

Health and Human Services Agency

RECOMMENDED BUDGET • FY 2018-19

MISSION

The El Dorado Health and Human Services Agency (HHSA) is a Department of El Dorado County that partners with the community on health and welfare issues. The Agency mission is with integrity and respect, provide effective, efficient, collaborative services that strengthen, empower and protect individuals, families and communities, thereby enhancing their quality of life.

AGENCY PROGRAM SUMMARY

	Appropriations	Revenues	General Fund Support	Staffing
Administration	\$ 4,353,410	\$ 4,770,574	\$ (417,164)	65.75
Human Services	\$ 74,790,162	\$ 70,575,802	\$ 6,884,636	340.47
Public Health	\$ 52,592,268	\$ 50,469,229	\$ 6,679,881	94.00
Behavioral Health	\$ 42,754,345	\$ 42,754,345	\$ 16,510	109.05
Total	\$ 174,490,185	\$ 168,569,950	\$ 13,163,863	609.27

HHSA Agency-wide Update

HHSA’s Strategic Plan continues to drive the Agency’s focus, with Service Integration and Co-Location being at the forefront. Surveys and assessments occurring within HHSA and the County at large have been reviewed in order to identify the tools that would be utilized to prioritize services and resources. Information obtained regarding the funding sources and flow of the work occurring within each area of service was utilized to create flow charts to map these processes, with the goals of identifying activities occurring outside of the scope of the programs and identifying duplication of services for possible consolidation. How programs currently work together, utilize referrals and share information will be determined in order to define and create Access, Utilization Review and Quality Assurance Departments for the Systems of Care.

As presented to the Board of Supervisors in FY 2017-18, the organizational structure that HHSA will be moving towards is as follows: Children and Youth System of Care, Adults and Seniors System of Care, Self-Sufficiency and Community Resources, Health Care and Education Programs, Administration and Financial Services, and Agency Performance Management and Quality Improvement.

Executive Leadership identified nine areas of focus as follows: Core Practice Model, Agency Performance, Service Specific Employee Onboarding, Executive Leadership Development, Managers and Supervisors Development, Employee Development, Employee Training, and Space Planning and Preparation for FY 2018-19. The big goal for executive leadership is: “Provide employee focused training with strategies that include effective tools and best practices, to enhance employee skills, emphasizing an Agency-wide perspective and excellence in service.”

Budget Summary

The HHSA Requested Budget is comprised of \$174.5 million in appropriations, \$168.6 million in revenue, and total staffing of 609.27 FTEs. Without the addition of Veteran Affairs, the HHSA budget includes a General Fund cost of \$5.9 million and a General Fund Contribution (to non-General Fund programs) of \$7.2 million, for a total General Fund support of \$13.2 million. This represents a decrease of \$947,405 from the FY 2017-18 Adopted Budget. This reduction is predominantly due to a net gain of

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\$1.8 million in the Administration and Finance Division as a result of a higher Internal Cost Rate (ICR) and increased direct salaries in other divisions, a driving factor for the ICR allocation methodology.

The total uncontrolled cost increases for the agency are approximately \$2.2 million, which includes increases for CalPERS Retirement, Liability Insurance, and other cost applied charges. The programmatic divisions absorbed the cost increases by employing position vacancy factors and reducing the operation budget based on prior year spending. The vacancy factors will be managed by holding positions vacant for longer periods of time or for the entire the fiscal year. Although there is a natural vacancy factor within most HHSA divisions, some have been increased above the annual budgeted percentage. The largest increase in vacancy factor is to the Social Services Division Income Maintenance (SSD IM) programs, for which the budgeted vacancy was increased from 6% to 10%. Typically this program averages an 11% vacancy; however, the program's primary concern is for meeting State mandated response times for clients filing for emergency services and annual re-certifications. The future challenge for SSD IM programs is decreasing state and federal funding allocations with increasing uncontrolled costs.

