



## Legislation Text

---

File #: 24-290, Version: 1

---

**TO:** Board of Supervisors  
**FROM:** Christine Briceño, Director of Human Resources  
**REPORT BY:** Joy Cadiz, Staff Services Manager  
**SUBJECT:** Adoption of a Resolution Amending the Departmental Allocation List for Health & Human Services and Budget Amendments

---

### **RECOMMENDATION**

Adopt a Resolution to amend the Departmental Allocation List for the Health & Human Services Agency effective March 2, 2024 and approve a Budget Amendment. (Fiscal Impact: \$550,000 annual expense; HHSA Fund and General Fund; Budgeted and Not Budgeted; Discretionary)

[4/5 vote required]

### **BACKGROUND**

#### **1. Self Sufficiency Services Division**

- a. The CalWORKs Housing Support Program (HSP) was established by SB 855 (Chapter 29, Statutes of 2014) to assist homeless CalWORKs families in quickly obtaining permanent housing and to provide wrap-around supports to families to foster housing retention. The Housing and Disability Advocacy Program (HDAP) was established in 2016 to assist people experiencing or at risk of homelessness who are likely eligible for disability benefits by providing advocacy for disability benefits as well as housing supports.

For Fiscal Year 2023/24, 56 families enrolled in HSP and 19 individuals in HDAP. The current Employment Services Worker allocation works with program participants to obtain employment; however, the program services require a different scope of duties. The requested Social Worker II position can provide the necessary interventions to assist families stay together in a safe environment and work toward removing barriers to housing and is the appropriate classification to ensure program services are provided to these families/individuals.

**Fiscal Impact:** The reduced cost of salary and benefits for the remainder of the fiscal year of approximately \$4,600 fully funded by HSP, HDAP, and the CalWORKs Single Allocation. The annualized reduced cost of salary and benefits is approximately \$18,600 annually and will be budgeted for accordingly.

- b. Napa County has approximately 35,000 public assistance benefits recipients. Each month approximately 1,000 recipients are required to take action to renew their benefits. In December 2019, this Division integrated Eligibility Specialists in its call center to improve customer service. In 2021, this approach was expanded to the front lobby for walk-in clients. First contact resolution is a best practice that most county social service departments have implemented. Eligibility determinations are not a function of the Screeners and assigning Eligibility Specialists to the front lobby and call center allows for first contact resolution by reducing the hand-off between an application/renewal being received by a Screener and getting to the Eligibility Specialist.

**Fiscal Impact:** The increased cost of salary and benefits for the remainder of the fiscal year is approximately \$1,100 of which 98% is funded by the CalFresh and Medi-Cal allocations and balance funded by the HHSF Fund. The annualized increased cost of salary and benefits is approximately \$4,400 and will be budgeted for accordingly.

The Self Sufficiency Services Division is requesting to add a 1.0 FTE Social Worker II and a 1.0 FTE Eligibility Specialist I/II and delete a 1.0 FTE Workforce Development Specialist I and a 1.0 FTE Screener for no net increase in FTEs.

## 2. Behavioral Health Division

- a. Given the changes and mandates from the Department of Health Care Services (DHCS) associated with California Advancing and Innovating Medi-Cal (CalAIM), an additional higher level administration position is needed to assist Division leadership in anticipating needs, communicating effective data-driven decisions that support and enhance quality programming, and lead the required change as integration of both managed care plans occurs.

The volume of required and legislative mandated program is historic in this Division. In the last year the Division has undergone seven state-affiliated audits, the implementation of Mental Health Diversion, CalAIM mandates including payment reform, No Wrong Door, and documentation reform. Additionally, the Division transitioned to a new electronic health record last July and launched 24/7/365 community-wide mobile crisis response last December. Under AB 2083, the Division is supporting the issuance of a contract for High Fidelity Wraparound services. The Division also wrote and accepted grants for the Crisis Stabilization Unit-Children's Expansion and Behavioral Health Bridge Housing.

New and unprecedented mandates will continue for the foreseeable future, including the required launch of CARE Act by December 2024. In December of 2025 the Division will be required to meet the legislative mandate of SB43, which will require infrastructure and provider support, including possible RFP release and securing contracts with available treatment sites. The anticipated MHSF transition of Proposition 1 to Behavioral Health Services Act will also require oversight of the

transition of our service delivery, including meeting increased reporting requirements and MCP stakeholder launch.

Beginning March 2023 and concluding December 2029 the Division will be accountable to the DHCS initiative, BH Connect. The objectives and goals required by the initiative will require significant administrative oversight, including mandatory county assessments, implementation of quality improvement programs necessitating new data collection and reporting requirements to meet required standards set by National Committee for Quality Assurance as a Managed Behavioral Healthcare Organization.

