding to remain operational in the county can apply for these funds. Applications will be considered by the Board after a comprehensive application review process is conducted.

SIGNIFICANT CHALLENGES AND ACCOMPLISHMENTS

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

- Five 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:
 - Providing 40 homeless individuals with economic stability and case management services to ensure participants were able to sustain their housing.
 - Providing 150 youth a drop-in center with educational workshops, mental health services, and social-emotional awareness campaigns.
- Continued implementation of the SolanoConnex webapp to connect residents to mental and emotional health services in the community. Also offered Be Sensitive, Be Brave training to front line workers.
- Operating My Friends House transition age youth shelter with eight beds to house youth ages 18-24.

WORKLOAD INDICATORS

- Managed 11 contracts for the Community Investment Fund.
- Worked with evaluation consultant and the CIF Planning Group to complete the three-year reassessment of the CIF and make recommendations for future funding decisions.

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents a \$700,672 or 42.5% increase in revenues and a \$1,289,778 or 78.2% increase in appropriations when compared to the FY2023/24 Adopted Budget. The Recommended Budget includes a General Fund Contribution of \$1,718,970, an increase of \$70,672 or 4.3% when compared to the FY2023/24 Adopted Budget.

Primary Funding Sources

The primary funding source for the budget is County General Fund. Miscellaneous Revenue of \$600,000 reflect anticipated funding from All Home to match the County's contribution toward the Homeless Prevention Strategy.

Primary Costs

The Recommended Budget reflects \$2,938,076 in appropriations which includes the following:

- \$176,236 in Salaries and Employee Benefit costs which reflects the addition of 1.0 FTE Contract and Program Specialist that was approved by the Board on March 12, 2024 as part of the Midyear Financial Report.
- \$2,560,207 in Other Charges which reflects:
 - \$1,300,000 to implement deep programming in the areas of homelessness.
 - \$600,000 for mental health training and access via the SolanoConnex webapp.
 - \$365,000 to implement one-time annual grants in one of the top six priority areas.
 - \$250,000 to establish an Emergency Fund to address one-time funding for agencies who offer services addressing one or more of the six priority CIF needs.
 - \$32,872 in Interfund Services costs to account for First 5 Solano staff time spent managing the CIF.
 - \$12,335 in Countywide Administrative Overhead costs.
- \$200,000 in Operating Transfer-Out to the County Housing Trust Fund (BU 3230) which represents the annual allocation for affordable housing from the CIF.

Note: Funds associated with Legacy Programs are included in the budget units associated with those programs and are not included in this budget unit.

Contracts

The FY2024/25 Recommended Budget includes the following significant contracts:

- \$1,300,000 to implement deep programming in the areas of mental health, affordable housing, and homelessness.

Summary of Other Administered Budgets

1570 – Fund 151-Grants/Programs Administration

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

- \$600,000 for mental health training and access via the SolanoConnex webapp.
- \$365,000 for Annual Grants.

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	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
REVENUE FROM USE OF MONEY/PROP	29,137	0	30,000	30,000	100.0%
MISC REVENUE	200,000	0	600,000	600,000	100.0%
GENERAL FUND CONTRIBUTION	1,446,437	1,648,298	1,718,970	70,672	4.3%
TOTAL REVENUES	1,675,574	1,648,298	2,348,970	700,672	42.5%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	0	0	176,236	176,236	100.0%
SERVICES AND SUPPLIES	32,375	0	0	0	0.0%
OTHER CHARGES	1,524,943	1,648,298	2,560,207	911,909	55.3%
OTHER FINANCING USES	0	0	201,633	201,633	100.0%
TOTAL APPROPRIATIONS	1,557,318	1,648,298	2,938,076	1,289,778	78.2%
NET CHANGE	(118,256)	0	589,106	589,106	100.0%

STAFFING					
PROGRAM ADMINISTRATION	0	0	1	1	100%
TOTAL STAFFING	0	0	1	1	100%

SUMMARY OF POSITION CHANGES

Changes in the position allocation since the adoption of the FY2023/24 Budget include:

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

- Added 1.0 FTE Contract and Program Specialist.

There are no changes in the position allocation in the FY2024/25 Recommended Budget.

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

PENDING ISSUES AND POLICY CONSIDERATIONS

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



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:	
FY2023/24 Midyear Projection:	1,232,908
FY202/25 Recommended:	1,361,659
County General Fund Contribution:	811,659
Percent County General Fund Supported:	59.6%
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 2,040 claims in the first 10 months of FY2023/24, resulting in \$21 million in benefits for veterans and their dependents.

WORKLOAD INDICATORS

CVSO is currently providing service to more than 100 clients per day in FY2023/24, including a mix of walk-in, virtual and scheduled appointments, phone appointments, and via email correspondence in three locations.

