



SUMMARY REPORT

Agenda Date: 2/11/2025

To: County of Sonoma Board of Supervisors
Department or Agency Name(s): Department of Health Services
Staff Name and Phone Number: Jennifer Solito, 707-565-4774
Vote Requirement: 4/5th
Supervisorial District(s): Countywide

Title:
Public Health Staffing Allocations

Recommended Action:

- A) Adopt a Resolution amending the Department Allocation List of the Department of Health Services, effective February 4, 2025, by adding 4.5 FTE to provide mental health services supporting Home Visiting and Women, Infants, and Children (WIC) programs.
- B) Adopt a Resolution authorizing budgetary adjustments to the fiscal year 2024-2025 adopted budget, operational expenditure authority for Health Services by \$561,125 to program one-time grant funding from the California Department of Health Care Services, Children and Youth Behavioral Health Initiative - Round Three: Early Childhood Wraparound Services, and Women Infant Children.

(4/5th Vote Required)

Executive Summary:

The Department of Health Services (DHS or the Department) management recommends adding 4.5 full-time equivalent (FTE) position allocations to support its Home Visiting and Women, Infants, and Children (WIC) programs.

Specifically, the Department seeks to add 2.0 FTE Behavioral Health Clinicians and 1.0 FTE Program Planning and Evaluation Analyst to enhance mental health services in the Home Visiting programs, as well as 1.0 FTE Community Health Worker Specialist and increase the allocation of the Women Infant Children (WIC) Senior Office Assistant position from 0.5 FTE to 1.0 FTE.

The recommended positions are essential to address increasing program demands, enhance programs with mental health support, and improve operational efficiencies.

The recommended positions will be funded through a combination of state and federal grants, including a \$1.27 million grant from the California Department of Health Care Services to support mental health services in Home Visiting, with sustainability ensured through federal Medi-Cal funds and realignment. For the WIC program, ongoing funding from the California Department of Public Health has been increased in response to a 30% increase in caseloads since 2020. These staffing enhancements are critical and cannot wait for the 2025/26 budget cycle due to the immediate needs of these programs and the availability of designated funding, which will help reduce backlogs and improve client service delivery.

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Discussion:

Public Health Home Visiting - 2.0 FTE Behavioral Health Clinicians and 1.0 FTE Program Planning Evaluation Analyst; \$749,032 annually.

As of this writing, the program supports [# of] clients get health insurance, establish a medical home and connect with other community resources, including WIC, counseling, legal and other support services. Support includes client education services that focus on promoting healthy lifestyle choices and nurturing parenting skills. See program website

<https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/public-health/maternal-child-and-adolescent-health/home-visiting>.

Staff applied to the “start-up track” of California Department of Health Care Services, Children and Youth Behavioral Health Initiative - Round Three: Early Childhood Wraparound Services on November 1, 2023 and was awarded \$1,268,217 to add an Infant and Early Childhood Mental Health Consultation program to the County’s Home Visiting program. The award allows for staffing, consequently staff requests approval to add 2.0 FTE Behavioral Health Clinicians and 1.0 FTE Program Planning and Evaluation Analyst to support the Public Health, Home Visiting programs. These positions will help address the mental health needs of the clients in the home visiting programs and enhance support for home visiting staff. Consultation services will help DHS to improve client outcomes through provision of timely clinical Infant and Early Childhood Mental Health Consultation and case conferencing; and improve staff retention through mental health consultation and support.