General Fund Budget Request

	FY 2017-18 Adopted Budget	FY 2018-19 Requested Budget	Increase/(Decrease)
Administration	\$ 1,369,315	\$ (417,164)	\$ (1,786,479)
Human Services	\$ 6,543,280	\$ 6,884,636	\$ 341,356
Public Health	\$ 6,182,162	\$ 6,679,881	\$ 497,719
Behavioral Health	\$ 16,510	\$ 16,510	\$ -
Total	\$ 14,111,267	\$ 13,163,863	\$ (947,404)

Service Integration

HHSA is committed to its vision of "Transforming Lives and Improving Futures." HHSA continues to work toward service integration, which is aimed at improving the Agency's service delivery to the community through co-location and enhanced integrated services, moving towards more client/family centered, holistic care (or whole person care). Currently, many HHSA programs serve the same clients and families. Many of these individuals have multiple needs that could benefit from our various programs. Service integration is a continuous process and will take time and patience. This will be a phased approach, beginning July 1, 2018.

In FY 2016-17, HHSA's Strategic Plan was updated to place a strong emphasis on Service Integration. While some plan objectives became Division specific areas of focus, the fifth goal of Service Integration and Co-Location was expanded. New Projects in this plan focus on Audit Preparedness, Accreditation and Performance Management, Remote Services/Service Expansion, Information Sharing, Transportation and Housing. HHSA's Strategic Plan dovetails with the County's Strategic Plan on Goal #1 - Healthy Communities, which is an HHSA driven initiative.

Each area of service will have a Lead Administrator. The Public Health Officer will be the Lead Administrator of Public Health, while Assistant Directors will lead the other areas of service) Currently, each area of service has developed mission and belief statements, in order to clearly define their focus and subsequently develop performance outcome measures to determine whether defined outcomes are being met.

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Over the next fiscal year, HHSA will continue to focus on developing the system of care model while detailing programmatic space needs. Review of building layout and program design will be a key component to the success of the service integration project.

Veteran Affairs

The Board of Supervisors has authorized the Veteran Affairs Department to transition from a stand-alone department under the oversight of the County Clerk-Recorder, to become a program within HHSA, effective July 1, 2018. This will enhance the service delivery of Veteran Affairs by allowing the small department of 5.0 FTEs to utilize the administrative and financial infrastructure in place in HHSA. The contracts, recruitment, budget monitoring, payroll, accounts payable and other administrative and fiscal needs will transition to the Administrative and Financial Services division of HHSA, allowing the Veteran Service Representatives and County Veteran Service Officer more time to manage growing caseloads and veteran client support. In order to accommodate these needs for Veteran Affairs, HHSA will hire 1.0 FTE Fiscal Assistant. This position will be dedicated to Veteran Affairs and reside at the Veteran Memorial Building. This addition was approved in concept by the Board of Supervisors in FY 2017-18. Starting with FY 2019-20, Veteran Affairs will be incorporated into the HHSA annual budget.

New Services

Behavioral Health has opted into participating in the Organized Delivery System (ODS) Waiver Program for a more comprehensive substance abuse treatment approach. The waiver is a California pilot program effective through 2020 and enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidence based practices in substance abuse treatment, and coordinates with other systems of care. Participating counties can offer an expanded range of substance use disorder treatment modalities for Medi-Cal beneficiaries including a Narcotic Treatment Program, non-perinatal residential substance abuse treatment, withdrawal management, and recovery services. The implementation plan and rate proposals have been approved by the State. The State has a backlog of counties entering the program and the HHSA implementation is scheduled for fall of 2018.

PENDING ISSUES AND POLICY CONSIDERATIONS

IHSS State Cost Shift to Counties

Last year, HHSA planned to absorb the IHSS cost shifted from the State to the County in numerous ways, including eliminating vacant positions, utilizing the 10% transfer authority from Public Health 1991 Realignment revenue, and reducing operating expenditures. The cost shift was also offset by short term solutions offered by the State, one being the redirection of growth from Public Health and Mental Health 1991 Realignment subaccounts, as well as accelerated case growth during the fiscal year. In FY 2017-18 and into 2018-19, the redirected and accelerated 1991 Realignment is projected to cover the increased costs to the County, thus no increase in County General Fund is budgeted for FY 2018-19. The future of IHSS funding is still a major concern, as no long term solutions or impacts have been clearly identified by the State. HHSA is actively involved with state organizations to remain informed, and will continue to communicate impacts and concerns as they are identified.

