Senate Budget and Fiscal Review—Nancy Skinner, Chair

SUBCOMMITTEE NO. 3 Agenda

Senator Susan Talamantes Eggman, Ph.D., Chair
Senator Melissa Melendez
Senator Richard Pan, M.D.

Friday, February 18, 2022
9:30 a.m. or upon adjournment of session
State Capitol - Room 4203

Consultant: Scott Ogus

PUBLIC COMMENT

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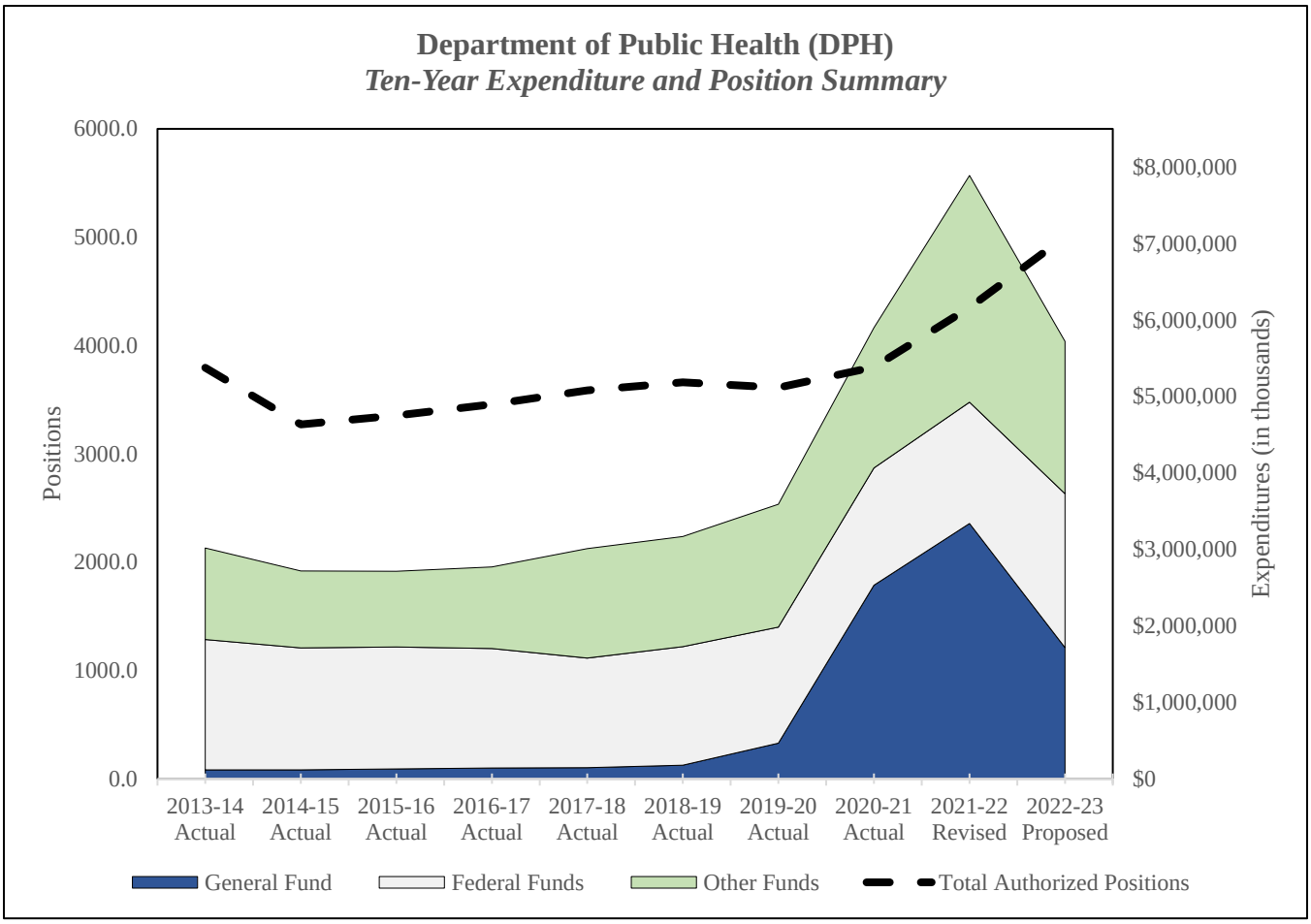
4265 DEPARTMENT OF PUBLIC HEALTH

Issue 1: Overview



Department of Public Health - *Department Funding Summary* *(dollars in thousands)*				
Fund Source	***2020-21 Actual***	***2021-22 Budget Act***	***2021-22 Revised***	***2022-23 Proposed***
General Fund	$2,529,786	$1,058,070	$3,340,184	$1,716,038
Federal Funds	$1,535,547	$1,587,791	$1,584,030	$2,012,243
Other Funds	$1,831,888	$1,595,717	$2,965,944	$1,990,627
Total Department Funding:	**$5,897,221**	**$4,241,578**	**$7,890,158**	**$5,718,908**
Total Authorized Positions:	**3801.6**	**3699.4**	**4348.9**	**5003.0**
Other Funds Detail:				
Breast Cancer Research Account (0007)	*$791*	*$965*	*$2,199*	*$843*
Nuclear Planning Assessment Acct (0029)	*$630*	*$1,020*	*$1,051*	*$1,052*

Motor Vehicle Acct, Trans. Fund (0044)	*$1,071*	*$1,621*	*$1,665*	*$1,667*
Sale of Tobacco to Minors Ctrl Acct (0066)	*$520*	*$811*	*$644*	*$969*
Occup. Lead Poisoning Prev Acct (0070)	*$2,120*	*$3,847*	*$4,067*	*$4,076*
Medical Waste Management Fund (0074)	*$2,755*	*$2,948*	*$3,064*	*$3,070*
Radiation Control Fund (0075)	*$27,563*	*$29,176*	*$30,153*	*$30,308*
Tissue Bank License Fund (0076)	*$435*	*$679*	*$707*	*$1,291*
Childhood Lead Poisoning Prev Fund (0080)	*$44,729*	*$42,480*	*$43,144*	*$37,766*
Export Document Program Fund (0082)	*$684*	*$590*	*$623*	*$575*
Clinical Lab. Improvement Fund (0098)	*$12,604*	*$13,790*	*$14,302*	*$17,312*
Health Statistics Special Fund (0099)	*$30,374*	*$31,587*	*$29,930*	*$30,009*
Dept. of Pesticide Regulation Fund (0106)	*$260*	*$336*	*$349*	*$349*
Air Pollution Control Fund (0115)	*$245*	*$305*	*$309*	*$310*
CA Health Data and Planning Fund (0143)	*$239*	*$240*	*$240*	*$240*
Food Safety Fund (0177)	*$9,649*	*$11,348*	*$11,838*	*$11,859*
Genetic Disease Testing Fund (0203)	*$136,522*	*$145,885*	*$147,102*	*$176,254*
Health Education Account, Prop 99 (0231)	*$42,015*	*$35,852*	*$54,110*	*$42,276*
Research Account, Prop 99 (0234)	*$4,495*	*$3,481*	*$4,289*	*$2,405*
Unallocated Account, Prop 99 (0236)	*$3,157*	*$1,861*	*$2,568*	*$2,134*
Infant Botulism Treatment/Prev Fund (0272)	*$9,704*	*$9,068*	*$9,137*	*$6,575*
Child Health and Safety Fund (0279)	*$334*	*$551*	*$551*	*$551*
Registered Enviro. Health Spec Fund (0335)	*$407*	*$477*	*$426*	*$487*
Indian Gaming Spec Dist Fund (0367)	*$7,930*	*$8,391*	*$8,434*	*$8,436*
Vectorborne Disease Account (0478)	*$137*	*$195*	*$141*	*$141*
Toxic Substances Control Acct (0557)	*$520*	*$559*	*$579*	*$578*
Domestic Violence Training/Ed Fund (0642)	*$378*	*$647*	*$671*	*$672*
CA Alzheimers Research Fund (0823)	*$604*	*$663*	*$674*	*$675*
Special Deposit Fund (0942)	*$7,017*	*$13,163*	*$13,215*	*$12,949*
Reimbursements (0995)	*$503,893*	*$255,156*	*$1,644,125*	*$569,750*
Drug and Device Safety Fund (3018)	*$4,609*	*$7,685*	*$8,021*	*$8,034*
WIC Manufacturer Rebate Fund (3023)	*$203,936*	*$174,414*	*$195,028*	*$182,915*
Medical Marijuana Program Fund (3074)	*$5*	*$17*	*$6*	*$0*
AIDS Drug Assistance Program Fund (3080)	*$357,374*	*$409,717*	*$336,059*	*$330,393*
Cannery Inspection Fund (3081)	*$3,040*	*$3,227*	*$3,341*	*$4,247*
Mental Health Services Fund (3085)	*$11,533*	*$2,468*	*$11,357*	*$2,515*
Licensing and Certification Fund (3098)	*$212,458*	*$257,179*	*$257,862*	*$294,343*
Gambling Addiction Program Fund (3110)	*$150*	*$150*	*$150*	*$150*
Birth Defects Monitoring Prog Fund (3114)	*$2,346*	*$2,434*	*$2,486*	*$2,489*
Lead-Related Construction Fund (3155)	*$1,000*	*$1,298*	*$1,000*	*$1,333*
Cost/Impl Acct, Air Poll. Ctrl Fund (3237)	*$281*	*$386*	*$393*	*$394*

Cannabis Control Fund (3288)	*$21,041*	*$908*	*$899*	*$595*
State Dental Program Acct., Prop 56 (3307)	*$31,020*	*$25,054*	*$25,205*	*$26,931*
DPH Tobacco Law Enforc, Prop 56 (3318)	*$9,728*	*$4,463*	*$4,719*	*$5,275*
DPH, Tobacco Prev/Ctrl, Prop 56 (3322)	*$121,585*	*$88,625*	*$89,111*	*$110,434*
Opioid Settlement Fund (3397)	*$0*	*$0*	*$0*	*$55,000*

Background. The Department of Public Health (DPH) delivers a broad range of public health programs. Some of these programs complement and support the activities of local health agencies in controlling environmental hazards, preventing and controlling disease, and providing health services to populations who have special needs. Others are primarily state-operated programs, such as those that license health care facilities.

According to DPH, the goals of these programs include the following:

1. Achieve health equities and eliminate health disparities.
2. Eliminate preventable disease, disability, injury, and premature death.
3. Promote social and physical environments that support good health for all.
4. Prepare for, respond to, and recover from emerging public health threats and emergencies.
5. Improve the quality of the workforce and workplace.

The department is composed of seven major program areas:

(1) Center for Healthy Communities – This center works to prevent and control chronic diseases, such as cancer, cardiovascular diseases, asthma, adverse pregnancy outcomes, and diabetes; reduce the prevalence of obesity; provide training programs for the public health workforce; prevent and control injuries, violence, deaths, and diseases related to behavioral, environmental, and occupational factors; promote and support safe and healthy environments in all communities and workplaces; and prevent and treat problem gambling.

(2) Center for Environmental Health – This center works to protect and improve the health of all California residents by ensuring the safety of drinking water, food, drugs, and medical devices; conducts environmental management programs; and oversees the use of radiation through investigation, inspection, laboratory testing, and regulatory activities.

(3) Center for Family Health – This center works to improve health outcomes and reduce disparities in access to health care for low-income families, including women of reproductive age, pregnant and breastfeeding women, and infants, children, and adolescents and their families.

(4) Center for Health Care Quality – This center regulates the quality of care in approximately 8,000 public and private health facilities, clinics, and agencies throughout the state; licenses nursing home administrators, and certified nurse assistants, home health aides, hemodialysis technicians, and other direct care staff.

(5) Center for Infectious Disease – This center works to prevent and control infectious diseases, such as HIV/AIDS, viral hepatitis, influenza and other vaccine preventable illnesses, tuberculosis, emerging infections, and foodborne illnesses.

(6) Center for Health Statistics and Informatics – This center works to improve public health by developing data systems and facilitating the collection, validation, analysis, and dissemination of health information.

(7) Public Health Emergency Preparedness – This program coordinates preparedness and response activities for all public health emergencies, including natural disasters, acts of terrorism, and pandemic diseases. The program plans and supports surge capacity in the medical care and public health systems to meet needs during emergencies. The program also administers federal and state funds that support DPH emergency preparedness activities.

Subcommittee Staff Comment. This is an informational item.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of DPH's programs and budget.

Issue 2: Foundation for the Future of Public Health

Budget Change Proposal – Governor's Budget. DPH requests 404 positions and General Fund expenditure authority of $300 million annually to modernize California's public health system with the goal of protecting and improving the health of all Californians. Of these resources, $200.4 million would support California's 61 local health jurisdictions and $99.6 million would support statewide public health priorities at DPH.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
0001 – General Fund	$300,000,000	$300,000,000
Total Funding Request:	**$300,000,000**	**$300,000,000**
Total Requested Positions:	**404.0**	**404.0**

* Positions and resources ongoing after 2023-24.

Decades of Underinvestment in Public Health. Public health is invisible. Many of the advances in civilized society Californians take for granted are made possible by the efforts of public health workers operating in the background of their lives. Public health workers monitor and track outbreaks of infectious diseases, most notably and recently the COVID-19 pandemic, but also outbreaks of measles, hepatitis A, and sexually transmitted infections (STIs). Public health workers make sure the food Californians eat is free of food-borne pathogens and other dangerous contaminants. Public health workers regulate the quality of health facilities, including hospitals, clinics, and nursing homes to ensure the places Californians go to seek medical care are safe, clean, and are capable of providing high-quality services. Public health engages in a wide variety of population health interventions, from the Black Infant Health programs that seek to reduce vast disparities in maternal and infant morbidity and mortality, to Childhood Lead Poisoning Prevention programs that ensure California's kids have a safe place to grow up, to tobacco prevention programs that reduce smoking and lung-related diseases.

Public health becomes visible to policymakers and the public when it is unsuccessful: an uncontrolled disease outbreak, a failure to protect the food supply, or the persistence of health disparities. As a result, there is a limited constituency to advocate for maintaining adequate funding for essential public health services, often public health workers themselves, healthcare providers, or community-based organizations focused on public health or health disparities. For decades, the level of public investment in public health at the national, state, and local level has been significantly below what is needed for a truly equitable public health system that can keep Californians healthy and safe.

California's Public Health System. California's Department of Public Health delivers a broad range of public health programs. Some of these programs complement and support the activities of local health agencies in controlling environmental hazards, preventing and controlling disease, and providing health services to populations who have special needs. Others are primarily state-operated programs, such as those that license health care facilities.

In addition to the state department, 61 local health jurisdictions from each of California's 58 counties and from three cities (Berkeley, Long Beach, and Pasadena) support public health interventions at the local

level. Local health jurisdictions are funded by 1991 Realignment funds, local county General Fund, and a variety of state and federal funding streams for specific programs.

Public Health Workforce Shortages. The COVID-19 pandemic has laid bare the decades-long underinvestment in public health in California, the nation, and the world, particularly in developing the public health workforce. Two years into the pandemic, many public health officers identify additional staff resources as the most important resource they would have wanted to be available before the pandemic began. According to the California Future Health Workforce Commission, 61 percent of managers and supervisors, and 44 percent of non-supervisory staff at the California Department of Public Health are eligible for retirement, and the department estimates two-thirds of its workforce will retire in the next five years. At the local level, county and city health departments report challenges in recruiting and retaining well-qualified workers, citing a lack of tools for recruiting, limited options for advancement, and instability of funded positions.[1] The instability of funding is a particular problem the Legislature attempted to address in its public health infrastructure package in last year's joint Senate-Assembly budget proposal, but delayed for a year in the final budget agreement. Most local public health funding is categorical, tied to specific programs or activities, with no flexibility to support comprehensive public health strategies. The Legislature also attempted to appropriate ongoing funding to develop public health workforce development programs at the Department of Health Care Access and Information (HCAI, formerly OSHPD). There are currently few workforce development programs to recruit, train, or retain qualified public health professionals. In particular, local health departments have identified the need for public health nurses, laboratory staff, epidemiologists, health equity staff, and data analysts.

2021 Joint Legislative Budget Proposal - Rebuilding an Equitable Public Health System. During the 2021-22 budget process, the Senate and the Assembly approved a joint legislative budget proposal, which included ongoing General Fund expenditure authority of $403 million to support investments in public health infrastructure. The proposal included the following primary components:

Local Public Health Investments - $200 million

- Local health jurisdictions would have received an annual investment of $200 million General Fund, subject to certain planning, transparency, and accountability requirements, and distributed to counties based on a formula that took into account population, health disparities and the overall burden of preventable mortality and morbidity.
- Local health jurisdictions would have been required, as a condition of receiving state public health investment dollars, to submit a triennial plan to DPH that outlined strategies to reduce preventable causes of mortality and morbidity, as well as reduce health disparities.
- Local health jurisdictions would also have been required to conduct workforce analysis and planning.

Health Equity and Racial Justice Innovation - $115 million

- The Office of Health Equity would have administered an annual $115 million grant program to address health disparities. Clinics, community-based organizations, and tribes would have applied for grants

[1] California Future Health Workforce Commission. *Meeting the Demand for Health.*

and would have been required to demonstrate how funding would be used to ameliorate existing or emerging health disparities, including metrics for success.

Public Health Workforce Development - $35 million

- DPH, in collaboration with the Department of Health Care Access and Information (HCAI) and local health jurisdictions, would have administered an annual $35 million workforce development program to recruit, expand, and retain a modern public health workforce, including training, scholarships, apprenticeships, and other programs targeted to local health jurisdictions and communities with significant health disparities. The program would have supported training of epidemiologists, disease investigators, information and data analytics specialists, public health nurses, community health workers, medical social workers, outreach specialists, multilingual health educators, health equity leaders, environmental health specialists, laboratory staff, food safety professionals, dietitians, quality improvement coordinators, and physical and occupational therapists.