The Department currently operates three maternal-child home visiting programs: Nurse-Family Partnership, Teen Parent Connections, and Trauma-Informed Approach in Public Health Nursing. These programs have demonstrated significant needs for mental health support, especially within Santa Rosa ZIP codes that have been designated by the Health Resources and Services Administration (HRSA) as having a shortage of health professionals. See [Department of Health Care Access and Information Map of Mental Health Professional Shortage Areas, March 2024 <https://s3.amazonaws.com/og-production-open-data-chelseama-892364687672/resources/819fef98-b0dd-493e-b491-c654e7a700b2/hpsa-map_mh.pdf?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIAJIENTAPKHZMIPXQ%2F20250127%2Fus-east-1%2Fs3%2Faws4_request&X-Amz-Date=20250127T184104Z&X-Amz-Expires=86400&X-Amz-SignedHeaders=host&X-Amz-Signature=41e04c0437360b8f9dbded96eedca40b083504007e5c99390fdc3adfa1046168>](https://s3.amazonaws.com/og-production-open-data-chelseama-892364687672/resources/819fef98-b0dd-493e-b491-c654e7a700b2/hpsa-map_mh.pdf?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIAJIENTAPKHZMIPXQ%2F20250127%2Fus-east-1%2Fs3%2Faws4_request&X-Amz-Date=20250127T184104Z&X-Amz-Expires=86400&X-Amz-SignedHeaders=host&X-Amz-Signature=41e04c0437360b8f9dbded96eedca40b083504007e5c99390fdc3adfa1046168).

The addition of the Infant and Early Childhood Mental Health Consultation services within home visiting will address these gaps by providing mental health consultation and case conferencing services to improve client outcomes.

The 2.0 FTE Behavioral Health Clinicians will expand the Home Visiting program to include mental health consultation services to home visiting staff, enhancing home visiting capacity to support social, emotional, and mental health needs for their clients. While the clinicians may provide a very limited direct services to clients through short-term bridge counseling, their primary role is to support 25 home visiting staff (social workers, public health nurses, and paraprofessional staff) through case conferencing, training, coaching and participating in home visits with the home visitors. This preserves the bond between the home visitor and client, by increasing the capacity of home visitors to address mental health concerns. This approach helps reduce the need for external referrals to direct clinicians, empowering case managers to handle these issues

more effectively within the context of their ongoing relationships with clients.

The 1.0 FTE Program Planning and Evaluation Analyst will lead the development of policies, procedures, and data tools, ensuring effective implementation of the Infant and Early Childhood Mental Health Consultation expanded services in Home Visiting Program. The grant is intended to fund the start-up of mental health consultation expanded services. While analysis was done as part of the grant application/planning period to assess need and inform program design, funding is intended to be used to develop the specific program procedures, policies, and data collection processes needed to create and implement this new program. The proposed expanded services will support vulnerable populations, including Black, Indigenous, and people of color (BIPOC), low-income, and essential workers, particularly Latinx communities, who have faced disproportionate challenges due to factors like COVID-19, economic instability, and housing insecurity. Providing integrated mental health services within the Home Visiting Program will help meet the unique needs of these populations and reduce barriers to accessing timely mental health care. The Infant and Early Childhood Mental Health Consultation program will also enhance coordination with external mental health services and community providers, strengthening the mental health infrastructure in Sonoma County. On September 20, 2024, the Department was notified of a grant award in the amount of \$1,268,217 from the California Department of Health Care Services (DHCS), Children and Youth Behavioral Health Initiative (CYBHI) Grant Program Round Three. The grant is through June 30, 2025, with the option for a no-cost extension through June 30, 2026. The Department is planning to accept the no-cost extension through June 30, 2026 to cover the cost of the 3.0 FTE for FY 2025/2026. The Department is finalizing the grant agreement with Heluna Health (the third-party administrator for the State). This item requests an increase to FY 2024-2025 budget appropriations as described in Attachment 1. After the grant period ends as of June 30, 2025 and the no-cost extension period is complete as of June 30, 2026, the positions will be sustained through the Maternal, Child, and Adolescent Health (MCAH) grant budget, which is renewed annually with an allocation provided by the State, leveraging federal matching funds through Title XIX Medi-Cal and realignment.

This investment in mental health consultation services is an upstream effort aligned with the Department's goal to promote healthy and safe environments for all residents, by developing collaborative approaches to assure healthy early child development and mental health prevention. The proposed position allocations will enhance the Home Visiting Program's ability to support the mental health needs of its clients and improve staff retention, ultimately benefiting vulnerable families in Sonoma County.

Women Infant and Children - 0.5 FTE Senior Office Assistant (SOA) and 1.0 FTE Community Health Worker Specialist; \$322,588 annually.