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Potential Income Maintenance Program Impacts

Currently, the Income Maintenance (IM) program serves over 27,700 of the County's vulnerable clients in programs such as CalFresh, CalWORKS and Medi-Cal. Historically, the IM program has had a chronically high position vacancy rate. This is not unique to El Dorado County. The challenge of meeting State mandates regarding application processing timelines, annual application reviews, reporting, and minimizing error rates is directly related to the ability to retain skilled staff in this program. The program must be sufficiently staffed to meet reporting requirements or run the risk of audit findings or, in the worst case, financial sanctions.

Over the years, the vacant positions have been used as a recruitment tool to mitigate the extraordinarily long County recruitment process, in an effort to keep the maximum number of trained personnel working these programs. In a program with complicated rules and regulations, reducing IM positions has the potential to increase the challenge of meeting mandates and ensuring clients receive benefits in a timely manner. No positions are currently recommended for elimination; however, an increased vacancy rate is assumed in the FY 2018-19 budget year to help meet increased costs in this and other areas.

HHSA Facility Issues

Addressing facility needs is part of the HHSA strategic plan as the Agency moves towards service integration and co-location of programs. HHSA facilities are essentially at capacity and it will be difficult to continue meeting staffing and service demands required by the State without identifying additional space, particularly at Briw Road location and the Behavioral Health facility in Diamond Springs. In this regard, HHSA has been working with the Chief Administrative Office — Facilities Division to assess Agency space needs.

The space issue is compounded in South Lake Tahoe where there are limited facilities available for use, especially in the El Dorado Center, making it very difficult to serve clients, hold staff meetings, and to provide staff development opportunities. On June 9, 2015, the Board set aside \$5 million in Public Health funding to purchase and/or build a new building to be shared between all HHSA programs, with the exception of Behavioral Health. The rationale is that Social Services programs would then “rent” their portion of the building from Public Health, a practice successfully used in other jurisdictions, providing valuable space for clients and services. HHSA has identified property and a renovation project in South Lake Tahoe titled Sandy Way. As of this writing, the property is in the process of being purchased, and improvements to the building will begin in FY 2018-19.

El Dorado County Homelessness

Homelessness in the State of California and in El Dorado County is a growing concern. As a result, HHSA has budgeted \$82,000 in County General Fund funding to support a homelessness coordinator contract. Several community partners have offered support to this contract and HHSA is expecting revenues to partially offset to the contract cost.

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HHSA Volunteer Coordinator

HHSA relies on approximately 500 volunteers who support Agency programs. Some of the volunteer time provides an in-kind match to various grant programs, which allows HHSA to maintain funding for permanent staff. Without volunteers, particularly in Senior Services programs, there would likely be an increase in General Fund support or a reduction in service levels.

In FY 2014-15, HHSA requested a new position to serve as a Volunteer Coordinator to support volunteers and to recruit additional volunteers as needed. This responsibility is becoming more and more difficult as the administrative workload on existing staff continues to increase. Understanding additional funding is limited and annual budget directions require submission of a "status quo" budget, HHSA has not requested this position since the original request in FY 2014-15. However, the Department continues to feel that a position in either HHSA or another County department would assist departments and would allow for better volunteer recruitment, screening, tracking and retention.

General Fund Contributions

HHSA has been absorbing the majority of its cost increases with available State, federal, and Realignment funding. Over the years, as some general operating costs have increased, HHSA has worked to keep the increase in County General Fund contributions to a minimum. The Agency has seen budget pressures grow in General Fund programs such as Animal Services and Public Guardian. These two programs operate with minimum program staff and office support staff, based on current service levels. To meet a status quo budget, these programs have maintained their staffing levels and have deferred needed equipment purchases.

Due to budgeting practices, smaller HHSA programs are not currently able to benefit during the budget year from the savings of larger programs that have resulted from staffing vacancies or programmatic efficiencies. The Department has asked for additional flexibility in the Agency's General Fund usage with the implementation of the service integration project, since the project may require staffing or service shifts that will require the use of General Fund dollars due to grant or other funding restrictions, and has asked that the General Fund contribution viewed by programmatic divisions, so that fluctuations in the four primary divisions can be evaluated. HHSA would also like to develop a rolling reserve where funds could be retained when General Fund expenditures are less than the approved budget. The Chief Administrative Office will be working with the Agency to evaluate options to ensure program efficiencies and flexibility, while preserving the Board's discretion over the use of undesignated General Fund dollars.