DPH – Statewide Coordination and Planning - $40 million

- DPH would have received an appropriation of $40 million annually to support statewide coordination and planning of the activities funded by the components of this proposal, including:

    - *Technical Assistance* - Technical assistance to local health jurisdictions, particularly in small counties or cities, for preparation of the triennial public health plan.
    - *Learning Collaboratives* – Facilitation of learning collaboratives to share best practices regarding specific interventions to address causes of preventable morbidity and mortality, or health disparities.
    - *Effective Public Health Communications* - Communication support for public information officers in local health jurisdictions to ensure effective delivery of public health messages, particularly in smaller counties or cities, as well as access to media and other messaging resources.
    - *Effective IT Systems to Support Public Health* - Ongoing information technology upgrades and improvements to support communicable and chronic disease surveillance, testing, case investigation, contact tracing, identification and monitoring of health disparities, and other public health priorities.
    - *Public Health Workforce Gap Analysis* - A triennial gap analysis of public health workforce needs in the state, to align with and inform the preparation of local health jurisdictions' triennial public health plans and inform the development and implementation of the $35 million public health workforce development program.
    - *Annual Health Disparities Reporting* – A population-based health status report including:
        - Indicators of chronic disease prevalence and management, including, but not limited to, statistics on asthma and asthma management, obesity, diabetes, and cardiovascular disease;
        - Maternal and infant mortality;
        - Social determinants of health, including, but not limited to, access to nutritious foods, safe and affordable housing and neighborhoods, income and poverty rates; educational opportunities, evidence of racism and discrimination.
        - Environmental factors, such as exposure to polluted air and water, exposure to lead and gun violence;
        - Prevalence of infectious diseases, including respiratory and sexually transmitted diseases;

  - Access and proximity to health care, including rates of uninsured and timely access to health, dental, vision and behavioral health services;
  - Tobacco product use and availability;
  - Substance use disorders and drug overdose prevalence.
- *Health Disparities Reduction - Statewide Coordination and 2030 Goal* – A goal of reducing health disparities among children by 50 percent statewide by December 31, 2030.
- *Annual State of the State's Public Health* – An annual report on the State of the State's Public Health, that would identify the most prevalent existing causes of morbidity and mortality in California, emerging causes of morbidity and mortality in California, statewide or regional health disparities based on its annual reporting, as well as policy recommendations and fiscal estimates for addressing these issues.
- *Annual State of the County's Public Health* – As a condition of receipt of state funding, county public health officers would also have been required to annually prepare a report on the State of the County's Public Health. The county public health officer would present this report annually to the county's Board of Supervisors.

Public Health Infrastructure Study - $3 million

- DPH would coordinate with local health jurisdictions, community-based organizations, healthcare providers, and other public health stakeholders to conduct a study to identify specific needs to develop an agile and flexible public health infrastructure at the local and statewide level. The study would be informed by two or more public stakeholder meetings and would be used by local health jurisdictions, in collaboration with DPH and local stakeholders, to develop and implement the triennial public health plan beginning July 1, 2022.

The 2021 Budget Act ultimately included no resources in 2021-22 for investments in public health infrastructure, but a commitment to annual General Fund expenditure authority of at least $300 million beginning in 2022-23. The 2021 Budget Act did include General Fund expenditure authority of $3 million to support a public health infrastructure study, which the Administration indicated would inform its proposed spending plan for public health investments in 2022-23.

The Future of Public Health Work Group. The Administration convened stakeholders, including representatives of state departments and agencies, local health jurisdictions, tribal health officials, and community advocacy organizations to develop a memo, titled "Future of Public Health Work Group: Investments and Capabilities Needed for the Future Public Health System", which was published in September 2021. The work group memo identified the need for investments in the following foundational public health services:

- *Workforce.* To respond effectively to the next set of public health challenges, California's state and local public health system would need to:
  - Attract a diverse and talented workforce with the relevant skills and experiences, and that reflects the communities they serve.
  - Create opportunities to grow and develop current and future employees into leaders
  - Implement a robust and agile talent model to ensure the workforce is able to adapt to the state's changing public health needs, from data science, technology, and disease surveillance to marketing and communications.

- Promote creativity, flexibility, and innovation to ensure an effective and inclusive working environment and culture.

According to the memo, these workforce goals would require two major investments: 1) funding to support expansion of the workforce, filling known gaps to ensure there is sufficient capacity to deliver on system demands; and 2) augmenting state and local workforce development capabilities required to attract, develop, and retain the public health workforce of the future.

- *Emergency Preparedness and Response.* To create a ready and sustainable structure that can rapidly identify hazards and deploy the state would invest in:
  - Ensuring early detection of infectious, biological, chemical, environmental, and radiological agents to prevent adverse impacts.
  - Improving the timeliness of response to threats and improving average times to respond to a hazard to as close to real-time as possible.
  - Address inequities by developing nimble interventions for groups experiencing disproportionate impacts.
  - Sustaining regular public health operations while engaging in an active response, including ensuring continuity of local emergency preparedness operations and reducing the number of redirected state emergency staff during a hazard event.

According to the memo, several initiatives were identified to support these efforts, including: 1) developing a 24 hour intelligence hub focused on proactive and real-time hazard detection; 2) establishing a dedicated core team to support planning, training, and tabletop exercises; 3) building a regional resourcing model to support critical emergency preparedness capabilities; 4) establishing a Public Health Reserve Corps consisting of approximately 1,000 public health volunteers trained centrally, but managed and deployed locally in the event of a large hazard event; and 5) establishing community recovery units to set community recovery guidance, ensure efficient cost recovery, and minimize the impact of social, economic, and physical and mental health impacts.

- *Information Technology (IT), Data Science, and Informatics.* State and local public health departments should expand data access and interoperability to enable data driven decision making and advanced analytics to explain, predict, and prevent disease spread by:
  - Building decision intelligence capabilities to analyze data and information using modern data science to inform and optimize decisions, solve problems, and improve performance.
  - Responding quickly and effectively to evolving public health circumstances with forecasting and scenario analysis to determine appropriate public health measures.
  - Conducting retrospective assessments following public health events and assessing and evaluating the impact of policy on decision making.
  - Using technology to engage partners and the community to increase participation in public health and help policymakers assess the impact of policy and interventions.

According to the memo, initiatives could include: 1) building a flexible and scalable backbone for dynamic public health activities using cloud-based, secure, and scalable platforms needed for data sharing and management; 2) streamlining data in disease surveillance and licensing systems to create one-stop shops for disease and environmental surveillance information; 3) enabling more efficient public health business processes and reducing manual burden to facilitate more efficient tracking and

impact assessments; 4) integrating and accessing new data streams to enable public health analyses including electronic health records, social determinants of health, and environmental data; 5) enhancing system-wide data governance and standards; 6) building analytics workspaces to query data, run, iterate, and share models on key public health use cases; 7) enabling access to accurate and timely data for city and county health jurisdictions and stakeholders; 8) building IT, data, and informatics capacity, skillsets, and knowledge sharing to improve decision making; and 9) establishing an enterprise-wide IT, data science, and informatics project office to ensure successful delivery of these initiatives.

- *Community Partnerships.* Creating a holistic partnership network, engaged to support state and local public health efforts would enable public health systems to:
  - Engage a broad range of partners in holistic and inclusive collaborations and use a data-backed approach to assess our existing relationships.
  - Enable a high level of proactive coordination with partners so that partnerships can be mobilized as needs arise
  - Tap into the power of coalitions by strategically assessing the functions that community partners could take and activating them to play roles where they are uniquely positioned to have impact.

  According to the memo, initiatives to develop community partnership infrastructure could include: 1) developing a community partnership strategy to outline roles and intended capabilities of community partners in supporting California's public health mission; 2) hiring dedicated community engagement personnel to ensure personalized outreach and uptake of an overarching community partnership strategy; 3) establishing a community partner relationship management system to achieve a broader outreach pipeline in local communities, strengthen existing partnerships, and address equity goals; and 4) launching a public health community funding matchmaking infrastructure connecting community partners with appropriate funding sources and ensuring funds are allocated to a diverse network of organizations through a dedicated team and system.

- *Communications and Public Education.* Developing a proactive, personalized, and highly coordinated communication strategy and operations would include:
  - Effectively and equitably driving systemic change that encourages healthy behavior and empowers Californians and other stakeholders to improve health and environment.
  - Shifting public participation from being informed and consulted to actively collaborating on public health priorities based on scientific evidence.
  - Advancing health equity by ensuring that all communications and public engagements are culturally competent and linguistically accessible.
  - Promoting a shared narrative and vision for improving public health in California rooted in core public health values and with the aim of building a culture of health and respect.
  - Ensuring all Californians have an equal voice and the opportunity to shape the direction of public health activities.
  - Engaging Californians at all levels, including business communities, elected leaders, schools, and other institutions.

  According to the memo, initiatives for communication and public education could include: 1) creation of a core public health communication strategy and deployment plan which defines an overall public health narrative to promote healthy behavior and informs specific actions and priorities; and 2)

ensuring operational capabilities and adequate capacity to effectively disseminate communications across a variety of channels and field requests from Californians in a linguistically and culturally competent manner.

- *Community Health Improvement.* Developing a comprehensive community health improvement strategy that emphasizes life course approach, resiliency, equity, and prevention could be achieved by:
  - Enabling systematic and comprehensive efforts focused on community health improvement, including needs assessment, targeted public health program designs and implementation, and monitoring of outcomes.
  - Effectively convening and collaborating with state and local agencies, upstream partners, providers, communities, and other stakeholders.
  - Strategically directing efforts and resources to areas of need and importance, addressing health behaviors and a broad range of health factors, reducing health disparities, and focusing on community-wide prevention and resiliency.

  According to the memo, improvements to community health could include the following initiatives: 1) a comprehensive community health strategy that emphasizes life course approach to health and public health prevention; 2) a dedicated community health improvement team; 3) standardized and aligned community health data; and 4) community health improvement plans informed by community-driven health risk assessment models.

2022 Spending Plan for Public Health Infrastructure Investment. Based on the work of the Future of Public Health Work Group and the memo published in September 2021, the Administration released its Spending Plan for Public Health Infrastructure Investment along with the Governor's January budget. In the spending plan, DPH requests 404 positions and General Fund expenditure authority of $300 million annually to modernize California's public health system with the goal of protecting and improving the health of all Californians. Of these resources, $200.4 million would support California's 61 local health jurisdictions and $99.6 million would support statewide public health priorities at DPH. The specific components of the proposal are as follows:

State Operations Spending Plan - $99.6 million

The Administration's proposed expenditures for state operations are categorized similarly to the six foundational services identified in the Future of Public Health Work Group memo. DPH would receive 404 positions and $99.6 million in the following areas:

- *Workforce.* DPH requests 270 positions and General Fund expenditure authority of $58 million annually to increase staffing capacity and to attract, develop, and retain a diverse, multi-disciplinary public health workforce. According to DPH, these positions and resources would support the following initiatives:
  - A multi-channel, proactive, and digitally-enabled recruitment and hiring functions to attract top talent that reflects the diversity of California's population.
  - A simplified, aligned job classification system within DPH that can be used as a model for local health jurisdictions.

- A holistic organizational culture transformation at DPH and at the local level to promote inclusiveness and support employees, incentivizing them to stay and grow into leadership through development support, career pathways, sufficient staffing, salary and non-salary incentives.
- A culture of growth and learning via a well-structured, up-to-date, and highly accessible training program.
- A comprehensive competency-based performance management system to define necessary competencies across public health roles, asses gaps in skillsets, and track competency development along career progression pathways.
- An operational planning function to develop staffing benchmarks, make sure minimum recommended staffing standards are met at the state and local level, and support agile, strategic workforce deployment based on need.
- An Office of Policy and Planning to conduct strategic planning to address current and emerging threats to public health, be accountable for effective and efficient use of funds, establish clear and quantifiable performance targets, and ensure actions are aligned with strategic priorities and increased equity.

- *Emergency Preparedness and Response.* DPH requests 77 positions and General Fund expenditure authority of $27.6 million annually for a scalable and sustainable structure that can rapidly identify hazards and deploy resources to mitigate and contain public health threats. This resource request is aligned with four of the five initiatives in this category outlined in the memo including the following:
  - Developing a 24 hour intelligence hub and surveillance network
  - A dedicated core team to support regular refreshes of planning, training, and exercises
  - Developing a regional resourcing model to support regional coordination with Regional Disaster Medical Health Specialists.
  - Developing a dedicated recovery unit to establish public health recovery guidance after public health events.

- *IT, Data Science, and Informatics.* DPH requests three positions and General Fund expenditure authority of $548,000 to expand the California Birth Defects Monitoring Program. DPH has a separate proposal for $235.2 million to support maintenance and operations of information technology systems established during the COVID-19 pandemic (*see Issue 3: Disease Surveillance Readiness, Response, Recovery, Maintenance of IT Operations).*

- *Communications and Public Education.* DPH requests 26 positions and General Fund expenditure authority of $4.5 million annually to achieve a proactive, personalized, and highly coordinated communication strategy that meets the varying demands of California's diverse population and provides capacity to tailor messages to effectively reach all Californians. These positions and resources are aligned with the two initiatives outlined in the memo in this category, including the following:
  - Creation of a core public health communications strategy and deployment plan.
  - Bolster operational capabilities and adequate capacity to effectively disseminate communications.

- *Community Partnerships.* DPH requests five positions and General Fund expenditure authority of $2.9 million to achieve a holistic partnership network engaged to support California's state and local public health efforts. These positions and resources are aligned with two of the four initiatives outlined in the memo, including the following:

  - Development of a community partnership strategy and plan to outline roles and intended capabilities of community partners in supporting California's public health mission.
  - Dedicated community engagement personnel to deliver personalized outreach and uptake of an overarching community partnership strategy.

- *Community Health Improvement.* DPH requests 23 positions and General Fund expenditure authority of $6.1 million annually to provide a comprehensive community health improvement strategy that emphasizes a life-course approach, resiliency, equity, and prevention. These positions and resources are aligned with two of the four initiatives outlined in the memo and adds a third, including the following:
  - Community health financing strategies that emphasize a life-course approach to health and public health prevention.
  - Dedicated community health improvement team to support policy making across agencies.
  - Development and implementation of a behavioral mental health program to address the current behavioral and mental health crisis in the state.

Local Assistance Spending Plan - $200.4 million

The Administration proposes to provide local assistance funding of $200.4 million to local health jurisdictions annually. These resources would be distributed based on the following methodology: 1) $350,000 for each local health jurisdiction; 2) 50 percent of remaining funds based on population data; 2) 25 percent of remaining funds based on poverty data; and 3) 25 percent of remaining funds based on population data for Black/African-American/Latino/or Native Hawaiian/Pacific Islanders. Local health jurisdictions would be required to allocate 70 percent of funding to support staff to fill critical public health positions, including those where gaps were identified during the pandemic. In addition, local health jurisdictions would be required to submit a plan by July 1, 2023, and every three years thereafter, tied to its Community Health Assessment and Community Health Improvement Plan, including proposed evaluation methods and metrics. Funding may also be used to establish regional public health partnerships between multiple local health jurisdictions.

Community Benefit Program – Trailer bill language proposal.

While the spending plan proposal includes no direct state funding for community-based organizations to perform health equity or racial justice work, the Administration proposes to require non-profit hospitals to allocate 25 percent of community benefit funds to go to local public health efforts, including community-based organizations.

Local Health Executives, Health Care Workers, Health Equity and Public Health Advocates - Response Panel. The subcommittee has requested the following panelists to discuss the Administration's proposed investments in public health infrastructure:

- Michelle Gibbons, County Health Executives Association of California
- Matt Lege, Government Relations Advocate, SEIU California
- Kiran Savage-Sangwan, California Pan-Ethnic Health Network (CPEHN)
- Matthew Marsom, Senior Vice President, Public Health Institute

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of the Administration's proposed investments in public health infrastructure.

2. The Administration's spending plan includes significant funding for hiring new staff at both the state and local level. What is the Administration's strategy to ensure there is an adequate pool of qualified candidates to fill those positions?

3. How would the Administration's significant investment in state public health staff allow it to support local health jurisdictions with technical assistance and facilitating dissemination of best practices, particularly for smaller jurisdictions with funding and resource challenges?

4. How does the Administration view the role of community-based organizations in improving public health outcomes? Because funding would be provided by hospitals, how would the Administration ensure the proposed community benefit plan requirements align with state public health priorities and local population health needs?

5. Why is the Administration proposing to implement this significant, ongoing investment of General Fund resources through budget bill language, rather than codifying the program, its requirements, and accountability measures in statute?

The subcommittee has also requested local health officers, health care worker, health equity and public health panelists to respond to the following:

<u>Local Health Executives</u>

1. Please describe how local health jurisdictions would be likely to use the local assistance resources proposed in the Administration's spending plan.

2. How could DPH better support local health jurisdictions to improve population health, particularly in smaller jurisdictions with funding and resource challenges?

3. What are local health jurisdictions doing to ensure there is an adequate pool of qualified candidates to fill public health positions? How are jurisdictions retaining staff who are under significant stress and often face threats and harassment?

<u>SEIU</u>

4. How could the state and local public health agencies help ensure public health workers are supported and continue their vital work to improve population health?

5. What types of assistance programs (e.g. scholarships, stipends, or other support) are currently available for individuals seeking to enter the public health workforce?

6. How could the state and local public health agencies help develop the public health workforce?

CPEHN

7. What do you see as the role of community-based organizations in advancing public health goals, reducing health disparities, and promoting racial justice?

8. Please describe how community-based organizations complement and extend the reach of local public health efforts to reduce disparities and promote racial justice.

Public Health Institute

9. How would community-based organizations receive funding through the Administration's proposed requirements that hospitals provide 25 percent of community benefit funds for local public health efforts?

10. Do you think these funding decisions would align with the goal of reducing health disparities, promoting racial justice, or other statewide priorities?

Issue 3: Disease Surveillance Readiness, Response, Recovery, Maintenance of IT Operations

Budget Change Proposal – Governor's Budget. DPH requests 130 positions and General Fund expenditure authority of $235.2 million in 2022-23, ten additional positions and General Fund expenditure authority of $156.1 million in 2023-24, and $61.8 million annually thereafter. If approved, these positions and resources would allow DPH to maintain and operate the technology platforms and applications necessary to support both COVID-19 response activities and other potential disease outbreaks.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
0001 – General Fund	$235,161,000	$156,103,000
Total Funding Request:	**$235,161,000**	**$156,103,000**
Total Requested Positions:	**130.0**	**140.0**

* Additional fiscal year resources requested – 2024-25 and ongoing: $61,838,000.