Functional Area Summary

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

DETAIL BY REVENUE AND APPROPRIATION FUNCTIONAL AREA	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
VETERANS SERVICES	583,068	550,000	550,000	0	0.0%
TOTAL REVENUES	583,068	550,000	550,000	0	0.0%
APPROPRIATIONS					
VETERANS SERVICES	1,058,167	1,269,380	1,361,659	92,279	7.3%
TOTAL APPROPRIATIONS	1,058,167	1,269,380	1,361,659	92,279	7.3%
NET COUNTY COST					
VETERANS SERVICES	475,100	719,380	811,659	92,279	12.8%
NET COUNTY COST	475,100	719,380	811,659	92,279	12.8%

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

DEPARTMENTAL BUDGET SUMMARY

The Recommended Budget represents no change in revenues and an increase of \$92,279 or 7.3% in appropriations when compared to the FY2023/24 Adopted Budget, resulting in an increase in Net County Cost of \$92,279 or 12.8%.

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 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 in FY2024/25.

Primary Costs

Salaries and Employee Benefits represents an increase of \$76,316 resulting from negotiated and approved wage increases, CalPERS retirement and health benefit costs, and workers’ compensation rates. Services and Supplies represents an increase of \$12,264 primarily due to increases in communication, insurance, and central data processing charges.

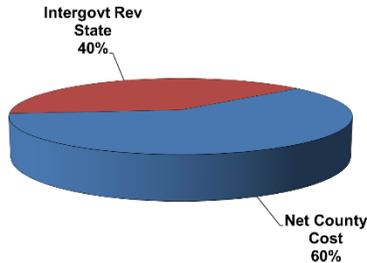
Fixed Assets

None.

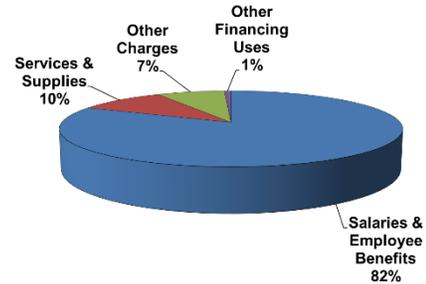
DEPARTMENT COMMENTS

None.

SOURCE OF FUNDS



USE OF FUNDS



DETAIL BY REVENUE CATEGORY AND APPROPRIATION CATEGORY	2022/23 ACTUAL	2023/24 ADOPTED BUDGET	2024/25 RECOMMENDED	FROM ADOPTED TO RECOMMENDED	PERCENT CHANGE
REVENUES					
INTERGOVERNMENTAL REV STATE	570,150	550,000	550,000	0	0.0%
OTHER FINANCING SOURCES	12,918	0	0	0	0.0%
TOTAL REVENUES	583,068	550,000	550,000	0	0.0%
APPROPRIATIONS					
SALARIES AND EMPLOYEE BENEFITS	867,534	1,036,569	1,112,885	76,316	7.4%
SERVICES AND SUPPLIES	83,771	121,743	134,007	12,264	10.1%
OTHER CHARGES	96,403	100,204	102,072	1,868	1.9%
OTHER FINANCING USES	7,827	9,864	9,995	131	1.3%
INTRA-FUND TRANSFERS	2,632	1,000	2,700	1,700	170.0%
TOTAL APPROPRIATIONS	1,058,167	1,269,380	1,361,659	92,279	7.3%
NET COUNTY COST	475,100	719,380	811,659	92,279	12.8%

SUMMARY OF SIGNIFICANT ADJUSTMENTS

None.

SUMMARY OF POSITION CHANGES

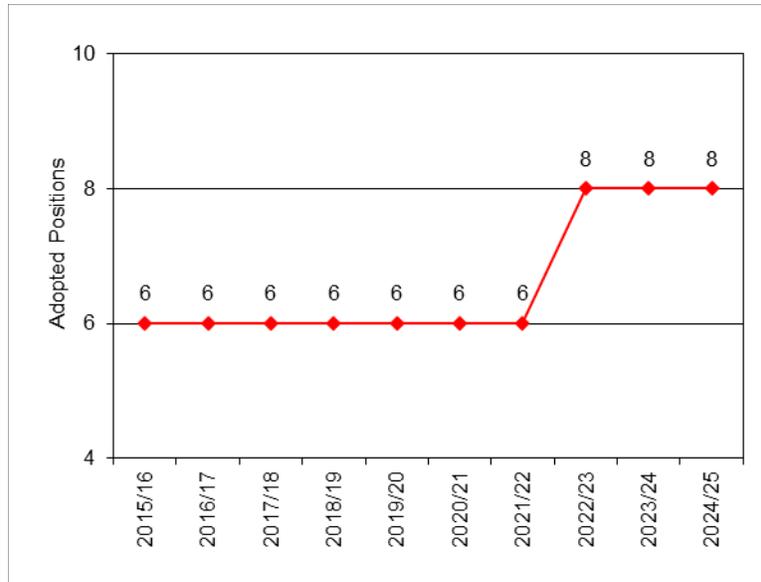
Changes in the position allocations since the adoption of the FY2023/24 Budget are provided below:

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

- Convert 1.0 FTE Veterans Benefits Counselor Limited-Term to Regular Full Time.

There are no position allocation changes included in the FY2024/25 Recommended Budget.

STAFFING TREND



PENDING ISSUES AND POLICY CONSIDERATIONS

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

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