The requested second Assistant Deputy Director-Behavioral Health position is the appropriate classification to assist leadership with meeting current and future mandates. This request is for position allocation authorization only to begin what is anticipated to be a lengthy recruitment process.

**Fiscal Impact:** There is no increased cost of salary and benefits for the remainder of the fiscal year as the request is for position authorization only. The annualized increased cost of salary and benefits is approximately \$245,000 of which \$195,000 will be funded through Medi-Cal Administrative Activities, Utilization Review, Medi-Cal Billing Admin, Realignment, and \$50,000 funded by the General Fund.

- b. Changes associated with DHCS CalAIM Behavioral Health Initiative and payment reform have placed an emphasis on streamlining efficiencies and reducing administration burden. As both internal and external providers in the Behavioral Health network adapt to regulatory changes and the implementation of the new Credible Electronic Health Record Platform, the Project Manager will be responsible for implementation, ongoing application support, and administrative support of workflows. These workflows and integrated processes will facilitate comprehensive and uniform data collection across network providers and internal administration including fiscal.

The requested Project Manager is the appropriate classification to implement, monitor, coordinate, and provide application support.

**Fiscal Impact:** The increased cost of salary and benefits for the remainder of the fiscal year is approximately \$71,800 of which \$53,850 is funded by the Medi-Cal Administrative Activities, Medi-Cal Admin, Realignment and \$17,950 funded by the General Fund. The annualized increased cost of salary and benefits is approximately \$170,000 and will be budgeted for accordingly.

- c. With a new Psychiatric Medical Director in the Clinic, new practices and programs have been introduced and implemented. Currently, the nurses have been able to meet only the basic nursing needs of the Adult Medication Clinic with minimal documentation of billable time. The Children's Medication Clinic has minimally utilized the nursing staff - the Psychiatrist takes the patients vital signs, height, and weight. The nurses now, to the best of their ability take the vital signs of every patient (approximately 34 daily) and meet with them after the appointment with the psychiatrist to provide a billable medication education/training service.

Over the next 12 months, more programs will be implemented like the Medication Assisted Treatment Program, which increases the workload and need for clinical support. An additional clinical staff would support the model of every patient receiving medication education/training services and vital signs checks in conjunction with their appointment with the Psychiatrist. By hiring

a Licensed Vocational Nurse at a lower cost than a Psychiatric Nurse, the volume of billable time will significantly increase, and assist with the increase to the quality of patient care.

The department requests addition of a Licensed Vocational Nurse and deletion of a Psychiatric Nurse to perform the basic clinical support needed by the Medication Clinics.

**Fiscal Impact:** The reduced cost of salary and benefits for the remainder of the fiscal year of approximately \$28,500 with the revenue fully funded by Medi-Cal. The annualized reduced cost of salary and benefits is approximately \$57,000 and will be budgeted for accordingly.

- d. Recently, the Alcohol & Drug Services and Mental Health Divisions have merged into an integrated Behavioral Health Services Division. This has created the need to integrate the administrative unit under one Supervising Staff Services Analyst.

DHCS mandates the Mental Health Plan and Drug Medi-Cal Organized Delivery System to participate in a variety of tasks that require Staff Services Analyst work, including data collection, information analysis, making recommendations based on current/historic data and assisting in quality improvement tasks. Multiple annual audits are required. These audits require planning, document preparation, portal upload, and programmatic/operations understanding. The Supervising Staff Services Analyst will help to support and provide professional leadership and oversight the team of Staff Services Analysts.

Additionally, the scope of work with the new CalAIM mandates continues to grow and there is a dedicated need for a supervisor to oversee the task management, assignment, and equitable workload distribution among the newly integrated Staff Services Analyst team. The department requests additional of a Supervising Staff Services Analyst and deletion of a Staff Services Analyst II to perform these duties.

**Fiscal Impact:** The increased cost of salary and benefits for the remainder of the fiscal year of approximately \$16,500 of which \$12,375 is funded by Medi-Cal Administrative Activities, Medi-Cal Admin, Mental Health MAA, Realignment and \$4,125 by the General Fund. The annualized increased cost of salary and benefits is approximately \$33,000 and will be budgeted for accordingly.

- e. HHSA is continually evaluating organizational structure in adapting to current priorities and mandates. Changes associated with DHCS CalAIM Behavioral Health Initiative and payment reform place an emphasis on quality improvement in audit and program monitoring. As providers transition to a new model for service reimbursement the Senior Quality Management Specialist will perform monitoring and review of services provided with an emphasis on Quality Management within the Behavioral Health Division and a Principal Quality Management Specialist is no longer necessary.