Background. According to DPH, multiple information technology systems have been improved or created to support public health efforts during the COVID-19 pandemic. These systems include the following:

- **CA Notify** – CA Notify provides notification if a person receives a positive test result for certain highly infectious diseases and accelerates initiation of contact tracing.
- **CAIR2 Message Broker** – The California Immunization Registry 2 (CAIR2) message broker is a secure gateway to hospitals and labs for exchanging reportable vaccination records with DPH. DPH believes this tool will be useful for supporting data exchange for a variety of vaccines in the future.
- **CalCONNECT** – The California Confidential Network for Contact Tracing (CalCONNECT) is California's contact tracing system used to manage case and contact records and notify individuals of possible exposure to people who test positive for infectious diseases. This system provides the foundation for developing future contact tracing capacity for other diseases.
- **CalREDIE/HIE Gateway** – The California Reportable Disease Information Exchange (CalREDIE) is DPH's infectious disease reporting and surveillance system of record, and is used statewide by 61 local health jurisdictions and over 350 laboratories for reporting notifiable conditions via the Health Information Exchange (HIE) Gateway.
- **CERT (emergency)** – The CDPH Employee Redirection Tracker (CERT) enables human resources staff to receive, assign, redirect, and manage departmental requests for staff resources where an unmet business need exists due to emergency and rapid response.
- **CCRS** – The California COVID-19 Reporting System (CCRS) is an integrated software-as-a-service (SaaS) that provides 24 hour processing of lab results for all reportable infectious diseases. CCRS maintains the flow of information to sustain the operations of downstream systems, including CalREDIE, Los Angeles and San Diego County disease surveillance systems, and Office of AIDS. Collectively, these systems provide information regarding COVID-19 testing, infection, hospitalization, death, and vaccinations rates needed to support the Governor's Blueprint for a Safer Economy.
- **Enterprise Infrastructure/Security** – Maintenance and operations of remote access services, and new rapid response cloud services applications, including ongoing licensing and software for various

services and software solution tools to address the foundational, operational and governance needs for cloud providers such as Salesforce, Azure, and Amazon Web Services (AWS).

- **LIMS** – The Laboratory Information Management System (LIMS) provides for the management, processing, and collection of samples and associated data on public health risks.
- **LTM** – The Lab Testing Metrics (LTM) application provides a platform for DPH's Lab Field Services (LFS) to collect and manage a variety of public health data from laboratories.
- **myCAvax (Vaccine Management, My Turn, and DVR)** – Vaccine Management is a suite of applications that allows for: 1) myCAvax, which is the enrollment and approval application for vaccine providers, vaccine allocation, vaccine ordering, and vaccine reporting; 2) My Turn Clinic, which enables providers and local health jurisdictions (LHJs) to run vaccination clinics, including mobile vaccination clinics, school vaccination clinics, mass vaccination clinics, and standard vaccinations clinics; 3) My Turn Public, which enables Californians to find and book vaccination appointments, including walk-in appointments and scheduled appointments; 4) Digital Vaccine Record (DVR), which is the state's secure proof of vaccination tool.
- **REDCap** – Research Electronic Data Capture (REDCap) is a survey tool used to respond to disease cluster and outbreak investigations to rapidly build, share, and manage standardized questionnaires and databases in a secure web application to assist with reporting to California LHJs, the CDC, and partner states.
- **IT OPS Center** – Provides 24 hour IT support, monitoring, rapid response, and problem resolution of all DPH disease surveillance systems. This center was established to provide tracking and oversight of the many interoperable IT systems to ensure timely delivery of health data to downstream dashboards.

DPH has leveraged approximately $250 million of one-time emergency funding from a variety of sources to implement these systems in response to the COVID-19 pandemic, including necessary IT staff. DPH indicates it believes these systems are critical to the state's ability to respond to emergencies and infectious disease outbreaks and support three foundational health services and priorities in California: 1) assessment and surveillance, 2) emergency preparedness and response, and 3) policy development and support.

Staffing and Resource Request. DPH requests 130 positions and General Fund expenditure authority of $235.2 million in 2022-23, ten additional positions and General Fund expenditure authority of $156.1 million in 2023-24, and $61.8 million annually thereafter to maintain and operate the technology platforms and applications necessary to support both COVID-19 response activities and other potential disease outbreaks. Specifically, DPH requests the following positions and resources:

Information Technology Services Division – 46 positions (one beginning 2023-24)

- **One Staff Services Manager (SSM) I** position would plan, organize, direct, and manage budget and accounting, and administrative support; oversee the development and management of the ITSD budget and provides analysis of ITSD expenditures; act as a liaison to programs to resolve IT fiscal expenditures and budget issues; coordinate all accounting functions for ITSD and provide leadership to the Fiscal and Business Operations Section.
- **One Associate Governmental Program Analyst (AGPA)** would perform a variety of analytical and complex assignments including fiscal consultative and analytical support in the areas of administration to staff and all levels of management, acting as a liaison between ITSD and DPH programs and external partners to resolve questions through financial analysis related to accounting, budgetary,

expenditure, or fiscal information needed; and reviewing documents for completeness and accuracy of information.

- **Three Information Technology (IT) Manager I** positions would oversee the IT operations of the division lines of services; ensure all development, test, and production environments and platforms are maintained and supported in compliance with the department, state, federal, and industry best practices and standards; ensure technology compliance with state IT policies; develop and implement IT operating policies and procedures; assign and review staff work products and provide feedback and guidance to staff; serve as a subject matter expert and managerial resource on application maintenance, system administration, and security; provide technical consultation to customers, staff, and management as necessary; manage the IT budget and fiscal expenditures; ensure proper resourcing and meet business priorities and needs; provide recommendations regarding application or system issues in support of DPH's strategic planning, goals, and operations; and serve on various stakeholder committees.
- **Four IT Supervisor II** positions would manage and supervise staff responsible for operating, managing, and maintaining all development environments; ensure the platforms are maintained and support in compliance with the standards for DPH applications and systems; assist in the development of operating policies and procedures; assign and review staff work products and provide feedback and guidance to staff; serve as a subject matter expert and supervisory resource on application maintenance, system administration, and security; provide technical consultation to customers, staff, and management as necessary; provide recommendations regarding application or system issues in support of DPH's strategic planning, goals, and operations; and meet with program customers and ensures the priorities of the IT aligns with business goals and objectives.
- **Four IT Specialist III** positions would provide strategic technical leadership, influence, and expertise; and oversee the architecture, research, design and development of the DPH IT roadmap for the future of public health surveillance systems.
- **24 IT Specialist II** positions would lead development and oversight of standards for DPH applications and systems; organize application maintenance, system administration, and security activities; provide expert-level consultation to customers, staff, and management as necessary; identify and evaluate application and system issues; participate in DPH and ITSD strategic planning processes to set the strategic direction and goals for the organization; serve as subject matter experts, project managers and leads on application maintenance, system administration, and security; provide technical consultation to customers, staff, and management as necessary; provide recommendations regarding application or system issues in support of DPH's strategic planning, goals, and operations; and develop and revise various documents including different phases of the Software Development Life Cycle (SDLC), migration plans, task checklists, installation and configuration procedures, disaster recovery manuals, software evaluation reports, data history logs, and upgrade proposal presentations.
- **Eight IT Specialist I** positions would assist and facilitate the overall maintenance to standards for DPH applications and systems; serve as subject matter expert resources on application maintenance, system administration, and security; provide technical input to customers, staff, and management as necessary; assist in developing recommendations regarding application or system issues in support of DPH's strategic planning, goals, and operations; and assist in the development and revision of various documents including different phases of the SDLC.
- **One IT Associate** would serve as the first level IT Operations and Response technical specialist in providing IT support, monitoring, rapid response and problem resolution of all DPH disease surveillance systems.

CalREDIE Maintenance and Operations – 32 positions

- **One SSM I** position would support the development, monitoring, evaluation, and improvement of effective and efficient administrative of all systems within the Data Systems Division; plan, coordinate, and oversee administrative functions; provide oversight of contracting processes; manage accounting and budget activities; oversee and develop complex and sensitive fiscal analysis and responses to accounting and budget-related requests; provide strategic guidance on all operational and personnel functions and respond to and manage complex and sensitive personnel issues; establish workload priorities within the section and ensure timely completion of all activities; and participate in strategic planning and development to ensure administrative needs of Data Systems Division are met.
- **One AGPA** would provide analytic, administrative, and logistics support for the new positions, including personnel, facilities, contracts, and travel; assist with coordination, development, drafting of grant proposals, tracking of grant funding, and developing complex systems to collect metrics on progress towards grant deliverables and milestones.
- **One Research Scientist (RS) Supervisor II** would recruit, train, and guide staff to ensure that program mandates are met; conduct employee evaluations and counseling, and convene team staff meeting; oversee, direct, and coordinate activities to maintain CalREDIE for communicable disease surveillance; provide Help Desk support for system users and conduct regular, effective stakeholder outreach and communication; coordinate and direct the development of plans, operational procedures, guidelines and recommendations, and education and training to improve use of CalREDIE and define the activities of each member of the teams and supervises their efforts; and organize long-term projects to improve data quality and completeness using continuous quality improvement principles.
- **One SSM I** position would coordinate with communicable disease program leadership and staff to assess CalREDIE training and documentation needs and develop yearly training plan including trainings, webinars, certification efforts to address state and local training needs and requirements; create and execute an annual plan for system changes required for ongoing surveillance needs, including updates to data collections forms, planning and executing data imports, and modifications to configurations to utilize existing functionality to meet evolving surveillance needs.
- **Two RS I** positions would implement program-approved recommendations and modifications in the DPH data systems by using administrator privileges; document workflow analysis for onboarding of new programs or utilization of the data systems for new disease conditions; visually document modifications to disease case investigation forms, prepare presentations to inform stakeholders about form changes, and prepare and submit change requests for forms change.
- **One SSM I** position would lead surveillance system user support activities, coordinate responsibilities of the CalREDIE Help Desk including defining roles, responsibilities, and scheduling; lead regular meetings with Help Desk Unit staff; conduct ongoing Help Desk evaluation and make recommendation for process improvements; develop performance metrics and incorporate metrics into process improvement decisions; present metrics and proposed improvements to management and stakeholders; conduct activities to measure user satisfaction with Help Desk service; analyze feedback and make recommendations for improvements based on collected data; present analysis and recommendations to management and stakeholders; and represent the Help Desk during meetings including those with department staff, stakeholders, end-users, and system vendors.
- **Six AGPAs** would provide ongoing business and technical support for the CalREDIE surveillance system in the Help Desk Unit; respond to telephone and email inquiries from end users including public health, laboratories and healthcare providers; serve as subject matter experts for consultation and troubleshooting for customer problems; consult with vendor and technical team as needed to

address issues; work closely with the system administrators to analyze complex software problems and resolve issues that may have strategic impact; and escalate software problems to the technical team as required.

- **One RS Supervisor I** position would serve as the primary DPH point of contact for all CDC communicable disease reporting activities, including daily, weekly, and annual data reconciliation efforts, in coordination with DPH programs; plan, organize, and direct complex data cleansing and de-duplication efforts to standardize disease data; and lead the planning and execution of updates to the CalREDIE data warehouse to reflect ongoing modifications to data collection forms to reflect evolving disease surveillance requirements.
- **Three Research Data Specialist III** positions would serve as DPH point of contact for CDC reporting and data reconciliation efforts; execute cross-division efforts to streamline reporting of data to operational units at CDC; execute CalREDIE data cleansing and de-duplication projects to standardize surveillance data; execute CalREDIE data mapping efforts to comply with federal reporting requirements; and coordinate with program staff to develop, implement, and execute protocols for data management.
- **One RS Supervisor II** position would organize long-term projects to monitor, evaluate, and increase data quality and completeness for data received electronically into CalREDIE; determine workload, delegate assignments, assign responsibilities, assess training, and monitor performance; determine individual employee workload, assign specific tasks or assignments, and monitor performance of employees, contractors, or temporary staff; and establish performance standards and conduct performance reviews.
- **One RS IV** position in the Lab Reporting team would serve as the California COVID Reporting System (CCRS) product owner, representing programmatic priorities, needs, issues and risks; approve and authorize change requests to the CCRS system, based on program priorities, contract requirements, and available funding; and oversee CCRS activities, evaluate necessary changes, and coordinate communication and collaboration across CCRS, CalREDIE, program staff, and LHJ stakeholders.
- **One RS III** position in the Lab Reporting team would communicate with multiple representatives from data submitter organizations to provide a description and explanation of ELR, including technical messaging and vocabulary requirements; conduct complex data quality analysis activities and facilitate the electronic reporting validation processes, including development of documentation and coordination of discrepancy resolution between the sending facility, CCRS, and CalREDIE; coordinate across the Quality and Analytics, .CSV Reporting, and ELR sub-teams, with CalREDIE and DPH program partners to support all submitting facilities' progression to lab reporting on a production basis and maintain existing data transmissions; and investigate and resolve exceptions in the receipt, processing, or transmission of lab data of public health significance between CCRS, CalREDIE, DPH programs, and LHJs.
- **Three RS II** positions in the Lab Reporting team would independently communicate with multiple representatives from all levels of data submitter organizations to provide a description and explanation of lab reporting, including technical messaging and vocabulary requirements; facilitate submitter registration and connection to CCRS and provide consultation to organizations regarding the refinement of HL7 ELR messages and .CSV files; independently investigate and resolve transmission anomalies with lab reporting data, and conduct data quality activities and facilitate the ELR validation processes, including discrepancy resolution between the sending facility, CCRS, CalREDIE, DPH programs, and LHJ; develop lab reporting training materials and conduct knowledge transfer sessions in support of new staff onboarding efforts and develop documentation to support laboratories' efforts

to submit quality .CSV files and ELR messages to DPH data systems; and coordinate with CalREDIE program staff and DPH program partners to support all submitting facilities' progression to electronic reporting on a production basis.

- **Six RS I** positions in the Lab Reporting team would review incoming lab reports, extracts of laboratory report data, and data dashboards to identify reporting exceptions; identify and follow up with laboratories that are not reporting in compliance with standards; and identify and evaluate new lab data submitters and coordinate onboarding for lab result reporting and communicate with laboratories reporting data files to ensure compliance with the CDPH standards and file formats.
- **One RS III** position in the CalREDIE eCR team would serve as primary advisor for eCR information systems, EHR systems, workflow, and health data exchange; provide strategic assistance and ensure CalREDIE eCR systems support the information needs of the public health agency, statewide public health programs, policy development, research, and evaluation; and plan and coordinate ongoing information system application testing, implementation, and evaluation with project teams across the public health program and agency to ensure ongoing high quality eCR data availability in CalREDIE.
- **Two RS I** positions in the CalREDIE eCR team would provide support for eCR data quality activities; resolve eCR discrepancies by comparing incoming CalREDIE eCR data to eCR data standards and communicating findings to data submitters; and coordinate with data submission personnel to support transition from enrollment for eCR to testing and production transmission of eCR and perform quality assessment and eCR message validation and content testing.

CA Notify Office – Seven positions

- **One Public Health Medical Officer III** position would serve as the director for the CA Notify Office, oversee the project planning, implementation, progress, and success of the CA Notify system; oversee the DPH – University of California San Diego (UCSD) contract for the purpose of external program evaluation as well as other short-term operational supports; provide high-level coordination with DPH leadership as well as external partners such as Google, Apple, APHL, and other key technology partners, as well as collaboration with local health departments and other state and federal health agencies focusing on digital exposure notification; report on project status.
- **Two RS III** positions would serve as epidemiologists, routinely analyzing data to monitor program performance and provide feedback based on observed changes as a result of ongoing system maintenance; create, clean, and maintain databases with input from the various data sources; produce and maintain CA Notify dashboards, producing analytical reports for DPH leadership and other stakeholders as well as producing reports to respond to media inquiries; and collaborate with external evaluation partners to provide data for modeling or other advanced analysis.
- **One Health Program Manager I** position would serve as the Project Manager and provide ongoing and day-to-day operational and project management support to the entire CA Notify team; develop appropriate timelines, set expectations, and define tactical objectives using the agile framework; oversee the schedule to ensure project milestones are met in a timely manner; help create agendas for team meetings and facilitate the identification of risks and mitigation strategies; and provide daily and weekly progress reports to the director of the office.
- **One Health Program Specialist II** position would serve as a Health Education Specialist; develop and maintain the content of the CA Notify websites, CA Notify app environment on both iOS and Android platforms, as well as printable and marketing assets; ensure the content meets DPH health education and ADA guidelines as well as coordinating with DPH's Office of Communication to ensure the content meets DPH communication policies; produce content for media inquiries and coordinate

with the DPH Office of Public Affairs; lead on the planning, implementation, progress, and success of CA Notify marketing strategies; help to develop and execute a grand marketing strategy with short-, mid-, and long-term goals to help achieve the programmatic objectives and create cross program synergies; coordinate with internal and external partners to identify and utilize existing resources; actively conduct outreach to expand CA Notify coverage and utilization such as testing sites, businesses, transportation hubs, educational institutions, healthcare organizations, and others.

- **One Health Program Specialist II** position would serve as the Web Contributor and be the point of contact for the development and maintenance of the CA Notify landing website, Exposure Notification page, as well as other CA Notify public facing websites; update the content of the sites to ensure that they reflect the most recent DPH public health guidance and polices; and develop and execute website integration with other DPH web-based functionalities.
- **One AGPA** would perform systems analysis and monitor the maintenance of the CA Notify exposure notification system and supporting assets; monitor technology updates from the exposure notification developers (Apple and Google), as well as associated partners such as APHL, Mitre, and other entities to ensure CA Notify system is operating as designed; ensure system features are implemented in a timely manner and collaborate with technology partners to develop, test, and deploy updates; ensure technological modifications are properly communicated with the end users; and function as a point of contact for CA Notify integration with other DPH data systems such as CalCONNECT.

CalCONNECT Branch – 23 positions

- **One RS Manager would** serve as the Branch Chief; oversee the project planning, implementation, progress, and success of the CalCONNECT system including contract management with an implementation vendor, task tracking and completion, ensuring the project scope is completed per the contract, and managing project scope changes and the work order authorization process; manage project invoices, assist with cost tracking, and identify and resolve risks and issues; report on project status; attend weekly backlog grooming meetings and other agile meetings; coordinate communication and collaboration across CalCONNECT work streams; coordinate integration with other data system;, monitor system health metrics to identify and resolve issues; and coordinate with the User Acceptance Testing lead on all testing progress and outcomes.
- **One RS Supervisor II** position would assist with oversight, project planning, implementation, progress, and success of the CalCONNECT system including direct supervision of the team leads for the "System Maintenance, Monitoring, Stability, and User Acceptance Testing" and "Interoperability and Integration Monitoring" Sections; support contract management with an implementation vendor, task tracking and completion, ensuring the project scope is completed per the contract, and managing project scope changes and the work order authorization process; support efforts to identify and resolve risks and issues; support project status updates and attend weekly backlog grooming meetings and other agile meetings as well as planning and managing meetings to scope new efforts; coordinate communication and collaboration across CalCONNECT sections and work streams; coordinate integration with other data systems; monitor system health metrics to identify and resolve issues; and coordinate with the User Acceptance Testing lead on all testing progress and outcomes.
- **One RS Supervisor I** position would coordinate efforts and monitor the work of the CalCONNECT implementation vendor's functional team; anticipate the impact that new or modified software will have on existing standards and systems, workforce, and public health programs, and make recommendations for solutions; manage and revise protocols needed to ensure accurate CalCONNECT system and data management processes; create yearly plans for ongoing system

maintenance and monitoring, as well as develop user acceptance testing (UAT) plans prior to each system update; plan for upcoming system changes including onboarding new programs, updates to data collection forms, and new uses of existing functionality; prioritize efforts for onboarding new programs, create new and revising existing data collection forms, and create new and revising existing data exports; coordinate with programs and oversee section work to collect business requirements, perform feasibility analysis and present options to program; and work with the technical team to assess options.