Changing the Fund Structure of Social Services

Currently Human Services-Social Services is included in the General Fund. The majority of funding for Social Services is State, Federal and Realignment dollars. The Chief Administrative Office will be working with the Department and the Auditor's office to move Social Services out of the General Fund and into a Special Revenue Fund, similar to Public Health, Community Services, and Behavioral Health. This transition will allow the Division to more easily identify and retain future non-General Fund savings within its own fund, and begin to develop a reserve fund.

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1991 Realignment

1991 Realignment revenues fund the County's share of cost for realigned programs in three different HHSA areas: Public Health, Behavioral Health, and Social Services. Historically, 1991 Social Services Realignment has been insufficient to fund the County's share of programmatic expenditures. With the current State changes to the In-Home Supportive Services (IHSS) program funding and the discontinuance of the Coordinated Care Initiative, combined with general cost increases such as CalPERS retirement, HHSA is seeing a continued reduction in available 1991 Realignment resources to fund mandated programs.

AB 403 (Stone)/Continuum of Care Reform

Assembly Bill 403, Continuum of Care Reform (CCR) went into effect January 1, 2017. This is a significant change to the Foster Care and Adoptions Assistance rate structure that has increased Foster Care and Adoption cash assistance costs. The HHSA impact for FY 2017-18 is projected to be an increase of \$1.2 million over the prior year. California Proposition 30, Sales and Income Tax Increase (2012), which included the creation of the 2011 Realignment funding, requires the State to fund any increase to service levels and costs above what was Realigned in 2011. The Governor's FY 2017-18 budget did not include appropriations for AB 403 cost increases, and the FY 2018-19 Governor's Proposed Budget that was released in January continues to underfund the legislated activities and increase in cash assistance costs. The Governor's May Revision did not change this proposal. It is projected that the State will owe HHSA about \$1 million at the end of this current fiscal year; as the Governor's budgeting methodology for CCR assumes assistance cost savings that are not materializing. As further rate structure changes are implemented during the latter part of FY 2017-18, costs are projected to continue to increase without sufficient funding. CWDA is working with State agencies to resolve this budget issue, but for now Counties are still awaiting a resolution.

RECOMMENDED BUDGET

The Budget for the Health and Human Services Agency is recommended at \$174,490,185, which is an increase of \$1,326,429 (0.8%) when compared to the FY 2017-18 Adopted Budget. Each division budget is presented in the following sections: Administration and Financial Services, Public Health, Behavioral Health and Human Services, which is comprised of Social Services and Community Services.

The following personnel allocation changes are recommended to reflect the Agency's current staffing, as approved through alternatively filled positions in FY 2017-18:

<u>Position</u>	<u>Add</u>	<u>Delete</u>
Administrative Assistant I/II	1.00	
Eligibility Supervisor		1.00
Health Program Specialist	1.00	
Sr. Office Assistant		1.00
Supervising Occupational/Physical Therapist	0.20	
Occupational/Physical Therapist		0.20
	<u>2.20</u>	<u>2.20</u>

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Additionally, the following personnel allocation changes are recommended to reflect the Agency's requested additions and deletions, and these are discussed in the corresponding division sections:

Position	Add	Delete
Fiscal Assistant I/II	1.00	
Deputy Public Guardian I/II		1.00
Housing Program Specialist I/II		0.20
Office Assistant I/II		1.00
Public Health Lab Director		1.00
Animal Control Officer I/II	1.00	
Department Analyst I/II	1.00	
Department Analyst I/II		1.00
Department Analyst I/II	1.00	
Fiscal Technician	1.00	
Health Education Coordinator	3.00	
IT Department Specialist	1.00	
IT Department Systems Analyst	1.00	
Mental Health Clinician IA/IB/II	2.00	
Mental Health Program Coordinator IA/IB/II	2.00	
Public Services Assistant		1.00
System Support Analyst - LT	1.00	
	19.40	9.60