Staff is requesting approval to add 1.0 FTE Community Health Worker Specialist allocation and increase the current 0.5 FTE allocation for the WIC Senior Office Assistant, adding 0.5 FTE to bring the allocation to 1.0 FTE. These additional allocations will be funded by increased ongoing funding from the California Department of Public Health for the WIC program. Anticipated increases are based on a sustained increase in participant caseload.

The WIC program provides vital services such as healthy food, health care referrals, nutrition education, breastfeeding support, and lactation services to low-income pregnant, breastfeeding, and postpartum women, as well as children under five. The program has seen a significant increase in caseload, with participation rising by 30% since 2020, and has resulted in the need for the proposed positions to manage the higher caseload. WIC administrative duties are currently the responsibility of the 0.5 FTE SOA, the Community Health Workers IIs and the Health Program Manager. The request to increase the SOA allocation from 0.5 FTE to 1.0 FTE will allow the SOA to assume additional administrative duties, relieving the Community Health Worker IIs and Health Program Manager to focus more on their core duties and better serve WIC participants. Additionally, adding 1.0 FTE Community Health Worker Specialist will increase the capacity to meet the

growing demand for services by adding approximately 360 appointments per month. This will increase capacity from 1730 appointments per month to 2090 per month which will improve customer service and reduce appointment wait times. Currently, if a participant calls to schedule an appointment, the only available appointments are weeks away. To get participants in earlier, the schedule is overbooked, which impacts clinic flow and staff workload. Additional staffing will allow for participants to be seen within days of calling instead of weeks. Staff will be able to focus more on quality and less on quantity. This change will support a culture of trust within the WIC team. The caseload in 2020 was 4,954, and as of today, it has grown to 6,525, continuing to rise each month. This increase reflects a higher number of low-income families seeking WIC food benefits and services. As a result, we are seeing a surge in call volume and are running out of appointment slots for participants. Meeting policy timeframes for processing applicants, including the ten-day requirement for pregnant women, has become increasingly challenging given staff is at capacity.

The California Department of Public Health WIC funding agreement is included as Attachment 4. The current funding term is October 1, 2022, through September 30, 2025 for a maximum amount of \$7,465,735, an increase of \$334,878 from the previous allocation. This increase is directly linked to the rising caseload and is expected to continue beyond the duration of the funding term. The next funding agreement and amounts will be released at the end of January 2025. Funding for the WIC program is expected to continue to increase due to the increased need within the County. The funding for the proposed positions is expected to remain stable through the state and federal budget processes, making this an essential and sustainable investment for the program. It is important to note that future funding allocations are directly tied to caseload growth. As demand for services continues to rise, the Department is challenged in maintaining sufficient staff capacity to meet the needs of the growing client base. The current staff is operating at full capacity, and without additional resources, the program will not be able to demonstrate increased caseload counts which will impact future funding. This proposal is a high priority due to the additional funding from California Department of Public Health and the pressing need to address staffing shortages and improve service delivery. The alternative would be to continue with the current staffing levels, which would result in continued inefficiency and unmet demands.

Strategic Plan:

This item directly supports the County's Five-year Strategic Plan and is aligned with the following pillar, goal, and objective.

Pillar: Healthy and Safe Communities

Goal: Goal 1: Expand integrated system of care to address gaps in services to the County's most vulnerable.

Objective: Objective 2: Identify gaps in the Safety Net system of services and identify areas where departments can address those gaps directly, and seek guidance from the Board when additional resources and/or policy direction is needed.

Racial Equity:

Was this item identified as an opportunity to apply the Racial Equity Toolkit?

No However, a Racial Equity Analysis is attached as Attachment 5.

Prior Board Actions:

On June 14, 2024, the Board of Supervisors adopted a Concurrent Resolution adopting the Fiscal Year 2024-2025 Budget and Position Allocation Listing.