- **Four RS III** positions would routinely analyze data to ensure proper functioning of numerous applications and pieces of functionality within the CalCONNECT system, including: English and Spanish versions of the call script, virtual agent (VA), Short Message Service (SMS), CAIR2/IRIS vaccination query tool, isolation and quarantine support tools, monitoring events, exposure events, referrals, calculated fields, School/Shared Portal for Outbreak Tracking (SPOT), Amazon Web Services (AWS), and CA Notify; monitor bulk upload functionality, merging and de-duplication maintenance, and system security and privacy; work with stakeholders to identify enhancements to CalCONNECT and coordinate regular communication with stakeholders regarding enhancement and maintenance schedules; develop detailed project plans for each enhancement and maintenance cycle, design, document, and oversee execution of the enhancement and maintenance release; develop testing plans, and document and conduct UAT prior to system updates to identify issues and coordinate next steps for resolution and tracking; work with the implementation vendor to accomplish tasks.
- **One RS Supervisor I** position would perform tasks associated with public health informatics necessary to ensure interoperability between CalCONNECT and other systems; supervise a team that develops and implements monitoring plans to ensure proper functioning of CalCONNECT integrations with both internal and external systems, including: CalREDIE, Snowflake, CAIR2, IRIS, Optum Serve, AWS, Qualtrics, CA Notify, San Francisco County, Los Angeles County, and San Mateo County; implement and communicate system modifications and updates; conduct business analysis of program operations and workflows; assist with development of scope and specifications for system updates and changes to ensure interoperability and data exchange between electronic data systems; work closely with stakeholders to assess, manage, coordinate and communicate needed changes and updates; supervise the CalREDIE-CalCONNECT Interoperability and Data Help Desk; and assist with overseeing the work of contractors.
- **Four RS III** position would test and enhance the CalCONNECT platform; conduct independent and high-level business analysis of program operations and workflows where needed; assist with development of scope and specifications for system updates and changes to ensure interoperability and data exchange between electronic data systems; perform user acceptance testing for changes related to system integrations; work closely with LHJs to assess, manage, and communicate needed change; serve as CalCONNECT subject matter experts to LHJs to explain and troubleshoot system functionality, independently perform a range of tasks and make recommendations associated with public health informatics, including system analysis, communication, implementation, evaluation, and data management, and perform maintenance, training, and other functions related to the CalCONNECT platform; work closely with stakeholders to assess, manage, coordinate, and communicate needed changes and updates.
- **One Health Program Manager I** position would act as the liaison for LHJs and leadership; work to set CalCONNECT system priorities based on LHJ requests; coordinate logistics for CalCONNECT system trainings for LHJ staff; work collaboratively with Infectious Disease subject matter experts to design and address program concerns with CalCONNECT functionality; organize and lead virtual

town hall meetings with LHJ leadership and programs; and serve as the DPH representative on CalCONNECT quality improvement system issues or enhancements.

- **Two Health Program Specialist I** positions would lead in-person CalCONNECT trainings and webinars for a variety of stakeholders with different backgrounds and areas of expertise; conduct in person, hands-on, scenario-based trainings for public health users on the use of web-based disease reporting and surveillance systems across the state; lead recurring meetings with stakeholders to communicate system updates and provide a venue for stakeholder collaboration, as well as provide technical assistance to LHJs, healthcare providers, and laboratories in the use of the system; and support oversight and monitoring of the implementation vendor's Command Center teams responsible for LHJ Governance, Help Desk, and Training.
- **One RS Supervisor I** position would direct the work of a high-level Reporting, Analytics, and Data Warehouse team staff; use epidemiological methods to plan and execute analytic and reporting projects; oversee data analysis and visualization, technical documentation, evaluation, user training and data management related to the CalCONNECT platform; oversee all aspects of the CalCONNECT Data Warehouse to ensure that analytic staff at LHJs have direct access, based on appropriate permission structures, to information within the system; work with contracted partners and other leadership to develop and refine program metrics, and deliver required reports, dashboards, and epidemiologic analyses; and ensure communication with stakeholders to inform them of reporting enhancements and to deliver dashboards and other reports with the functionality needed to assess and improve contact tracing efforts in California.
- **Six RS III** position would serve as data systems point of contact for information related to case investigation and contact tracing in CalCONNECT; support the development and maintenance of the secure CalCONNECT data warehouse used by LHJs to conduct complex data analyses and queries; support LHJ analytic staff by serving as subject matter experts for questions related to system data and dashboards, developing and maintaining technical documentation, conducting analytic trainings, and by executing projects to provide LHJs curated data, standard queries, and code to conduct routine analyses; execute highly technical and complex epidemiologic analyses to evaluate the CalCONNECT system to support programmatic policy and decision making; and implement data dashboarding and visualization projects to provide real-time analytic insights to LHJs, CalHHS, DPH divisions and leadership to support pandemic, communicable disease emergency, and outbreak response efforts.
- **One AGPA** would provide analytic, administrative, and logistics support, including personnel, facilities, contracts, and travel to the Data Systems Division; provide support in workforce development planning, including coordinating training for employees and the development of strategic planning activities; maintain, track and monitor project progress in collaboration with program staff and assist with departmental drills; develop programmatic timelines for various complex, statewide procurement processes and develop and evaluate program standards, policies, and procedures and monitor the application of the programs; coordinate budget, accounting, contract, and personnel documents; review and reconcile fiscal reports, analyze, draft, and finalize new, renewal, and amendment contracts and grant agreement packages, and provide advice and technical assistance on expenditure and revenue transactions and reviews; proofread written documents and research and validate appropriate laws and regulations for various deliverables, including correspondence, contracts, service orders, procurement documents, reports, manuscripts, and briefs; manage and reconcile funds, review expenditures and associated authority, and prepare various financial and ad hoc reports for management review; manage Public Records Act requests and coordinate responses with program subject matter experts to gather responsive records; provide support to the information officer to prepare communications to meet Americans with Disabilities Act standards.

CAIR 2 Maintenance and Operations – 16 positions

- **Two Health Program Specialists** would perform quality assurance across Immunization Branch applications (CAIR2, myTurn, myCAvax, DVR) including defect management and enhancements; perform functional, unit and regression testing; be responsible for developing and implementing test plans; and anticipate the impact that new or modified software will have on existing functionality; plan for upcoming system changes, writing release notes, and working with communications team on the upcoming changes.
- **One Administrative Assistant I** position would provide administrative support to the registry and assessment section; support staff in scheduling meetings and all logistics around scheduling meetings with vendors; take meeting notes and appropriately file them, so all team members have access to them; assist in document tracking of all vendor related materials.
- **One AGPA** would serve as the primary contract analyst for all vaccine management related contracts (CAIR, My Turn, myCAvax, DCVR); develop contracts and any associated amendments; review all invoices; and interface with program and vendor staff for approvals.
- **Three Health Program Specialists** would analyze incoming HL7 data to ensure proper functioning of the IIS and the consumption of data; work with data submitters on data quality, completeness, and timeliness; work closely with the IIS vendor on merging and un-merging patient records.
- **One SSM I** position would manage vendor contracts; ensure branch goals are being met; supervise a team that will perform analysis on the Immunization Branch IIS related applications (CAIR2, myvfcvaccines, CAIR2 Medical Exemption application, myCAvax, myTurn, DVR, CAIR2 Account Enrollment, CAIR Mass Vax, and CAIR2 Account Update) and their related informational websites; supervise the planning and evaluation of system modifications and updates; conduct business analysis of program operations and workflows; assist with development of scope and specifications for system updates and changes to ensure interoperability and data exchange between electronic data systems; work closely with stakeholders to assess, manage, coordinate and communicate needed changes and updates.
- **Three Health Program Specialists** would ensure efficient and effective delivery and development of Immunization Branch services and applications, tools, or enhancements through accurate application of ITSD's coding and security standards and requirements fulfillment; perform business requirements gathering, documentation, analysis, prioritization, and measurement; support the design, testing, and deployment of custom reports, tools, and databases to fulfill those requirements; ensure project scope is maintained by mapping business requirements to the design of reports and tools; ensure accurate functionality and adherence to business requirements by coordinating with technical staff to develop and track entity relationship diagrams, and website diagrams; and work with the solution architect, technical leads and the database administrator to develop and refine database designs and integrate databases into the department's overall data management structure.
- **Five RS III** positions would analyze data to ensure proper functioning of numerous applications and pieces of functionality within the Immunization Branch, including the IIS, CAIR Medical Exemptions, Snowflake (IRIS), and public reporting dashboards; and assist with the increased activities related to COVID reporting.

CCRS Maintenance and Operations – Two positions

- **Two Health Program Specialist II** positions would coordinate with all current and potential cloud data warehouse users to ensure continuity, security, and appropriate use of data access; plan, organize, and direct complex projects to support program and local health jurisdictions with data management activities, provide technical assistance and training to state programs and local health jurisdictions on data management best practices; and coordinate with system users to collect data warehouse and analytics requirements, perform feasibility analysis, present solutions to user groups, and work with technical team to assess options.

Contract Resources - $165 million

DPH also requests General Fund expenditure authority of $165 million in 2022-23, $109.2 million in 2023-24, and $13.1 million annually thereafter for contract resources to support these IT projects.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 4: COVID-19 Emergency Response and Border Response Operations

Budget Change Proposal – Governor's Budget. DPH requests General Fund expenditure authority of $760.8 million in 2022-23. If approved, these resources would support continuation of the state's efforts to protect public health and safety against the spread of COVID-19 by providing vaccinations, diagnostic testing, contract tracing, health staff support, operations support, and emergency response activities at the border.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24**
0001 – General Fund	$760,750,000	$-
Total Funding Request:	**$760,750,000**	**$-**
Total Requested Positions:	**0.0**	**0.0**

Background. According to DPH, its efforts during the COVID-19 pandemic have played a crucial role in slowing community transmission and saving the lives of many Californians by providing vaccinations, diagnostic testing, contact tracing, health staff support for facilities in need, and emergency response activities at the border.

Vaccinations. As of February 2022 California has administered nearly 71 million vaccine doses with nearly 74 percent of Californians over age five fully vaccinated. In addition, over 13.6 million booster shots have been administered. The state's Vaccinate All 58 campaign conducts outreach, education, and appointment assistance in all 58 counties. The campaign has built partnerships with community-based organizations, faith-based organizations, ethnic media, and others to empower trusted messengers with timely, accurate, and culturally relevant information, and to encourage vaccine confidence and appointment booking through highly interactive peer-to-peer engagement, events, and media. DPH reports the campaign has canvassed over 700,000 households and provided appointment assistance to more than one million individuals in the hardest-hit communities in California.

Testing. As of February 2022 California has performed nearly 144 million COVID-19 diagnostic tests since the beginning of the pandemic. DPH reports it has implemented various strategies to meet demand and make testing costs sustainable, including opening the Valencia Branch Laboratory and implementing comprehensive antigen testing.

Contact Tracing. According to DPH, as of January 2022 DPH and other state departments redirected 268 state staff to local health jurisdictions as a part of the California Connected contact tracing program. These staff are trained to serve as case investigators, contact tracers, outbreak investigators, and contract tracing school specialists. DPH is also seeking volunteers to join the Public Health Reserve Corp, a unit of trained strike teams to provide emergency response support in the case of a state of emergency that poses a risk to public health.

Health Staffing. According to DPH, during the Omicron surge, more than 2,000 health care workers have been deployed to support health care facilities, expand surge capacity, and support vaccine administration.

Border Activities. DPH reports it has, in partnership with federal, local, and non-profit partners, provided support and services to newly arriving migrants at the border in Imperial, San Diego, and Riverside Counties, including testing, temporary shelter, vaccines, and coordination for safe onward travel. Six intake hubs have been established across these three counties to serve up to 2,000 migrants per day.

Early Action Request for 2021-22 Fiscal Year. SB 115 (Skinner), Chapter 2, Statutes of 2022, included General Fund expenditure authority of $1.6 billion in 2021-22 for DPH to continue its COVID-19 response activities. These resources will support the following measures:

- $18.2 million for contract tracing.
- $486.7 million for hospital and medical surge.
- $56.6 million for state response operations.
- $599.2 million for statewide testing.
- $399.1 million for vaccine distribution and administration.
- $65 million for information technology.

Resource Request. DPH requests General Fund expenditure authority of $760.8 million in 2022-23 to support continuation of the state's efforts to protect public health and safety against the spread of COVID-19 by providing vaccinations, diagnostic testing, contract tracing, health staff support, operations support, and emergency response activities at the border. Specifically, DPH requests the following:

- $158.6 million would support school testing activities, providing specimen collection, as well as procurement and distribution of test supplies.
- $130.6 million would support vaccine and booster outreach, education, and appointment assistance campaigns.
- $90 million would provide specimen collection services through various modalities including fixed, drive-through, mobile, at-home, and traveling teams.
- $77.7 million would support diagnostic testing services at the Valencia Branch Laboratory.
- $46.7 million would support interagency agreements with the Department of General Services, the Emergency Medical Services Authority, and the Department of Social Services to support border response activities.
- $23.6 million would provide end-to-end administration and management services of vaccine sites and strike teams.
- $16.1 million would provide vaccine mobile units rotating across counties and local health jurisdictions to provide pop-up clinic services.
- $14.5 million would provide health screening or testing services for state agencies to comply with the Governor's vaccine mandate for stat staff.
- $5.2 million would provide support to the vaccine task force.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal

Issue 5: Public Health Electronic Licensing Program for Tissue Banks and Biologics Facilities

Budget Change Proposal – Governor's Budget. DPH requests six positions and expenditure authority of $3.6 million ($583,000 Tissue Bank License Fund and $3 million Clinical Laboratory Improvement Fund) in 2022-23, and $2 million ($583,000 Tissue Bank License Fund and $1.4 million Clinical Laboratory Improvement Fund) annually thereafter. If approved, these positions and resources would allow DPH to: 1) increase inspections and oversight of tissue banks, blood banks, and biologics facilities; and 2) establish the Electronic Tissue and Biologics System (ETABS) to migrate facility licensing processes from paper-based to an online platform.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
0076 – Tissue Bank License Fund	$583,000	$583,000
0098 – Clinical Laboratory Improvement Fund	$2,989,000	$1,389,000
Total Funding Request:	**$3,572,000**	**$1,972,000**
Total Requested Positions:	**6.0**	**6.0**

* Positions and resources ongoing after 2023-24.

Background. DPH's Laboratory Field Services Branch is responsible for the licensure and oversight of clinical and public health laboratories, licensure and oversight of clinical and public health laboratory personnel and training, and licensure and oversight of blood banks, tissue banks, biologics production facilities, and cytology personnel. DPH reports over the last 15 years, there has been a significant growth of interest in the therapeutic applications of stem cells, the precursor cells that develop into blood, brain, bones, and organs. Stem cell therapies, like other medical products, require approval from the federal Food and Drug Administration (FDA) before they can be marketed. Currently there is only one stem cell therapy proven safe and effective and approved by the FDA for use in patients.

According to DPH, a 2016 study identified 351 U.S. businesses engaged in direct-to-consumer marketing of stem cell interventions offered at 570 clinics, with 113 clinics in California. A follow-up study showed the industry added 90 to 100 new businesses per year. The study authors catalogued a number of concerns about these businesses including: a lack of compliance with federal regulations, misleading claims about the safety and efficacy of advertised procedures, and high risk of physical, emotional, and financial harm to ill, injured, or vulnerable individuals.

While the FDA indicated in 2019 it plans to increase compliance actions against these businesses, DPH reports it continues to have a responsibility to ensure the safety and efficacy of products and treatments of California businesses. DPH is requesting staff resources to increase its enforcement activities to ensure the safety and efficacy of these products and protect the public from harm, as well as migrating from the current paper-based application process to an electronic method to review applications and give examiners more time for on-site inspections and enforcement actions.

Staffing and Resource Request. DPH requests six positions and expenditure authority of $3.6 million ($583,000 Tissue Bank License Fund and $3 million Clinical Laboratory Improvement Fund) in 2022-23, and $2 million ($583,000 Tissue Bank License Fund and $1.4 million Clinical Laboratory Improvement Fund) annually thereafter to: 1) increase inspections and oversight of tissue banks, blood banks, and biologics facilities; and 2) establish the Electronic Tissue and Biologics System (ETABS) to migrate

facility licensing processes from paper-based to an online platform. Specifically, DPH requests the following positions and resources:

- **One Examiner II** position would perform increased inspections, follow up on complaints, and work with FDB, local law enforcement agencies, and federal agencies on investigation and enforcement activities.
- **One Information Technology (IT) Specialist II** position would design, develop, test, implement, and maintain software on the Pegasystems framework. The software solution would be developed and maintained in a Pegasystems on-premises environment.
- **One IT Specialist I** position would oversee the information technology testing efforts for the DPH Pega platform; conduct user acceptance, regression, in-sprint, and migration testing in all environments; and ensure all environments are tested and any defects are identified and corrected.
- **One Staff Services Analyst** and **Two Program Technician II** positions would initially work on User Acceptance Testing and would eventually work on Quality Assurance and troubleshooting to ensure a smooth transition to the online process.

In addition to these staffing resources, DPH requests expenditure authority of $2.7 million in 2022-23 to establish the ETABS bank licensing project, and $1.1 million annually thereafter for maintenance and operations. In 2022-23, $1.9 million would support a vendor to develop the program, while $800,000 would be for the DPH Information Technology Services Division (ITSD) to provide project management, testing, development, release management, code review, data quality management, and additional oversight activities. In 2023-24 and annually thereafter, $1.1 million would be for ITSD to provide ongoing maintenance and operations support.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 6: AIDS Drug Assistance Program (ADAP) Estimate

Background. The Office of AIDS within DPH administers the AIDS Drug Assistance Program (ADAP), which provides access to life-saving medications for Californians living with HIV and assistance with costs related to HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for Californians at risk of acquiring HIV. Clients are eligible for ADAP services if they meet the following criteria:

1. are HIV infected;
2. are a resident of California;
3. are 18 years of age or older;
4. have a Modified Adjusted Gross Income that does not exceed 500 percent of the Federal Poverty Level; and
5. are not fully covered by or eligible for Medi-Cal or any other third-party payer.