PERSONNEL ALLOCATION

Classification Title	2017-18 Adjusted Allocation	2018-19 Dept Request	2018-19 CAO Recm'd	Diff from Adjusted
Director of Health & Human Services	1.00	1.00	1.00	-
Administrative Assistant I/II	0.00	1.00	1.00	1.00
Accountant I/II	9.00	9.00	9.00	-
Administrative Secretary	1.00	1.00	1.00	-
Administrative Services Officer	2.00	2.00	2.00	-
Administrative Technician	8.50	8.50	8.50	-
Alcohol and Drug Program Division Mgr	1.00	1.00	1.00	-
Animal Control Officer I/II	6.00	7.00	7.00	1.00
Animal Control Operations Manager	1.00	1.00	1.00	-
Animal Shelter Attendant	4.00	4.00	4.00	-
Animal Shelter Supervisor	1.00	1.00	1.00	-
Assistant Director of Adm & Finance	1.00	1.00	1.00	-
Assistant Director of Health Services	1.00	1.00	1.00	-
Assistant Director of Human Services	2.00	2.00	2.00	-

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Classification Title	2017-18 Adjusted Allocation	2018-19 Dept Request	2018-19 CAO Recm'd	Diff from Adjusted
Care Management Counselor I/II	1.00	1.00	1.00	-
Care Management Supervisor	0.80	0.80	0.80	-
Chief Animal Control Officer	1.00	1.00	1.00	-
Chief Fiscal Officer	1.00	1.00	1.00	-
Community Health Advocate	2.00	2.00	2.00	-
Community Health Advocate -LT	5.00	5.00	5.00	-
Cook I/II	2.81	2.81	2.81	-
Department Analyst I/II	17.00	19.00	18.00	1.00
Deputy Director	5.00	5.00	5.00	-
Deputy Public Guardian I/II	7.00	6.00	6.00	(1.00)
Disease Investigation & Control Specialist I/II	1.00	1.00	1.00	-
Eligibility Specialist Trainee/I/II	62.60	62.60	62.60	-
Eligibility Specialist III	19.00	19.00	19.00	-
Eligibility Supervisor	14.00	13.00	13.00	(1.00)
Employment & Training Worker I/II	14.00	14.00	14.00	-
Employment & Training Worker III	4.50	4.50	4.50	-
Employment & Training Worker Supv	4.00	4.00	4.00	-
EMS Agency Administrator	1.00	1.00	1.00	-
EMS Assistant Administrator	0.00	1.00	0.00	-
EMS Agency Medical Director	0.40	0.40	0.40	-
Energy Weatherization Supervisor	1.00	1.00	1.00	-
Energy Weatherization Technician I/II	3.00	3.00	3.00	-
Energy Weatherization Technician I/II -LT	1.00	1.00	1.00	-
Epidemiologist I/II	1.00	1.00	1.00	-
Fair Hearing Officer	1.00	1.00	1.00	-
Fiscal Assistant I/II	3.00	4.00	4.00	1.00
Fiscal Services Supervisor	1.00	1.00	1.00	-
Fiscal Technician	15.00	16.00	16.00	1.00
Food Services Aide	1.75	1.75	1.75	-
Food Services Supervisor	1.00	1.00	1.00	-
Health Education Coordinator	8.50	11.50	11.50	3.00
Health Program Manager	1.00	1.00	1.00	-
Health Program Specialist	8.50	9.50	9.50	1.00
Health Program Specialist -LT	0.80	0.80	0.80	-
Housing Program Coordinator	2.00	2.00	2.00	-
Housing Program Specialist I/II	1.00	0.80	0.80	(0.20)
IHSS Public Authority Registry/Training Specialist	2.00	2.00	2.00	-
Information Systems Coordinator III	1.00	1.00	1.00	-
IT Department Specialist	0.00	1.00	1.00	1.00
IT Department Systems Analyst	0.00	1.00	1.00	1.00