The requested Senior Quality Management Specialist is the appropriate classification to perform these quality management duties.

**Fiscal Impact:** The reduced cost of salary and benefits for the remainder of the fiscal year of approximately \$12,450 of which \$8,715 of the revenue is funded by Utilization Review, Medi-Cal Admin, Realignment and \$3,735 by the General Fund. The annualized reduced cost of salary and benefits is approximately \$24,900 and will be budgeted for accordingly.

The Behavioral Health Division is requesting to add: 1.0 FTE Assistant Deputy Director-Behavioral Health, 1.0

FTE Project Manager, 1.0 FTE Licensed Vocational Nurse, 1.0 FTE Supervising Staff Services Analyst, 1.0 FTE Senior Quality Management Specialist, and delete: 1.0 FTE Psychiatric Nurse, 1.0 FTE Staff Services Analyst II, 1.0 FTE Principal Quality Management Specialist, for a net increase of 2.0 FTE, and a Budget Amendment increasing appropriations by \$47,350 with \$29,010 offset in State/Federal revenue, Fund 2000 Health and Human Services Agency Behavioral Health 20002 and the remainder from available fund balance.

### 3. Comprehensive Services for Older Adults Division

- a. State legislation has lowered the age of an “elder” from 65 to 60 and expanded the scope of “self-neglect” to include adults of all ages with impaired cognitive functioning, mental limitation, substance abuse, chronic poor health, and homelessness. This Division is now mandated to provide Adult Protective Services (APS) to a larger population.

In December of 2021, this Division added a Social Worker IV to meet the mandate and address the expanded population. Since then, APS has seen a nearly 20% increase in referrals of abuse and neglect, 996 in 2021 to 1188 in 2023. Currently, APS has one supervisor overseeing a team of six investigative Social Workers and one intake Social Worker. Supervisors play a critical role in reviewing and approving cases at critical junctions, and adding the requested Supervising Social Worker II would ensure timeliness of service delivery, provide APS Social Workers with more access to a supervisor with the ability and responsibility to oversee their work; determine if the reported abuse has occurred; and determine services needed to reduce or eliminate the risk of abuse, neglect, self-neglect, or exploitation of a vulnerable adult. This new position will further ensure that decisions occurring at several points in the APS service process are based on thorough information, precise evaluations, and clear decision-making criteria to ensure alleged victims are protected, as well as to promote safety after APS case closure.

**Fiscal Impact:** The increased cost of salary and benefits for the remainder of the fiscal year of approximately \$83,666 of which \$66,933 is funded by State/Federal revenue and the remainder from available fund balance. The annualized increased cost of salary and benefits is approximately \$200,000 and will be budgeted for accordingly.

The Comprehensive Services for Older Adults Division is requesting to add a 1.0 FTE Supervising Social Worker II for a net increase of 1.0 FTE, and a Budget Amendment increasing appropriations by \$83,666 with \$66,933 offset by State/Federal revenue, Fund 2000 Health and Human Services Agency Comprehensive Services for Older Adults 20005.

#### Requested Action:

1. Adopt a resolution to amend the Departmental Allocation List for the Health & Human Services Agency effective March 2, 2024, with a net increase of 3.0 FTE.
2. Approve an increase in appropriations for salaries and benefits by \$47,350 with \$29,010 offset in State/Federal revenue, Fund 2000 Health and Human Services Agency Behavioral Health 20002 and the remainder from available fund balance.

3. Approve an increase in appropriations for salaries and benefits by \$83,666 with \$66,933 offset by State/Federal revenue, Fund 2000 Health and Human Services Agency Comprehensive Services for Older Adults 20005 and the remainder from available fund balance.

**FISCAL & STRATEGIC PLAN IMPACT**

Is there a Fiscal Impact?	Yes
Is it currently budgeted?	No
Is it Mandatory or Discretionary?	Discretionary
Discretionary Justification:	Multiple positions are requested to assist the Health & Human Services Agency meet several mandates, address reorganization, streamline processes, and provide critical client services.
Is the general fund affected?	Yes
Future fiscal impact:	The future fiscal impact is described for each request in the Background section above.
Consequences if not approved:	The Health & Human Services Agency will not comply with state mandates, address reorganization issues, streamline process, or provide adequate levels of critical client services.

**ENVIRONMENTAL IMPACT**

ENVIRONMENTAL DETERMINATION: The proposed action is not a project as defined by 14 California Code of Regulations 15378 (State CEQA Guidelines) and therefore CEQA is not applicable.