ADAP Programs. ADAP provides services to its clients through support for medications, health insurance premiums and out-of-pocket costs. Participating clients generally fall into one of five categories:

1. *Medication-only clients* are people living with HIV who do not have private insurance and are not enrolled in Medi-Cal or Medicare. ADAP covers the full cost of prescription medications on the ADAP formulary for these individuals, who only receive services associated with medication costs.
2. *Medi-Cal Share of Cost clients* are persons living with HIV enrolled in Medi-Cal who have a share of cost for Medi-Cal services. ADAP covers the share of cost for medications for these clients, who only receive services associated with medication costs.
3. *Private insurance clients* are persons living with HIV who have some form of health insurance, including through Covered California, privately purchased health insurance, or employer-based health insurance and who receive services associated with medication costs, health insurance premiums and medical out-of-pocket costs.
4. *Medicare Part D clients* are persons living with HIV enrolled in Medicare and have purchased Medicare Part D plans for medication coverage. This group of clients receives services associated with medication co-pays, medical out-of-pocket costs, Medicare Part D health insurance premiums, and has the option for premium assistance with Medigap supplemental insurance policies, which cover medical out-of-pocket costs.
5. *Pre-exposure prophylaxis (PrEP) Assistance Program (PrEP-AP) clients* are individuals who are at risk for, but not infected with, HIV and have chosen to take PrEP, or post-exposure prophylaxis (PEP), as a way to prevent infection. For insured clients, PrEP-AP pays for PrEP- and PEP-related medical out-of-pocket costs and covers the gap between what the client's insurance plan and the manufacturer's co-payment assistance program pays towards medication costs. For uninsured clients, PrEP-AP only provides assistance with PrEP- and PEP-related medical costs, as medication is provided free by the manufacturer's medication assistance program.

ADAP is funded by federal funds and the ADAP Rebate Fund (Fund 3080). The federal government began funding state programs to assist people living with HIV to purchase antiretroviral medications in 1987. Since 1990 with the passage of the Ryan White Comprehensive AIDS Resources Emergency Act, now known as the Ryan White Program, the federal Health Resources and Services Administration

(HRSA) provides funding to states for ADAP programs. In addition to federal funds, ADAP receives significant funding from mandatory and voluntary manufacturer rebates for ADAP drug expenditures.

ADAP Estimate – Governor's Budget. The November 2021 ADAP Local Assistance Estimate reflects revised 2021-22 expenditures of $432.3 million, a decrease of $57.2 million or 11.7 percent compared to the 2021 Budget Act. According to DPH, this increase is primarily due to higher projected medication expenditures for medication-only clients and changes to the caseload mix, which is projected to be lower than previously estimated. For 2022-23, DPH estimates ADAP expenditures of $420.6 million, a decrease of $11.9 million or 2.8 percent compared to revised expenditures for 2021-22. According to DPH, this increase is similarly attributable to higher projected medication expenditures for medication-only clients and changes to the caseload mix.

ADAP Local Assistance Funding Summary		
Fund Source	**2021-22**	**2022-23**
0890 – Federal Trust Fund	$108,172,000	$102,207,000
3080 – AIDS Drug Assistance Program Rebate Fund	$324,121,000	$318,440,000
Total ADAP Local Assistance Funding	**$432,293,000**	**$420,647,000**

ADAP tracks caseload and expenditures by client group. DPH estimates ADAP caseload and expenditures for 2021-22 and 2022-23 will be as follows:

Caseload by Client Group	**2021-22**	**2022-23**
Medication-Only	11,000	9,499
Medi-Cal Share of Cost	101	103
Private Insurance	10,872	10,893
Medicare Part D	7,520	7,537
PrEP Assistance Program	5,250	5,656
TOTAL	**34,743**	**33,687**

Expenditures by Client Group	**2021-22**	**2022-23**
Medication-Only	$333,979,452	$270,831,264
Medi-Cal Share of Cost	$1,460,097	$1,182,264
Private Insurance	$108,668,555	$108,944,692
Medicare Part D	$23,322,112	$29,225,130
PrEP Assistance Program	$2,950,264	$7,083,988
TOTAL	**$470,380,480**	**$496,050,788**

Costs for administration of ADAP are estimated to be $8.6 million in 2021-22 and $5.6 million in 2022-23. Costs for administration of PrEP-AP are estimated to be $567,749 in 2021-22 and $659,805 in 2022-23. Enrollment costs are estimated to be $8 million in 2021-22 and $7.3 million in 2022-23. Beginning in 2017-18, ADAP introduced a new reimbursement methodology for enrollment sites which includes a

payment floor and variable payments dependent on new client medication enrollment, client bi-annual self-verification, client annual re-enrollment, client insurance assistance enrollment and re-enrollment, and PrEP client enrollment and re-enrollment.

In addition, ADAP's pharmacy benefit manager, Magellan Rx Management, contracts with a safety net recovery vendor, Health Management Systems (HMS) to pursue recovery of paid claims when a liable third party is identified post-payment. DPH estimates recoveries of $12.2 million in 2021-22 and $12.2 million in 2022-23.

Program Updates in the 2022-23 ADAP Estimate. According to DPH, ADAP is implementing the following significant changes to existing programs or new programs:

- *Medicare Part C Payment Program.* ADAP currently pays private health insurance premiums and outpatient medical out-of-pocket costs for clients in OA-HIPP, Medicare Part D Premium Payment Program (MDPP), and the Employer Based Health Insurance Premium Payment Program (EB-HIPP). When clients become eligible for Medicare, they are no longer eligible for OA-HIPP, but can receive payment for Medicare Part D costs. ADAP proposes to utilize ADAP rebate funds to establish the Medicare Part C Premium Payment Program, which would pay premiums and out-of-pocket costs for Medicare Part C (also referred to as Medicare Advantage), to encourage ADAP clients to enroll in comprehensive coverage, and reduce medication costs for ADAP in other categories.
- *Medicare Part B Extra and Innovative Benefits.* Certain Medicare Part B supplemental plans offer "extra" or "innovative" benefits to cover services outside base medical coverage, such as hearing aids, vision exams, Silver Sneaker gym memberships, and nurse consultations. ADAP currently pays Medicare Part B supplemental medical plan premiums through MDPP, but requires clients to cover the cost of extra or innovative benefits. ADAP proposes to utilize ADAP rebate funds to pay premiums for supplemental plans including extra and innovative benefits.
- *ADAP Pilot Program for Jails.* Prior to 2008, 36 local county jails participated in ADAP to provide medication assistance to qualifying detainees. However, the program was terminated in 2008 due to the recession and the subsequent General Fund shortfall. In 2018, the Health Resources and Services Administration (HRSA) released guidance that permitted the use of HRSA funds for detainees in county jails not yet convicted of a crime or not covered by federal or state health benefits during incarceration. Orange County requested ADAP to provide services at their county jail, allowing the jail to serve as an ADAP enrollment site, clients to access medications at the jail pharmacy, and prescription refills for clients scheduled for release. ADAP is considering expanding the ADAP jail pilot program to other interested county jails in 2022-23, including Los Angeles, Marin, Riverside, San Francisco, San Luis Obispo, and Siskiyou). According to DPH, the net fiscal impact from the ADAP Rebate Fund of the Orange County pilot is $719,000 ($1.1 million in expenditures offset by $354,000 in rebates) for 123 eligible clients in 2021-22, and $317,000 ($933,000 in expenditures offset by $616,000 in rebates) for 107 eligible clients, in 2022-23. DPH estimates the net fiscal impact of the expansion would be $11.7 million ($17.4 million expenditures offset by $5.7 million in rebates) for 1,998 eligible clients in 2021-22, and $5.1 million ($15.1 million in expenditures offset by $10 million in rebates) for 1,733 eligible clients in 2022-23.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of the major changes to the ADAP Estimate.

Issue 7: Sexually Transmitted Disease – Testing (SB 306)

Budget Change Proposal – Governor's Budget. DPH requests three positions and General Fund expenditure authority of $475,000 annually. If approved, these positions and resources would allow DPH to provide technical assistance to local health jurisdictions and training to human immunodeficiency virus (HIV) test counselors to perform any HIV, hepatitis C, or other sexually transmitted disease test waived under the federal Clinical Laboratory Improvements Act (CLIA), pursuant to the requirements of SB 306 (Pan), Chapter 486, Statutes of 2021.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
0001 – General Fund	$475,000	$475,000
Total Funding Request:	**$475,000**	**$475,000**
Total Requested Positions:	**3.0**	**3.0**

* Positions and resources ongoing after 2023-24.

Background. According to DPH, nearly all states allow the use of federal Food and Drug Administration (FDA)-approved, CLIA-waived tests by trained non-medical personnel and defer to federal requirements. California was one of only a handful of states with additional training requirements above and beyond federal law. Prior to SB 306, state law allowed human immunodeficiency virus (HIV) test counselors trained by the DPH Office of AIDS (OA) or its agents to perform CLIA-waived rapid tests for HIV and hepatitis C virus (HCV) or, if FDA-approved and CLIA-waived, combination HIV/HCV tests. SB 306 (Pan), Chapter 486, Statutes of 2021, allows HIV test counselors to perform CLIA-waived tests for all sexually transmitted diseases (STDs) if they have completed a training course approved by OA. This change enables DPH to train test counselors on new CLIA-waived HIV, HCV, or STD tests as they become available without having to change state law or issue regulations. This flexibility allows for changing public health priorities, and because new STDs can arise, as HIV did in the 1980s, at any time requiring a rapid public health response.

Staffing and Resource Request. DPH requests three positions and General Fund expenditure authority of $475,000 annually to provide technical assistance to local health jurisdictions and training to human immunodeficiency virus (HIV) test counselors to perform any HIV, hepatitis C, or other sexually transmitted disease test waived under the federal Clinical Laboratory Improvements Act (CLIA), pursuant to the requirements of SB 306. Specifically, DPH requests the following positions and resources:

One Health Program Specialist I position in the Office of AIDS (OA) would manage the development, review, and approval of training curricula developed by OA training agents and external training providers, including periodic updates to confirm medical accuracy and quality assurance.
One Health Program Specialist I position in the Sexually Transmitted Disease Control Branch would provide technical assistance to local health jurisdictions and community-based organizations seeking training in use of CLIA-waived HIV, HCV, or STD tests, prepare programmatic guidelines, fact sheets, and materials, and support program evaluation.
One Associate Governmental Program Analyst in the Office of AIDS (OA) would manage training contracts, grants, and requests for applications, and support fiscal management, and accounting; support logistics, such as ordering, purchasing, and shipping supplies to support rapid test kit proficiency (e.g., test kit controls).

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 8: Public Health – COVID-19 (SB 336)

Budget Change Proposal – Governor's Budget. DPH requests General Fund expenditure authority of $307,000 in 2022-23 and 2023-24. If approved, these resources would allow DPH to operate and maintain an e-mail distribution list for organizations, communities, nonprofits, and individuals to receive information regarding COVID-19 public health orders, pursuant to the requirements of SB 336 (Ochoa Bogh), Chapter 487, Statutes of 2021.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24**
0001 – General Fund	$307,000	$307,000
Total Funding Request:	**$307,000**	**$307,000**
Total Requested Positions:	**0.0**	**0.0**

Background. SB 336 (Ochoa Bogh), Chapter 487, Statutes of 2021, requires DPH, or a local health officer (LHO), when taking measures to protect the public against the threat of COVID-19, to publish those measures and the date they take effect on their internet website. In addition, DPH or a LHO is required to provide organizations, communities, nonprofits, and individuals an opportunity to sign up for an email distribution list which will relay changes to public health orders.

Resource Request. DPH requests General Fund expenditure authority of $307,000 in 2022-23 and 2023-24 to operate and maintain an e-mail distribution list for organizations, communities, nonprofits, and individuals to receive information regarding COVID-19 public health orders, pursuant to the requirements of SB 336. DPH indicates it will use existing position authority and requests the following resources:

- **Two Associate Governmental Program Analysts** would coordinate the addition and removal of recipients on the email distribution list, maintain updated health officer orders from each LHO, distribute changes to heath officer orders through the list, and assist local health districts with their own distribution lists.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 9: Climate and Health Surveillance Program

Budget Change Proposal – Governor's Budget. DPH requests 30 positions and General Fund expenditure authority of $10 million annually. If approved, these positions and resources would allow DPH to provide near real-time notification for public health departments, first responders, and the community for emerging or intensified climate-sensitive diseases.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
0001 – General Fund	$10,000,000	$10,000,000
Total Funding Request:	**$10,000,000**	**$10,000,000**
Total Requested Positions:	**30.0**	**30.0**

* Positions and resources ongoing after 2023-24.

Background. According to DPH, climate change is considered the greatest global public health threat of the 21st Century and is impacting human health today. In California, health impacts associated with climate change in recent years have included injury, illness, and death from wildfires and wildfire smoke, extreme heat, drought, landslides, extreme weather events, vector-borne diseases, and associated mental health impacts. The harms of climate change also impose disproportionate impacts on low-income populations and communities of color.

California is one of few US states that lack a statewide syndromic surveillance mechanism for heat illness. As a result, DPH is currently unable to provide a count of deaths and illnesses during heat waves. Development of syndromic surveillance methods for heat illness would provide near real-time data from hospitals and other data sources to identify heat illness events early, monitor trends, and track illnesses and deaths, in order to support public health officials to respond quickly to minimize health risks from heat waves. Development of a syndromic surveillance system would also allow for surveillance of the many other negative public health impacts that have been increasing or are projected to increase due to climate change, such as asthma, chronic obstructive pulmonary disease, respiratory infections, cardiovascular effects, and other impacts of wildfire smoke. Researchers estimate that wildfire smoke during August and September 2020 may have led to as many as 3,000 excess deaths among elderly Californians. Syndromic surveillance can provide a near real-time alert about the number, location, and other characteristics of people affected by these conditions.

National Syndromic Surveillance Program and BioSense Program. The federal Centers for Disease Control and Prevention (CDC) administers the National Syndromic Surveillance Program (NSSP), a collaboration among CDC, federal partners, local and state health departments, and academic and private sector partners who have formed a national syndromic surveillance and data collection system and community of practice. Participants in the NSSP collect, analyze, and share electronic patient encounter data received from emergency departments, and in some cases urgent and ambulatory care centers, inpatient healthcare settings, and laboratories. The NSSP also leads the BioSense Program and the technological platform on which the data collection for BioSense is built, known as ESSENCE. The public health community uses the ESSENCE platform to view data received as early as 24 hours after a patient's visit to a participating facility. Public health officials use these timely and actionable data to detect, characterize, monitor, and respond to events of public health concern.

BioSense is active in 49 states with more than 6,000 healthcare facilities contributing data daily. Approximately 71 percent of all emergency departments in the country contribute data to the NSSP.

DPH reports it currently does not have a syndromic surveillance system and does not actively engage in the BioSense Program and ESSENCE platform at the state level. DPH has multiple, condition specific, siloed systems with variable degrees of ability for reporting and access to sharing data between the state and local levels. While DPH has not yet engaged in the development of an official, unified 24 hour syndromic surveillance system, 55 counties in California are eligible to participate in the NSSP's BioSense Program. At present, 14 percent, or 46 out of 320, of California's emergency departments contribute data to the BioSense Platform.

Staffing and Resource Request. DPH requests 30 positions and General Fund expenditure authority of $10 million annually to provide near real-time notification for public health departments, first responders, and the community for emerging or intensified climate-sensitive diseases through participation in the NSSP BioSense Platform. Specifically, DPH requests the following positions and resources:

- **One Health Program Manager III** position would oversee climate change and health activities for DPH as a Climate Change and Health Equity Branch Chief, and supervise one existing manager and three new managers for climate and health surveillance.
- **One Research Scientist (RS) Supervisor I** position would set the direction for the Climate Surveillance Science Unit and supervise science unit staff.
- **Two RS IV** positions would lead the use of surveillance data to conduct epidemiological research on climate-related health outcomes, including modeling of excess deaths and illnesses due to heat and other climate-related events and predictive modelling of future climate-related health outcomes.
- **Three RS III** positions would use surveillance data to conduct epidemiological research on climate-related health outcomes, assess the contribution of risk factors such as social determinants of health, and evaluate the effectiveness of interventions; assess availability and feasibility of new and innovative data sources and methods and integrate them into the surveillance system.
- **One RS III** position would develop protocols and run queries and reports on heat-related illnesses and deaths as well as other climate-related health outcomes using syndromic surveillance data; serve as a liaison to the CDC's National Syndromic Surveillance Program and the syndromic surveillance Community of Practice, sharing resources back with DPH staff; and collaborate with staff in other centers as well as local health jurisdictions to maintain consistency in data protocols and definitions.
- **One RS III** position would operationalize heat surveillance findings with the National Weather Service to improve Heat-Health warnings by basing them on health-based thresholds rather than simple historical temperature averages and coordinate other activities to implement the State's extreme heat plan.
- **One RS II** position would develop and maintain a data dashboard to report on findings from surveillance and research activities.
- **One Health Program Manager II** position would set the direction for the Climate Surveillance Program Unit and supervise surveillance program staff.
- **One Health Program Specialist II** position would coordinate outreach and technical assistance to participating sites, resolve problems and assure quality control with enrollment and participation.

- **Four Health Program Specialist I** position would provide outreach, training, and technical assistance to the 55 local county health departments and 320 facilities with emergency departments to support them to participate in syndromic surveillance reporting.
- **One Health Program Specialist I** position would lead communications of surveillance findings to stakeholders and the public, translate data into messaging, develop reports and coordinate approval and dissemination.
- **One Staff Services Manager I** position would supervise and lead administrative work of the new Climate Surveillance Business Operations Unit.
- **One Associate Governmental Program Analyst (AGPA)** would coordinate program budget and all procurement for the program.
- **One AGPA** would coordinate personnel functions for the program.
- **Two AGPAs** would support the Administration Division.
- **Two Office Technicians** would provide clerical support to all program, scientific, and administrative functions.
- **One RS III** position in the Occupational Health Branch would develop protocols and run queries and reports for occupational heat illness surveillance.
- **One RS III** position in the Environmental Health Investigations Branch would develop protocols and run queries and reports for surveillance of drought-related conditions.
- **One RS III** position in the Environmental Health Investigations Branch would develop protocols and run queries and reports for surveillance of conditions related to wildfire smoke exposure.
- **One RS III** position in the Environmental Health Investigations Branch would develop protocols and run queries and reports for surveillance of illnesses related to freshwater harmful algal blooms.
- **One RS III** position in the Infectious Disease Branch would develop protocols and run queries and reports for surveillance of climate-related infectious diseases.
- **One Information Technology Specialist III** position would coordinate all activities for setting up analytics workspaces, ingesting data into Databricks, and working with contracting teams and the enterprise data architect to facilitate advancing analytics studies

In addition to these positions, DPH requests General Fund expenditure authority of $4.7 million annually to support the following contract resources:

- $400,000 would support Databricks processing and support, to make incoming data ready for analytics.
- $420,000 would support a Tableau server upgrade and Tableau desktop licenses to display data.
- $100,000 would support FiveTran, a consumption-based software as a service for ingesting data into Databricks.
- $2,400,000 would support a contracting team of seven resources to set up and manage analytics workspaces, train research scientists on use of the workspaces, provide data science technical expertise, ingest and manage new data streams, and develop and manage Tableau dashboards and reporting. The team consists of 1 data scientist, 4 data engineers, 1 informatics data analyst, and 1 project manager.
- $400,000 would support a feasibility study of innovative forms of early surveillance for climate-sensitive conditions, such as Internet searches, purchase records, 211 calls, or Artificial Intelligence or Big Data technologies that can detect climate health impacts even before someone goes to the emergency room.