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Classification Title	2017-18 Adjusted Allocation	2018-19 Dept Request	2018-19 CAO Recm'd	Diff from Adjusted
Legal Clerk III	1.00	1.00	1.00	-
Manager of Mental Health Programs	2.00	2.00	2.00	-
Mealsite Coordinator	6.31	6.31	6.31	-
Medical Office Assistant I/II	10.80	10.80	10.80	-
Medical Records Technician	0.90	0.90	0.90	-
Mental Health Aide	6.25	6.25	6.25	-
Mental Health Clinical Nurse	1.00	1.00	1.00	-
Mental Health Clinician IA/IB/II	28.50	30.50	30.50	2.00
Mental Health Medical Director	1.00	1.00	1.00	-
Mental Health Patient's Rights Advocate	0.40	0.40	0.40	-
Mental Health Program Coordinator IA/IB/II	4.00	6.00	6.00	2.00
Mental Health Worker I/II	11.00	11.00	11.00	-
Mental Health Worker I/II -LT	3.50	3.50	3.50	-
Nutrition Services Supervisor	1.00	1.00	1.00	-
Nutritionist	1.20	1.20	1.20	-
Occupational/Physical Therapist	3.35	3.15	3.15	(0.20)
Office Assistant I/II	18.50	18.50	17.50	(1.00)
Office Assistant III-Merit	13.00	13.00	13.00	-
Office Assistant Supervisor I/II	3.00	3.00	3.00	-
Paralegal I/II	1.00	1.00	1.00	-
Program Aide	7.55	7.55	7.55	-
Program Assistant	21.85	21.85	21.85	-
Program Assistant -LT	0.50	0.50	0.50	-
Program Coordinator	4.00	4.00	4.00	-
Program Coordinator -LT	1.00	1.00	1.00	-
Program Manager	12.00	12.00	12.00	-
Psychiatric Technician I/II	3.00	3.00	3.00	-
Psychiatrist I/II	1.00	1.00	1.00	-
Public Health Laboratory Director	1.00	0.00	0.00	(1.00)
Public Health Nurse I/II	9.40	9.40	9.40	-
Public Health Nurse I/II -LT	5.00	5.00	5.00	-
Public Health Nurse Practitioner	1.80	1.80	1.80	-
Public Health Officer	1.00	1.00	1.00	-
Public Services Assistant	2.00	1.00	1.00	(1.00)
Quality Improvement Coordinator	0.50	0.50	0.50	-
Registered Nurse	0.70	0.70	0.70	-

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Classification Title	2017-18 Adjusted Allocation	2018-19 Dept Request	2018-19 CAO Recm'd	Diff from Adjusted
Screeener	5.00	5.00	5.00	-
Secretary	1.00	1.00	1.00	-
Senior Citizens Attorney I/II/III	1.50	1.50	1.50	-
Seniors' Daycare Program Supervisor	2.00	2.00	2.00	-
Services Support Assistant III	3.00	3.00	3.00	-
Social Services Aide	17.00	17.00	17.00	-
Social Services Program Manager	6.00	6.00	6.00	-
Social Services Supervisor I	4.00	4.00	4.00	-
Social Services Supervisor II	9.00	9.00	9.00	-
Social Worker Clinician	1.00	1.00	1.00	-
Social Worker I/II	9.00	9.00	9.00	-
Social Worker III	25.40	25.40	25.40	-
Social Worker IV	25.80	25.80	25.80	-
Sr. Accountant	1.00	1.00	1.00	-
Sr. Animal Control Officer	1.00	1.00	1.00	-
Sr. Department Analyst	4.00	4.00	4.00	-
Sr. Fiscal Assistant	1.00	1.00	1.00	-
Sr. Licensed Vocational Nurse	1.00	1.00	1.00	-
Sr. Office Assistant	7.00	6.00	6.00	(1.00)
Staff Services Analyst I/II	7.00	7.00	7.00	-
Supervising Accountant/Auditor	6.00	6.00	6.00	-
Supervising Animal Control Officer	1.00	1.00	1.00	-
Supervising Deputy Public Guardian	1.00	1.00	1.00	-
Supervising Health Education Coordinator	5.00	5.00	5.00	-
Supervising Occupational/Physical Therapist	0.60	0.80	0.80	0.20
Supervising Public Health Nurse	3.00	3.00	3.00	-
Supervising Public Health Nurse -LT	1.00	1.00	1.00	-
System Support Analyst	3.00	3.00	3.00	-
System Support Analyst - LT	0.00	1.00	1.00	1.00
Vocational Counselor	1.00	1.00	1.00	-
Welfare Collections Officer	1.00	1.00	1.00	-
Department Total	599.47	612.27	609.27	9.80