FISCAL SUMMARY

Expenditures	FY24-25 Adopted	FY25-26 Projected	FY26-27 Projected
Budgeted Expenses	\$69,521	\$1,071,620	\$1,078,901
Additional Appropriation Requested	\$561,125		
Total Expenditures	\$630,646	\$1,071,620	\$1,078,901
Funding Sources			
General Fund/WA GF			
State/Federal	\$620,646	\$1,061,620	\$1,002,218
Fees/Other			
Use of Fund Balance	\$10,000	\$10,000	\$76,683
General Fund Contingencies			
Total Sources	\$630,646	\$1,071,620	\$1,078,901

Narrative Explanation of Fiscal Impacts:

The requested increase to the adopted FY 2024-2025 department budget is necessary to align with the addition of 4.5 Full-Time Equivalent (FTE) staff, with the total cost for six months of staffing estimated at \$561,125. This includes salary, benefits, and other related expenses for the new positions. The adopted budget already includes \$69,521 for the existing 0.50 FTE Senior Office Assistant allocation.

For FY 2024-2025, the costs are broken down as follows:

- \$431,634 for six months of salary and benefits for the new positions (Behavioral Health Clinicians, Program Planning and Evaluation Analyst, Community Health Worker Specialist, and Senior Office Assistant).
- \$129,491 for other costs, including hiring incentives, one-time computer and equipment expenses, training, and overhead.

According to the Department of Health Care Services' Children and Youth Behavioral Health Initiative (CYBHI), as well as the eligibility requirements for the Maternal, Child and Adolescent Health (MCAH) and Women, Infants, and Children (WIC) grants, realignment will be utilized to cover the hiring incentive payments and as the match funding for the MCAH grant in year three. The MCAH grant and realignment funding will be initiated at the culmination of the CYBHI grant in FY 2026-2027.

For FY 2025-2026 and FY 2026-2027, the costs reflect the following changes:

- Increase the existing 0.50 FTE Senior Office Assistant allocation to a 1.0 FTE allocation.
- Ongoing costs for a total of 4.0 FTEs, including training, hiring incentives, and overhead.
- Full twelve-month staffing costs, include an assumption of a 3% COLA, for both Fiscal Years 25-26 and 26-27.

Future year funding will be incorporated into the appropriate year budgets.

Staffing Impacts:			
Position Title (Payroll Classification)	Monthly Salary Range (A-I Step)	Additions (Number)	Deletions (Number)
Behavioral Health Clinician	\$8,212.82-\$9,981.65	2.0	0
Program Planning Evaluation Analyst	\$8,064.98-\$9,802.51	1.0	0
Community Health Worker Specialist	\$5,325.63 - \$6,473.55	1.0	0
Senior Office Assistant	\$4,843.86-\$5,887.42	.5	0

Narrative Explanation of Staffing Impacts (If Required):

The Behavioral Health Clinician and Program Planning & Evaluation Analyst positions cover duties that will be part of the new Infant and Early Childhood Mental Health Consultation Program. These new positions add two subordinates to the current ongoing Behavioral Health Clinical Specialist, who is currently supervisor of the Teen Parent Connections Home Visiting Program, as well as one subordinate to the Health Program Manager. The Behavioral Health Clinical Specialist and Health Program Manager will participate in program planning, implementation and specialized training.

The Health Program Manager (HPM) and WIC Community Health Workers II (CHW-II) have taken on SOA responsibilities. This includes travel authorizations, inventory and supplies, safety representative responsibilities, breast pump maintenance, and new staff onboarding. The workload burden of these extra responsibilities on staff has contributed to staff spending less time meeting the needs of WICs daily operations. CHW-IIs are needed to fulfill their CHW-II responsibilities which includes meeting and greeting participants at the front desk and determining WIC eligibility. CHW-IIs also answer phone calls, make appointments, call missed appointments, and respond to participant concerns. Their extra duties related to the SOA position makes it difficult for them to keep up with the demands of our increasing caseload. This includes providing optimal customer service.

The additional SOA duties have impacted the HPM. The HPM has experienced challenges doing routine continuous quality improvement projects due to the extra workload and less time reducing participation barriers and reaching more eligible families.

Attachments:

Attachment 1 - Budget Adjustment Resolution

Attachment 2 - Personnel Adjustment Resolution

Attachment 3 - September 20, 2024 DHCS Children and Youth Behavioral Health Initiative Award Letter

Attachment 4 - November 26, 2024 WIC Funding Agreement

Attachment 5 - Racial Equity Analysis

Attachment 6 - Position Costs

Related Items "On File" with the Clerk of the Board:

None