- $954,000 would support the fees that hospital emergency departments must pay to their Electronic Health Records vendors to establish the connection to the National Syndromic Surveillance Program BioSense platform.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 10: Public Health Regional Climate Planning

Budget Change Proposal – Governor's Budget. DPH requests General Fund expenditure authority of $25 million in 2022-23, available for encumbrance or expenditure until June 30, 2025. If approved, these resources would allow DPH to provide grants to local health departments, community-based organizations, and tribes to develop regional Climate and Health Resilience Plans.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24**
0001 – General Fund	$25,000,000	$-
Total Funding Request:	**$25,000,000**	**$-**
Total Requested Positions:	**0.0**	**0.0**

Background. According to DPH, climate change affects virtually all aspects of health and well-being, including access to basic needs of clean air, food, water, shelter, and physical safety. Catastrophic events like wildfires, droughts, and floods not only directly result in injuries, deaths, and displacement, but also loss of livelihoods, businesses, crops, and homes, contributing to unemployment, poverty, and the housing crisis. Direct impacts and subsequent cascading effects increase chronic diseases, infectious diseases, mental health challenges, and heat-and smoke-related illnesses.

In addition, climate change affects every Californian, but some communities and individuals experience worse health impacts from the crisis than others. People with existing health conditions, people inadequately housed, outdoor workers, certain communities of color, immigrants, the very young or elderly, pregnant people, people with disabilities, those who have low incomes, and those who are socially isolated face disproportionate risk of harm from climate impacts. Californians without adequate financial resources are less likely to have air conditioning or air filters to counter heat waves, worsening air quality, and wildfire smoke, and may not have reliable vehicles to escape when climate-related danger approaches. These communities are also more likely to live with higher levels of air pollution, which worsens on warmer days and during wildfire smoke events.

Local health jurisdictions (LHJs) are on the front lines preparing for and responding to the health impacts of climate change, and also express the urgent need to address climate change. The California Conference of Local Health Officers (CCLHO) adopted climate change as one of three priorities for 2019, 2020, and 2022. In addition, 70 percent of California's public health officers said they do not have adequate information to respond to climate change, although 94 percent perceived it to be a health threat. In 2018, the Bay Area Health Inequities Initiative (BARHII) conducted focus groups with staff from 20 LHJs and 6 subject matter expert stakeholders to assess LHJ capacity and needs to take action to address climate change and health. BARHII found that respondents consistently reported a need for a state-administered climate change and health program that provides staffing resources to LHJs, support for community engagement, training, and technical assistance. Only two LHJs currently have full-time staff dedicated to addressing the health impacts of climate change.

Climate Change and Health Resilience Planning Grant Program. DPH proposes to establish a Climate Change and Health Resilience Planning Grant Program that funds LHJs, community-based organizations, and tribes to develop regional Climate and Health Resilience Plans to bolster the actions of

resource-limited local health departments and communities to more effectively prevent and reduce inequitable health impacts of climate change, including behavioral health risks. Each of the five Public Health Officer Regions would write at least one Climate Change and Health Resilience Plan, coordinated by one to two local health departments in the region. The Southern California region would be funded to develop up to three Plans, the Bay Area region would be funded to develop one or two Plans, and the other regions would each write one Plan. One or two local health departments would be selected to lead each regional Plan development process, based on a competitive process that prioritizes those facing greatest climate and health inequities as measured by the California Healthy Places Index.

DPH's Office of Health Equity (OHE) will support LHJs, community-based organizations, and tribes or tribal health programs (tribes) to establish regional climate change and health resilience plans with a planning process that would:

- Engage community-based organizations, tribes, faith-based organizations, local government, and other stakeholders; conduct robust community engagement at every step of plan development and implementation; and establish a collaborative stakeholder structure that details who will be engaged, roles, and decision-making methods.
- Assess local vulnerability to health and equity impacts of climate change using available data and tools such as the DPH Climate Change and Health Vulnerability Indicators for California, the State Cal-Adapt climate exposure tool, the California Healthy Places Index, and local health data and tools including Traditional Ecological Knowledge from tribes that wish to provide it.
- Complete an environmental scan of local climate change planning, including:
  - Resilience and adaptation planning and activities
  - Climate change mitigation planning and activities that reduce greenhouse gases and improve determinants of health such as physical activity, healthy food access, housing, and transportation
  - Other groups or entities addressing climate change with whom to collaborate.
- With technical assistance from DPH, write a Climate Change and Health Resilience Plan that addresses priority climate change and health equity impacts identified in the vulnerability assessment, and that improves social determinants of health through climate change actions. Regional coalitions would choose interventions from a list of best practices provided by DPH, including policy objectives to create long-term change that improves the health of entire populations. Regional Plans would include metrics to evaluate the effectiveness of process and outcomes, including engagement of the community in plan development and implementation.
- If resources permit, begin implementation of the plan with training and technical assistance from DPH.

Resource Request. DPH requests General Fund expenditure authority of $25 million in 2022-23, available for encumbrance or expenditure until June 30, 2025 to provide grants to local health departments, community-based organizations, and tribes to develop regional Climate and Health Resilience Plans. To administer the grant program, DPH indicates it would use existing position authority and is requesting the following resources:

- Resources equivalent to **one Health Program Manager II** position would set the direction for the Climate Change and Health Resilience Planning Grant Program and supervise local assistance program staff.
- Resources equivalent to **one Health Program Specialist II** position would lead the staff in outreach, training, and technical assistance to LHJs, tribes, and CBOs; provide direction on evaluation measures for the Plans; and resolve problems and assure quality control.

- Resources equivalent to **four Health Program Specialist I** positions would provide outreach, training, and technical assistance to LHJs, tribes, and CBOs, and help them develop and implement Climate Change & Health Resilience Plans.
- Resources equivalent to **two Associate Governmental Program Analysts** would process contracts, grant agreements, and invoicing for LHJs, tribes, community-based organizations, and technical assistance providers.

In addition to these resources, DPH requests General Fund expenditure authority of $21,000 to support a contracted technical assistance and training provider for community engagement, communications, mental health, or evaluation.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 11: Homelessness – California Interagency Council on Homelessness (AB 1220)

Budget Change Proposal – Governor's Budget. DPH requests two positions and General Fund expenditure authority of $389,000 annually. If approved, these positions and resources would allow DPH to provide program coordination, data analytics, and technical assistance to the California Interagency Council on Homelessness.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
0001 – General Fund	$389,000	$389,000
Total Funding Request:	**$389,000**	**$389,000**
Total Requested Positions:	**2.0**	**2.0**

* Positions and resources ongoing after 2023-24.

Background. According to DPH, prior to 2021 there was no statutory requirement for the department to address housing or homelessness as a public health issue. DPH conducted an environmental scan in 2019 of its housing and homelessness activities and found that, although the department engages in various aspects of supporting healthy housing and homelessness prevention services, these programs are dispersed throughout the department, are narrowly scoped, and supported with categorical funding. Because of this gap, the DPH Office of Health Equity hired a staff person with subject matter expertise in housing and homelessness to support its Health in All Policies (HiAP) program.

AB 1220 (Luz Rivas), Chapter 398, Statutes of 2021, requires the participation of 20 state agencies, departments, and other entities in the Interagency Council on Homelessness, which had previously been known as the Homeless Coordinating and Financing Council. These entities, including DPH, have jurisdiction over transportation, housing, social services, healthcare, veterans affairs, aging, workforce, and education. AB 1220 requires the council to meet at least quarterly and its goals include the following:

- Identify mainstream resources, benefits, and services that can be accessed to prevent and end homelessness in California.
- Create partnerships among state agencies and departments, local government agencies, federal partners and agencies, nonprofit entities working to end homelessness, homeless services providers, and the private sector, for the purpose of arriving at specific strategies to end homelessness.
- Promote systems integration to increase efficiency and effectiveness and focus on designing systems to address the needs of people experiencing homelessness.
- Coordinate existing funding and applications for funding.
- Make policy and procedural recommendations to legislators and other governmental entities.
- Identify and seek funding opportunities for state entities that have programs to end homelessness.
- Broker agreements between state agencies, departments, and local jurisdictions to align and coordinate resources, reduce administrative burdens, and foster common applications for services, operating, and capital funding.
- Serve as a statewide facilitator, coordinator, and policy development resource on ending homelessness in California.
- Report to the Governor, federal Cabinet members, and the Legislature on homelessness and work to reduce homelessness.

- Ensure accountability and results in meeting the strategies and goals of the council.
- Identify and implement strategies to fight homelessness in small communities and rural areas.
- Create a statewide data system or warehouse to collect and match data on homelessness programs to programs impacting homeless recipients of state programs, such as Medi-Cal and CalWORKs.
- Set goals to prevent and end homelessness among California's youth.
- Improve the safety, health, and welfare of young people experiencing homelessness.
- Increase system integration and coordinating efforts to prevent homelessness among youth involved or formerly involved in the child welfare or juvenile justice systems.
- Lead efforts to coordinate a spectrum of funding, policy, and practice efforts related to young people experiencing homelessness.
- Identify best practices to ensure homeless minors who may have experienced maltreatment are referred to the child welfare system.

DPH is an active member of the council and participates in working groups on State Funding and Programs, Racial Equity, Youth and Young Adults, Employment, Re-entry or Transitions.

Staffing and Resource Request. DPH requests two positions and General Fund expenditure authority of $389,000 annually to provide program coordination, data analytics, and technical assistance to the California Interagency Council on Homelessness. Specifically, DPH requests the following positions and resources:

- **One Health Program Specialist II** position would serve as a homelessness prevention and health equity specialist, develop recommendations and provide technical assistance on policy and programmatic interventions in support of DPH's representation and activities in the California Interagency Council on Homelessness, and establish and maintain partnerships with relevant agencies for homelessness population data sharing.
- **One Research Scientist III** position would serve as a homelessness prevention and data scientist to provide technical, methodological, and scientific expertise to manage and analyze data products in support of DPH's representation and activities in the California Interagency Council on Homelessness.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 12: Alzheimer's Healthy Brain Initiative

Budget Change Proposal – Governor's Budget. DPH requests General Fund expenditure authority of $10 million in 2022-23, available for encumbrance or expenditure until June 30, 2025. If approved, these resources would allow DPH to allocate grants to six existing local health jurisdictions, and expand up to six additional jurisdictions, to participate in the California Healthy Brain Initiative Pilot Program.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24**
0001 – General Fund	$10,000,000	$-
Total Funding Request:	**$10,000,000**	**$-**
Total Requested Positions:	**0.0**	**0.0**

Background. The 2019 Budget Act included General Fund expenditure authority of $5 million to allocate grants for up to six local health jurisdictions to support activities consistent with the Healthy Brain Initiative, an initiative implemented by the federal Centers for Disease Control and Prevention (CDC). According to DPH, the Alzheimer's Disease Program awarded grant funding to the following local health jurisdictions: Los Angeles, Placer, Sacramento, San Diego, Santa Clara, and Shasta. The project activities included the following:

- Monitoring data and evaluating programs to contribute to evidence-based practice.
- Education and empowerment of the public with regard to brain health and cognitive aging.
- Mobilizing public and private partnerships to engage local stakeholders in effective community-based interventions and best practices.
- Ensuring a competent workforce by strengthening the knowledge, skills, and abilities of health care professionals who deliver care and services to people with Alzheimer's disease and other dementias ad their family caregivers.

DPH indicates the six funded pilots demonstrate success in creating programs that meet the needs of specific jurisdictions. Placer County developed a partnership with first responders to implement Project Lifesaver, a search and rescue program to find wandering dementia patients. San Diego County has implemented a mobile application for physicians to use in assessment of patients with cognitive impairment. Santa Clara County has partnered with the Alzheimer's Association to educate the public in Spanish, Vietnamese, Chinese, and English to education on the signs, symptoms, and prevention of Alzheimer's disease.

Resource Request. DPH requests General Fund expenditure authority of $10 million in 2022-23, available for encumbrance or expenditure until June 30, 2025 to allocate grants to six existing local health jurisdictions, and expand up to six additional jurisdictions, to participate in the California Healthy Brain Initiative Pilot Program. DPH would establish a competitive request for application process for local health jurisdictions, which would incorporate the principles of eliminating health disparities, collaborating across multiple sectors, and leveraging public and private resources for sustained impact. These local assistance resources would comprise $8.5 million over three years. DPH is also requesting $1.5 million over three years for state operations to support the grant program. Specifically, DPH is requesting the following resources:

- Resources equivalent to **one Health Program Specialist II** position would serve as the program and evaluation lead for the Alzheimer's Disease Section, Healthy Brain Initiative; provide overall management of programmatic operations and contractual obligations by maintaining a well-developed and functioning Healthy Brain Initiative team; oversee and monitor grant agreements; define program deliverables, identify resources required, and prepare aggregate reports on Healthy Brain Initiative grantee performance by conducting in-depth evaluations on performance measures in compliance with grant and contract requirements; work in concert with Alzheimer's Disease Program and Chronic Disease Control Branch programs; serve as the leader and coordinator for facilitating communications and interface between internal and external partners; convene Healthy Brain Initiative workgroups comprised of internal and external multidisciplinary team, to continuously update and maintain public resource information and educational materials on Chronic Disease Control Branch website; and represent the Healthy Brain Initiative and maintain relationships with local, state, and federal agencies, community, academic, and professional groups to coordinate and support efforts for Healthy Brain Initiative.
- Resources equivalent to **one Health Program Specialist I** would serve as the program Coordinator for the Alzheimer's Disease Program Healthy Brain Initiative; provide technical guidance to contractors and grantees, including organizing meetings and activities to ensure completion of deliverables and effective collaboration across the state; design and facilitate listening sessions to develop guidelines on brain health that can be shared with partners in the public, private, and non-profit sectors; perform analyses of program issues and provide in-depth recommendations to management for resolving contract and program problems; perform contract management services such as contract negotiations, scope of work monitoring, and evaluation; analyze contractor progress reports for successes or gaps in progress of deliverables; develop and provide feedback and professional communications; and represent the Alzheimer's Disease Program and Healthy Brain Initiative to maintain relationships with local, state, and federal agencies, community, academic, and professional groups to coordinate and support efforts for Healthy Brain Initiative.
- Resources equivalent to **one Associate Governmental Program Analyst** would review and develop scope of work, budget, and contract language; provide technical and fiscal assistance to local agencies to develop their budgets, deliverables, and reimbursement requirements; develop complex contracts including, but not limited to request for applications, interagency agreements, subvention contracts, and cooperative agreements; negotiate, develop, and audit local agency contracts; collaborate with program staff to ensure contract deliverables and process timely reimbursements; process and monitor local agency reimbursements per contractual agreements; develop and maintain various Excel spreadsheets with complex formulas for budget, invoice tracking, and fiscal reports; and work with the Office of Legal Services and the Department of General Services on contract and amendment approvals.

In addition, DPH requests General Fund expenditure authority of $45,000 over three years for an external evaluation consultant that would develop quantitative and qualitative data gathering strategies and tools to assess the California Healthy Brain Initiative local health jurisdictions' progress towards completing project activities and deliverables that are consistent with the Healthy Brain Initiative Road Map to evaluate whether the projects are effective in meeting their goals and objectives; evaluate the projects' progress towards advancing cognitive health; assess from the data gathered by DPH the progress of the California Healthy Brain Initiative local health jurisdictions' pilot projects towards building capacity to report on process and outcome indicators; and assist DPH with developing draft and final project

evaluation reporting templates and tools; and assist DPH with evaluating quarterly and bi-annual progress reports from the California Healthy Brain Initiative local health jurisdictions.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 13: Opioid Public Awareness Campaign and Surveillance

Budget Change Proposal and Trailer Bill Language – Governor's Budget. DPH requests expenditure authority from the Opioid Settlement Fund of $55 million in 2022-23, available for encumbrance or expenditure until June 30, 2025. If approved, these resources would allow DPH to support a media and health communications campaign targeted towards youth opioids education and awareness, and fentanyl risk education, and to participate in syndromic surveillance using the Center for Disease Control and Prevention's BioSense platform to collect and analyze data on opioid overdose trends. DPH also is proposing trailer bill language related to technical changes for the Opioid Settlement Fund.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24**
3397 – Opioid Settlement Fund	$55,000,000	$-
Total Funding Request:	**$55,000,000**	**$-**
Total Requested Positions:	**0.0**	**0.0**

Background. According to DPH, despite strong progress in reducing prescription drug overdoses in California, state and national data show rapidly increasing rates of overdose related to fentanyl. Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. The United States Drug Enforcement Administration (DEA) indicates that the drug supply is increasingly contaminated with illicitly manufactured fentanyl, which is distributed through illegal drug markets for its heroin-like effect. Fentanyl can be sold alone, or added to other drugs to make them cheaper, more powerful, and more addictive. Fentanyl has been found in heroin, methamphetamine, counterfeit pills, and cocaine. DEA reports counterfeit pills are more lethal than ever before with the number of counterfeit pills with fentanyl seized by the DEA increasing nearly 430 percent since 2019, with nearly two out of every five pills containing a potentially lethal dose.

California data on overdoses in 2020 revealed the following:

- 15,664 emergency department visits related to an opioid overdose, which is nearly twice the number of visits recorded in 2018.
- 5,502 opioid-related overdose deaths, with 70 percent involving fentanyl.
- 3,946 fentanyl-related overdose deaths, a 402 percent increase since 2018.
- 4,403 amphetamine-related overdose deaths, an 81 percent increase since 2018.

In addition, data suggests recent trends in overdoses show disparities by race, age, and gender. Native Americans and Black or African-Americans experience higher rates of fentanyl-related overdoses than Whites, Hispanics, and Asian/Pacific Islanders. In addition, there are disproportionate rates of overdoses linked too social determinants of health, such as education, poverty, access to safe and stable housing, access to health insurance, or incarceration.

Opioid Settlement Fund. In July 2021, the Attorney General announced a $26 billion nationwide settlement with three major pharmaceutical distributors, Cardinal, McKesson, and AmerisourceBergen, as well as opioid manufacturer Johnson and Johnson. The settlement is structured over several years with allocations to each state determined by a formula that considers the impact of the opioid crisis in each

state. This settlement is in addition to a separate settlement with McKinsey and Company for $573 million, with California receiving over $59 million for opioid abatement.

DPH proposes trailer bill language to establish the Opioid Settlement Fund, which would receive revenue from these legal settlements. The resources for the public awareness campaign and surveillance activities requested by DPH would be funded from the Opioid Settlement Fund.

Resource Request. DPH requests expenditure authority from the Opioid Settlement Fund of $55 million in 2022-23, available for encumbrance or expenditure until June 30, 2025, to support a media and health communications campaign targeted towards youth opioids education and awareness, and fentanyl risk education, and to participate in syndromic surveillance using the Center for Disease Control and Prevention's BioSense platform to collect and analyze data on opioid overdose trends. Specifically, DPH requests the following resources:

Media and Health Communications Campaign

DPH requests expenditure authority from the Opioid Settlement Fund of $50 million, available over three years, to support a comprehensive media and health communications strategy with three campaigns to educate the public about the risks and consequences of drug use and to influence attitudes, social norms, and stigma around seeking support and treatment for substance use. The three campaigns are as follows:

- *Youth Opioid Use Prevention and Awareness.* This campaign would target youth ages 16 to 20 to promote behavior change, reduce opioid misuse, and decrease stigma associated with seeking treatment among youth and young adults. The campaign would build upon lessons learned from the state's tobacco control program, providing clear, science-based, and judgment-free messaging to prevent youth experimentation and use.
- *Fentanyl Education and Awareness.* This campaign would target adults ages 21 to 40 with messaging and educational information specific to the risks of fentanyl use and prevalence of fentanyl in other drugs. The campaign would include education and awareness of evidence-based harm reduction strategies that can reduce the risk of a fentanyl-related overdose, including the use of fentanyl test strips and use of opioid antagonists, such as naloxone.
- *Shatterproof Atlas.* This campaign would raise awareness of the Shatterproof Atlas service implemented by the Department of Health Care Services (DHCS), which is a web-based, consumer-oriented resource for those in need of substance use disorder (SUD) treatment services to help locate providers, with information on services provided, locations, quality information, and user feedback.

DPH is requesting expenditure authority from the Opioid Settlement Fund of $47.6 million over three years to support the media campaigns and their evaluation, as well as an interagency agreement with DHCS to supplement the existing Shatterproof Atlas tool. In addition, DPH would use existing position authority to support workload for the campaign and is requesting the following resources:

- Resources equivalent to **one Health Program Manager II** position would provide vision, strategy, and approve all media messaging; provide high-level policy recommendations; and coordinate campaigns with executive level staff and the DPH Office of Communications

- Resources equivalent to **one Health Program Specialist (HPS) II** position would lead coordination of the media campaign, including high-level technical oversight of the youth and adult overdose campaigns, and subject matter expertise to support the development of educational materials.
- Resources equivalent to **one HPS I** position would support the media campaign through coordination of the Shatterproof Atlas campaign, engagement with stakeholders, and coordination with DHCS.
- Resources equivalent to **one Research Scientist (RS) I** position would oversee media formative research and evaluation, and review and provide technical guidance on health education materials developed.
- Resources equivalent to **one Associate Governmental Program Analyst (AGPA)** would support media campaign request for proposal development and administration, and overall project management, including fiscal reporting.

Improve Syndromic Surveillance and Reporting of Overdoses

According to DPH, California is one of only seven states that does not use the BioSense Platform for statewide syndromic surveillance. BioSense, created and maintained by the federal Centers for Disease Control and Prevention (CDC), is a free, secure, cloud-based computing environment available to public health agencies to conduct syndromic surveillance and analyze data on a common platform. Data are rapid and accurate, with some data uploaded and available within 24 hours of a patient encounter.

DPH requests expenditure authority of $5 million to establish participation in BioSense in California, specifically for non-fatal overdose and drug misuse surveillance, as well as for overdose spike identification at the local level. Participation in BioSense would also allow the state to conduct rapid, real-time surveillance of other illnesses and environmental exposures. DPH would use existing position authority and is requesting the following resources:

- Resources equivalent to **two HPS I** positions would develop training materials and provide onboarding technical assistance to BioSense counties and facilities.
- Resources equivalent to **one RS III** position would lead advanced analytics strategies and data-driven prevention recommendations; serve as program liaison to for linkages between BioSense and DPH's Ecosystem of Data Sharing (EODS).
- Resources equivalent to **one RS II** position would develop and implement the BioSense dashboard, maintain data linkages, provide technical assistance for local health jurisdictions and stakeholders to use data to respond to overdose.
- Resources equivalent to **one RS II** position would serve as syndromic surveillance technical lead to support BioSense administration and linkages between BioSense and DPH's EODS.
- Resources equivalent to **one RS I** position would oversee syndromic surveillance data management, quality assurance and quality control, and reporting.
- Resources equivalent to **two Research Data Specialist I** positions would serve as data managers and data flow coordinators, support routine troubleshooting of data feeds; and provide technical support to BioSense counties.
- Resources equivalent to **one AGPA** would serve as BioSense policy and program analyst, be responsible for data use agreement administration, meeting facilitation, and fiscal or project coordination.

In addition, DPH requests expenditure authority from the Opioid Settlement Fund of $241,000 over three years to support a contract with a University of California or other partner to support development of analytical models relevant to public health, data science, and advanced epidemiological methodologies suited to substance use, overdose, and behavioral health.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 14: Fitness Council

Budget Change Proposal – Governor's Budget. DPH requests three positions and General Fund expenditure authority of $10 million in 2022-23, available for encumbrance or expenditure until June 30, 2025. If approved, these positions and resources would allow DPH to support the Governor's Advisory Council on Physical Fitness and Mental Well-Being, established by the Governor in June 2021.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24**
0001 – General Fund	$10,000,000	$-
Total Funding Request:	**$10,000,000**	**$-**
Total Requested Positions:	**3.0**	**0.0**

Background. On June 16, 2021, Governor Newsom announced the formation of the Governor's Advisory Council on Physical Fitness and Mental Well-Being, a new advisory council tasked with exploring health strategies to ensure Californians can thrive. With a special emphasis on child physical and mental health, the council will be led and convened by First Partner Jennifer Siebel Newsom and Pro Football Hall of Fame inductee and former San Francisco 49ers cornerback Ronnie Lott. The council will include representatives from health and wellness organizations, youth sports programs, education, the entertainment and fitness industry, and others from around the state. The council's activities will include:

- Advising on the development of physical activity and wellness goals for Californians of all ages
- Advising on methods to increase awareness among all age groups, particularly children and youth, about how physical activity, sport, nutrition, and mental wellness contribute to healthy and productive lives
- Encouraging inter-generational physical fitness activities including the use of physical activity and sport to strengthen families
- Facilitating collaboration among federal, state, and local agencies, education, business, industry, the private sector, and others in the promotion of physical activity and mental wellness.

According to DPH, councils of this type have been convened under several previous governors, beginning in 1993 with an Executive Order from Governor Pete Wilson. The 1993 council was charged with developing fitness goals for school children and Californians of all ages, creating public awareness campaigns, and encouraging coordination between governments, education, and the private sector in the promotion of physical fitness. In 2005, Governor Arnold Schwarzenegger launched a new council as a non-profit organization that would raise funds and hire its own staff. The goal of the 2005 council was to promote physical activity of all Californians, with an emphasis on children and youth, to reduce the risk of diseases such as type 2 diabetes and obesity and to contribute to academic success.

Staffing and Resource Request. DPH requests three positions and General Fund expenditure authority of $10 million in 2022-23, available for encumbrance or expenditure until June 30, 2025 to support the Governor's Advisory Council on Physical Fitness and Mental Well-Being, established in June 2021. DPH indicates it would use existing position authority to establish three positions between 2022-23 and 2024-25 to support the program activities. The remaining funds would support a comprehensive social marketing campaign. Specifically, DPH requests the following resources:

- Resources equivalent to **one Health Program Specialist II** position would oversee the coordination of the council, support high-level facilitation and cross-sector communications, provide high-level content expertise to support council development and engagement activities, oversee contracts for both event planning and social marketing campaigns, oversee preparation of an annual report, and collaborate with the Governor's Office and all appropriate state agencies and departments.
- Resources equivalent to **one Health Program Specialist I** position would provide advertising, public relations, and community engagement expertise; support day-to-day activities of the council's outreach and social marketing campaign; and provide overall support to staff and the council with meeting and contractor communications.
- Resources equivalent to **one Associate Governmental Program Analyst** would provide oversight of the interagency agreement and social marketing campaign contract, and all fiscal and contract reporting and deliverables.

In addition to the established position resources, DPH requests General Fund expenditure authority of $8.6 million, available over three years, to support an annual comprehensive social marketing campaign in designated media markets and in communities statewide. DPH would execute a contract with an experienced vendor to support formative research, social marketing plan development, concept and creative development, and implementation of all established communication activities. DPH indicates it may enter into contracts for subject matter expertise or other technical assistance for this purpose.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 15: Sexual Orientation and Gender Identity Data Collection Pilot Project (AB 1094)

Budget Change Proposal – Governor's Budget. DPH requests General Fund expenditure authority of $541,000 in 2022-23 through 2024-25. If approved, these resources would allow DPH to establish and administer a three-year sexual orientation and gender identity data collection pilot project, pursuant to AB 1094 (Arambula), Chapter 177, Statutes of 2021.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
0001 – General Fund	$541,000	$541,000
Total Funding Request:	**$541,000**	**$541,000**
Total Requested Positions:	**0.0**	**0.0**

* Additional fiscal year resources requested – 2024-25: $541,000.

Background. In 2018, 4,490 Californians died by suicide, including 544 young people between the ages of 10 and 24. Research conducted on data from the National Violent Death Reporting System (NVDRS) found that lesbian, gay, bisexual, transgender, or queer (LGBTQ) youth are more likely to die by suicide than non-LGBTQ youth. The data indicated that almost 25 percent of 12 to 14 year olds who died by suicide were LGBTQ. Members of the LGBTQ community are also at risk of experiencing violence based on their sexual orientation or gender identity.

Established in 2002, NVDRS is a surveillance system to gather data on all types of violent deaths, including homicides in suicides, in all settings for all age groups. NVDRS is represented in all states and pools more than 600 unique data elements from multiple sources into a usable, anonymous database. The NVDRS system includes data fields for sexual orientation and transgender identity as well as a narrative section where further information on gender identity can be entered, tracked, and reported through text search functions. Since 2016, DPH has managed the California Violent Death Reporting System (CalVDRS) with funding from the federal Centers for Disease Control and Prevention (CDC). Data elements are collected from multiple primary data sources, including death certificates, coroner or medical examiner reports, law enforcement reports, and toxicology reports. These data provide context about violent deaths such as relationship problems, mental health conditions and treatment, toxicology results, and life stressors. De-identified data from CalVDRS are entered into the NVDRS system.

AB 1094 (Arambula), Chapter 177, Statutes of 2021, requires DPH to establish a three-year pilot program in up to six counties for training coroners and medical examiners on the identification and collection of sexual orientation and gender identity (SOGI) information in cases of violent death. DPH is required to develop a list of trainers with expertise in identifying and collecting SOGI clinical data as well as following best practices around cultural competency, respect for confidentiality, and other topics. At least one county must be chosen from the northern, southern, and central regions of California and DPH must consider representation of urban, rural, and suburban areas. Participating counties would receive training from a list of approved training entities, begin standardized collection of SOGI data in cases of violent death, report the data to DPH for inclusion in CalVDRS, and aggregate, de-identify, and annually report the data to the county's Board of Supervisors during each year of the pilot.

Resource Request. DPH requests General Fund expenditure authority of $541,000 in 2022-23 through 2024-25 to establish and administer a three-year SOGI data collection pilot project, pursuant to AB 1094.

According to DPH, based on its experience administering the CalVDRS program, counties participating in the pilot program would require reimbursement for the cost of participating in trainings, implementing changes to current coroner and medical examiner tools and systems, and data entry activities. In addition, DPH would use existing position authority to establish two positions for the duration of the pilot. Specifically, DPH is requesting the following resources:

- Resources equivalent to **one Research Scientist II** position would develop and oversee the pilot, recruit and provide technical assistance to counties, ensure appropriate training and collection of SOGI data, analyze data, provide applicable reports, and facilitate dissemination of relevant information by the department.
- Resources equivalent to **one Associate Governmental Program Analyst** would provide administrative support to the program, serve as liaison to participating counties and training entities, manage contracts and other program aspects, and support data collection, analysis, and dissemination efforts.

DPH also requests General Fund expenditure authority of $212,000 in 2022-23 through 2024-25 for local assistance funding to reimburse counties for their costs to participate in the pilot project.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 16: Air Quality (AB 619)

Budget Change Proposal – Governor's Budget. DPH requests three positions and General Fund expenditure authority of $586,000 annually. If approved, these positions and resources would allow DPH to create and maintain an air quality plan, pursuant to AB 619 (Calderon), Chapter 412, Statutes of 2021.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
0001 – General Fund	$586,000	$586,000
Total Funding Request:	**$586,000**	**$586,000**
Total Requested Positions:	**3.0**	**3.0**

* Positions and resources ongoing after 2023-24.

Background. In August 2020, four wildfires were burning in California, including the largest in the state's history, the August Complex Fire in Tehama County, which burned over one million acres. In addition, the Santa Clara Unit (SCU) Complex Fires burned nearly 400,000 acres in Stanislaus, Santa Clara, Alameda, Contra Costa, and San Joaquin counties; the Sonoma-Lake-Napa Unit (LNU) Lightning Complex Fires burned over 363,000 acres in Sonoma, Lake, Napa, Yolo, and Solano counties; and the North Complex Fire burned over 300,000 acres in Butte, Plumas, and Yuba counties.

According to DPH, wildfire smoke consists of a mixture of toxic air pollutants, with high levels of fine particulate matter of particular public health concern. Fine particulate matter is a known risk factor for cardiorespiratory morbidity due to its ability to travel deep into the lungs and the bloodstream. During wildfire smoke events, concentrations of fine particulate matter are significantly elevated, posing an increased risk of adverse health outcomes, such as asthma, chronic obstructive pulmonary disease (COPD), and other diseases. Hospitalizations and emergency department visits for respiratory conditions generally increase during wildfire smoke events and studies have found increases in hypertension, ischemic heart disease, heart attacks, and deaths from non-accidental causes during such events. Young children appear to be especially vulnerable, with one study finding a 70 percent increase in emergency department visits for asthma among very young children during a period of dense wildfire smoke.

AB 619 (Calderon), Chapter 412, Statutes of 2021, requires DPH to develop a plan with recommendations and guidelines for counties to use in the case of a significant air quality event caused by wildfires or other sources. The plan must be developed in consultation with representatives from the Governor's Office of Emergency Services (CalOES), the California Air Resources Board, the Governor's Office of Planning and Research, the California Department of Aging, the Department of Developmental Services, the Office of Environmental Health Hazard Assessment, appropriate medical professionals, air pollution districts, cities and counties, hospitals, business organizations, and various advocacy organizations. The plan is required to address the following:

- Establishing policies and procedures that address the availability, use, and distribution of respiratory protection and other protective equipment and devices, particularly for vulnerable residents at greater risk for adverse health effects from wildfire smoke or other sources.
- Guidance on how a county informs its residents about unhealthy air quality, its impact on health, the acquisition and use of respiratory protection, and other mitigation options.

- Recommendations on outreach and education for the general public as well as vulnerable populations.

Staffing and Resource Request. DPH requests three positions and General Fund expenditure authority of $586,000 annually to create and maintain the air quality plan for counties, pursuant to AB 619. Specifically, DPH requests the following positions and resources:

- **One Research Scientist II** position would contribute to the development of the air quality plan guidance regarding the use of respiratory protection and other exposure control measures; provide language for tracking the supply of air filtration masks, respirators, and other protective equipment; provide guidance for counties on whether to maintain stockpiles of air filtration masks and other protective equipment and devices available for distribution; provide guidance on whether and when counties are to make these devices available to residents; respond to questions and provide recommendations to counties, contractor organizations, and the public on the use of protective equipment; develop and update specifications for air filtration masks and respirators as needed for stockpiles and state purchasing contracts; respond to questions from counties and the general public on protective strategies such as ventilation filters and selection and use of portable air cleaners; and provide guidance on mask fitting and appropriate use.
- **One Research Scientist III** position provide subject matter expertise and assist local health departments in developing their own air quality plans; analyze population vulnerabilities and estimate access and functional needs burdens for air quality planning; advise management on county resource needs; analyze air quality data and present data analysis information to management; research and provide expertise on associations between air quality events and respiratory illness; develop, incorporate stakeholder input, and advise on the Air Quality Health Plan; and summarize data and inform outreach.

- **One Health Program Specialist II** position coordinate air quality plan compilation, publication, and updates; provide language, edits, and review for the Air Quality Health Plan; schedule and coordinate meetings with other agencies and stakeholders; manage communication and act as liaison between DPH and various stakeholders; ensure produced materials are culturally and linguistically appropriate to meet the diverse educational needs of impacted disadvantaged communities; facilitate stakeholder meetings; act as programmatic contact; establish and maintain communication with required state agencies, medical professionals, local governments, hospitals, businesses, and advocacy organizations; update air quality planning guide as needed; and provide oversight of contracts, budgets, administrative components, communication, and outreach activities.

In addition, DPH requests General Fund expenditure authority of $50,000 annually to support a contract for meeting facilitation, supplies, outreach, and education materials.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 17: Genetic Disease Screening Program (GDSP) Estimate

Genetic Disease Screening Program Estimate – Governor's Budget. The November 2021 Genetic Disease Screening Program Estimate includes expenditure authority from the Genetic Disease Testing Fund of $145.9 million ($34.5 million state operations and $111.4 million local assistance) in 2021-22, and $175 million ($34.5 million state operations and $140.5 million local assistance) in 2022-23.

Genetic Disease Screening Program (GDSP) Funding Summary			
	2021-22	**2022-23**	**BY to CY**
Fund Source	***Revised***	***Proposed***	***Change***
0203 – Genetic Disease Testing Fund			
State Operations:	$34,512,000	$34,512,000	$-
Local Assistance:	$111,372,000	$140,474,000	$29,102,000
Total GDSP Expenditures	**$145,884,000**	**$174,986,000**	**$29,102,000**

Background. According to DPH, the Genetic Disease Screening Program (GDSP) performs the following tasks to support its mission:

- Screens newborns and pregnant women for genetic and congenital disorders in a cost-effective and clinically effective manner. The screening programs provide testing, follow-up, and early diagnosis of disorders to prevent adverse outcomes or minimize clinical effects.
- Ensures quality of analytical test results and program services by developing standards and quality assurance procedures, and monitoring compliance.
- Fosters informed participation in its programs in an ethical manner through a combination of patient, professional, and public education, and accurate and up-to-date information and counseling.
- Provides ongoing critical review, testing, and evaluation of existing programs to ensure program objectives and goals are being met.
- Develops programs to adopt new methods and implement new services that further enhance the effectiveness and efficiency of current and future prevention programs.
- Promotes use of high-quality consumer education materials on genetic disorders, screening for birth defects and genetic services.

GDSP operates two primary screening programs: the Newborn Screening Program and the Prenatal Screening Program. Caseload and expenditures for these programs are reflected in the GDSP Estimate along with operational support costs for the programs.

Newborn Screening (NBS) Program. Newborn screening, recognized nationally as an essential preventive health measure, began in California in 1966 with the testing of infants for phenylketonuria (PKU). In 1980, the program was expanded to include galactosemia, primary congenital hypothyroidism, and included a more comprehensive follow-up system. In 1990, screening for sickle cell disease was added to the screening program, which allows for identification of related non-sickling hemoglobin disorders, including beta-thalassemia major, and Hb E/beta thalassemia. In 1999, the program implemented screening for hemoglobin H and hemoglobin H - Constant Spring disease. In 2005 the screening panel was expanded to include additional metabolic disorders and congenital adrenal hyperplasia (CAH), and

in 2007, the screening panel was expanded to include cystic fibrosis (CF) and biotinidase deficiency (BD). In 2010, Severe Combined Immunodeficiency (SCID) was added to the screening panel.

According to DPH, disorders screened for by the program have varying degrees of severity and, if identified early, many can be treated before they cause serious health problems. Between 1980 and 2017, 18,920,529 babies were screened resulting in early identification of the following disorders:

Disorder	Cases
Phenylketonuria (PKU)	1,264
Primary Congenital Hypothyroidism	7,857
Galactosemia	1,018
Sickle Cell Disease and other clinically significant Hemoglobinopathies	5,006
Biotinidase Deficiency (BD)	209
Cystic Fibrosis (CF)	636
Congenital Adrenal Hyperplasia (CAH)	376
Metabolic Fatty Acid Oxidation Disorders	741
Metabolic Amino Acid Disorders (other than PKU)	203
Metabolic Organic Acid Disorders	518
Other Metabolic Disorders	62
Severe Combined Immunodeficiencies	75
X-Linked Adrenoleukodystrophy (ALD) and Other Peroxisomal Disorders	50
TOTAL	**18,015**

The NBS program currently screens infants in California for more than 80 separate disorders. Pursuant to SB 1095 (Pan), Chapter 363, Statutes of 2016, two additional disorders, Mucopolysaccharidosis type I (MPS-I) and Pompe disease, were added to the screening panel in 2018. In addition, as conditions are added to the federal Recommended Uniform Screening Panel (RUSP), SB 1095 requires them to be added to the NBS program screening panel within two years. The current fee for screening in the NBS program is currently $177.25. DPH indicates the fee will increase by $33.75 to $211 to offset per case increases due to a declining birth rate.

NBS Caseload Estimate: The budget estimates NBS program caseload of 392,044 in 2021-22, a decrease of 19,430 or 4.7 percent, compared to 2020-21 actual total caseload of 411,474. The budget estimates NBS program caseload of 428,070 in 2022-23, an increase of 36,026 or 9.2 percent, compared to the revised 2021-22 estimate. These estimates are based on state projections of the number of live births in California. DPH assumes 100 percent of children born in California will participate in the NBS program annually.

Prenatal Screening (PNS) Program. The Prenatal Screening (PNS) program provides prenatal screening services and follow-up diagnostic services, where indicated, to all pregnant women in California to detect birth defects during pregnancy. The program offers three types of screening tests to pregnant women in order to identify individuals who are at increased risk for carrying a fetus with a specific birth defect:

- Sequential Integrated Screening – This screen combines first and second trimester blood test results with nuchal translucency (NT) ultrasound results, which measure the back of a fetus' neck. The first

trimester blood specimen is drawn between 10 weeks and 13 weeks and six days of pregnancy. The nuchal translucency ultrasound is performed between 11 weeks and two days and 14 weeks and two days of pregnancy. The second trimester blood specimen is drawn between 15 weeks and 20 weeks of pregnancy. This measurement helps screen for Down syndrome (trisomy 21), trisomy 18, neural tube defects, and Smith-Lemli-Opitz Syndrome (SLOS).

- Serum Integrated Screening – This screen combines a first trimester blood test screening result (drawn between 10 weeks and 13 weeks and six days of pregnancy) with a second trimester blood test screening result (drawn between 15 weeks and 20 weeks of pregnancy). The results of the two blood tests are combined and the measurement helps screen for Down syndrome, trisomy 18, neural tube defects, and SLOS.
- Quad Marker Screening - One blood specimen drawn at 15 weeks - 20 weeks of pregnancy helps screen for Down syndrome, trisomy 18, neural tube defects, and SLOW.

For women with screening results indicating a high risk for a birth defect, the program provides free follow-up diagnostic services at state-approved Prenatal Diagnosis Centers (PDCs). Services offered at these centers include genetic counseling, ultrasound, and amniocentesis. Participation in the screening testing and follow-up services is voluntary and the fee for testing through the PNS program is $221.60.

Cell-Free DNA Will Replace Current Screening Tests. Cell-free DNA (cfDNA) is a non-invasive screening test for fetal chromosomal abnormalities that relies on extraction of maternal and fetal cells from a pregnant individual's blood sample. cfDNA can detect the same chromosomal abnormalities as current PNS program screening (e.g. Down syndrome, trisomy 18, neural tube defects, and SLOS) and can additionally detect trisomy 13. cfDNA screening also results in fewer false positives and better accuracy resulting in fewer women being referred for diagnostic follow-up services.

DPH indicates the PNS program plans to replace its current conventional biochemical screening tests for chromosomal abnormalities with cfDNA screening and a simpler biochemical screen for neural tube defects, beginning July 1, 2022. DPH plans to increase fees in the PNS program from $221.60 to $232 to account for the cost of cfDNA screening. In addition, the new biochemical screen for neural tube defects will require a separate fee of $85. These fees will be established through the program's existing rulemaking authority and will be deposited in the Genetic Disease Testing Fund.

PNS Caseload Estimate: The budget estimates PNS program caseload of 292,050 in 2021-22, a decrease of 19,460 or 6.2 percent, compared to the 2021 Budget Act. The budget estimates PNS program caseload of 309,025 in 2022-23, an increase of 16,975 or 5.8 percent, compared to the revised 2021-22 estimate. These estimates are based on state projections of the number of live births in California. DPH estimates approximately 75 percent of mothers of children born in California will participate in the PNS program in 2021-22 and 73 percent will participate in 2022-23.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of the caseload and expenditure changes for the Newborn Screening Program.

2. Please provide a brief overview of the caseload and expenditure changes for the Prenatal Screening Program.

Issue 18: Women, Infants, and Children (WIC) Program Estimate

WIC Program Estimate – Governor's Budget. The November 2021 Women, Infants, and Children (WIC) Program Estimate includes total expenditure authority of $1.1 billion ($976.9 million federal funds and $195 million WIC manufacturer rebate funds) in 2021-22 and $1.1 billion ($882.7 million federal funds and $182.9 million WIC manufacturer rebate funds) in 2022-23. The federal fund amounts include state operations costs of $59.2 million in 2021-22 and 2022-23.

Women, Infants, and Children (WIC) Funding Summary			
	2021-22	**2022-23**	**BY to CY**
Fund Source	***Revised***	***Proposed***	***Change***
0890 – Federal Trust Fund			
State Operations:	$59,210,000	$59,210,000	$-
Local Assistance:	$917,706,000	$823,444,000	($94,262,000)
3023 – WIC Manufacturer Rebate Fund			
Local Assistance:	$195,028,000	$182,915,000	($12,113,000)
Total WIC Expenditures	**$1,171,944,000**	**$1,065,569,000**	**($106,375,000)**

Background. The WIC program provides nutrition services and food assistance for pregnant, breastfeeding, and non-breastfeeding women, infants, and children up to their fifth birthday at or below 185 percent of the federal poverty level. WIC program services include nutrition education, breastfeeding support, assistance with finding health care and other community services, and vouchers for specific nutritious foods that are redeemable at WIC-authorized retail food outlets throughout the state. The WIC program receives federal funds from the United States Department of Agriculture (USDA) under the federal Child Nutrition Act of 1966. Specific uses of WIC Program funds are governed by federal laws and regulations, and DPH must report funds and expenditures monthly.

The WIC program's food expenditures are funded by a combination of federal grants and rebates from manufacturers of infant formula. Federal WIC regulations require that state WIC programs have sole supplier rebate contracts in place with infant formula manufacturers for milk-based and soy-based infant formula. As infant formula is provided to WIC recipients, the program receives a rebate from the manufacturer which is used to fund additional food expenditures. In addition to food expenditures, the program receives federal funds from the Nutrition Services and Administration (NSA) grant, which are used to contract with local agencies for direct services provided to WIC families including intake, eligibility determination, benefit issuance, nutrition education, breastfeeding support, and referrals to health and social services. The NSA grant also funds state operations for administering the WIC program.

WIC Participant Caseload. Food expenditures are divided into five participant categories, each with special nutrition needs that influence food costs:

- **Pregnant women** are eligible for the WIC program at any point in their pregnancy, and receive supplemental foods high in protein, calcium, iron, vitamin A, and vitamin C to support optimal fetal development.

- **Breastfeeding women** are eligible for benefits up to their infant's first birthday, and receive an enhanced supplemental food package with foods high in protein, calcium, iron, vitamin A, and vitamin C to support caloric needs during breastfeeding.
- **Non-breastfeeding women** are eligible for benefits up to six months after the birth of their infants, and receive a supplemental food package to help in rebuilding nutrient stores, especially iron and calcium, and achieving a healthy weight after delivery.
- **Infants** are eligible until one year of age. The WIC Program promotes breastfeeding as the optimal infant feeding choice due to its many health, nutritional, economical, and emotional benefits to mother and baby. Infants may also receive supplemental foods that are rich in protein, calcium, iron, vitamin A, and vitamin C during this critical period of development.
- **Children** are eligible from age one up to age five, and receive supplemental foods rich in protein, calcium, iron, vitamin A, and vitamin C. These nutrients have been shown to be lacking in the diets of children who qualify for WIC benefits and are needed to meet nutritional needs during critical periods of development. The food package also provides foods lower in saturated fat to reduce the risk of childhood obesity.

According to the WIC program Estimate, WIC participation by category, as of 2020-21, was as follows:

Caseload Estimates. The budget assumes 936,245 average monthly WIC participants in 2021-22, a decrease of 11,438 or 1.2 percent compared to the average monthly WIC participants in 2020-21. The budget assumes 930,482 average monthly WIC participants in 2022-23, a decrease of 5,763 or 0.6 percent from the revised 2021-22 caseload estimate.

Food Expenditures Estimate. The budget includes $798.5 million in 2021-22 for WIC program food expenditures, a decrease of $81.1 million or 9.2 percent, compared to the 2021 Budget Act. According to DPH, the decrease in costs is due to a decline in participation, a decrease in food inflation, and lower than projected prior year expenditures, which serve as the basis for current year estimates. Of these expenditures, federally funded food expenditures are $603.5 million, a decrease of $86.2 million from the

2021 Budget Act, and WIC Manufacturer Rebate Fund food costs are $195 million, an increase of $5.1 million from the 2021 Budget Act.

The budget includes $692.1 million in 2022-23 for WIC program food expenditures, a decrease of $106.4 million or 13.3 percent from the revised 2021-22 food expenditures estimate. According to DPH, this decrease in costs is also due to a decline in participation, as well as the elimination of the temporary federal increase for fruits and vegetables. Of these expenditures, federally funded food costs are $509.2 million, an increase of $94.3 million from the revised 2021-22 food expenditure estimate, and WIC Manufacturer Rebate Fund food costs are projected to be $182.9 million, a decrease of $12.1 million from the revised 2021-22 food expenditure estimate.

Nutrition Services and Administration (NSA) Estimate. The budget includes $314.2 million for other local assistance expenditures for the NSA budget in 2021-22 and 2021-22, an increase of $10 million compared to the 2021 Budget Act. The budget also includes $59.2 million for state operations expenditures in 2021-22 and 2022-23, unchanged from the level assumed in the 2021 Budget Act.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of the caseload and expenditure changes for the WIC program.

2. Please provide an update on participation in the program as a percentage of eligible individuals in the state.

Issue 19: eWIC Post-Implementation Support

Budget Change Proposal – Governor's Budget. DPH requests 25 positions and federal fund expenditure authority of $2.9 million annually. If approved, these positions and resources would allow DPH to modernize services and provide ongoing support for a recently implemented management information system (WIC WISE), the WIC Electronic Benefit Transfer card, the WIC App, WIC Direct, as well as users of these technologies.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
0890 – Federal Trust Fund	$3,935,000	$3,935,000
Total Funding Request:	**$3,935,000**	**$3,935,000**
Total Requested Positions:	**25.0**	**25.0**

* Positions and resources ongoing after 2023-24.

Background. The federal Healthy, Hunger-Free Kids Act of 2010 required all state Women, Infants, and Children (WIC) programs to migrate from a voucher-based food benefit delivery system to an Electronic Benefit Transfer (EBT) system by October 1, 2020. With the assistance of the CalHHS Office of Systems Integration, the WIC program implemented its EBT system in March 2020 for all 83 local WIC agencies and approximately 500 clinic sites.

The new management information system, known as WIC WISE, supports the WIC EBT card, and implemented a new WIC smartphone application (WIC App) that provides services to WIC families through their smart phones. The WIC App helps WIC families find WIC-eligible foods and locate local agency offices and authorized vendors. According to DPH, nearly 1 million WIC EBT cards have been issued and over 23 million WIC EBT card transactions have been processed as of July 1, 2021. WIC EBT card transactions are completed in real-time through a vendor's point of sale device to a system called WIC Direct. WIC Direct transmits information to WIC WISE, which ensures that purchases are reflected in the WIC family's remaining benefits. DPH reports these new systems have provided important data to help WIC improve services and operations, including preventing, detecting, and responding to potentially fraudulent activities.

DPH reports initial feedback from WIC families has been positive. A 2020 survey of California WIC families conducted by the University of California Nutrition Policy Institute and Public Health Foundation Enterprise estimated over 95 percent of WIC families reported satisfaction with the new WIC EBT card. The data also showed WIC families found the EBT card convenient and significantly reduced the stigma attached to using WIC benefits in stores. The survey also showed satisfaction with the WIC App, with families noting the ease of finding WIC-eligible foods and authorized vendors.

According to DPH, the WIC program will require ongoing permanent support of the eWIC systems, including WIC WISE, the WIC EBT card, the WIC App, and WIC Direct, as well as assistance to users. DPH believes these systems are essential to increase and retain participation of WIC families and requires positions and resources to support and modernize these systems, modernize communication strategies with WIC families, enhance data analysis, and expand program integrity efforts.

Staffing and Resource Request. DPH requests 25 positions and federal fund expenditure authority of $2.9 million annually to modernize services and provide ongoing support for WIC WISE, the WIC Electronic Benefit Transfer card, the WIC App, WIC Direct, as well as users of these technologies. Specifically, DPH requests the following positions and resources:

eWIC Branch – 11 positions

- **Five Associate Governmental Program Analysts (AGPAs)** would be part of the eWIC Support Section, which would provide timely customer services to WIC families and local agencies. These positions would provide support to the WIC Families Service Line, assisting families with calls about the WIC EBT Card or the WIC App, and the WIC WISE Service Desk, assisting local agencies that are using the system; participate in user acceptance testing for changes to WIC WISE or the WIC App; and provide information to improve WIC EBT card and WIC App education for families and WIC WISE training for local agencies.
- **One Staff Services Manager (SSM) II** position would serve as Chief of the eWIC Systems Section, oversee all components of change management for WIC WISE, the WIC EBT card, the WIC App, and WIC Direct, and support change management including technological changes, defect and enhancement management, release management and user acceptance testing for system improvements and updates.
- **Two Health Program Specialist (HPS) I** positions would provide subject matter expertise on issues related to WIC WISE, the WIC EBT card, the WIC App, and WIC Direct issues related to local agency policies and procedures, participant assessment, education and certification services, food packages, and local agency training; prioritize data derived from the WIC WISE Service Desk that includes defects reported by local agencies and WIC families, and prioritization of change requests while making recommendations to the WIC Change Control Board; and coordinate and facilitate the WIC WISE Users Committee, working with local agencies to report and resolve system issues.
- **Three AGPAs** would coordinate user acceptance testing and quality assurance, communicate with local agencies and WIC staff about programmatic release schedules and adjustments needed for WIC WISE trainings and user manuals; perform user acceptance testing for all WIC WISE, WIC App, and WIC Direct applications including defect corrections, developing user acceptance test cases, and scripts for testing; track the status of all WIC WISE, WIC App, and WIC Direct defect testing; work in the WIC App, WIC WISE modules, and the WIC Direct interface to locate, assess, and resolve defects, and make recommendations to management on how to improve the systems; and evaluate the impact of proposed initiatives and changes to state and federal legislation and regulations impacting eWIC by preparing proposed recommendations and writing or revising policies and procedures.

Strategic Planning and Communication – Two positions

- **Two HPS I** positions would be part of the Strategic Planning and Communication Section, and would respond to a growing list of social media requests from the statewide WIC Outreach Workgroup, execute the annual social media calendar, and develop and implement a new digital marketing strategy using Geographic Information System mapping to develop real time messaging.

WIC WISE and WIC EBT Card Data Analysis – Two positions

- **One Research Scientist Supervisor I** position would manage the new Vendor and Redemption Section; oversee data analysis, monitoring, and evaluation of vendors; and lead development of new analyses and performance measures with newly available WIC EBT and WIC WISE data.
- **One Research Scientist (RS) I** position would plan, organize, and conduct program monitoring and evaluation, quality assurance, and behavioral research activities; and provide capacity to mine the benefit utilization data to identify behavioral and cultural differences in shopping patterns, as well as possible community access issues to nutritious foods.

Program Integrity and Vendor Audits – Eight positions

- **One SSM II** position would manage the new Program Integrity Section; lead and coordinate integrity projects and activities; provide coordination and guidance to WIC to apply a fraud lens to WIC activities; identify systemic weaknesses and solutions to minimize fraud; and work closely with WIC research staff to share knowledge and information to develop and utilize data and modeling tools;
- **One SSM I** position and **four AGPAs** would establish a new Vendor Audits Unit; conduct vendor audits; ensure all applicable statutory, regulatory, and procedural requirements are followed during audits; process and monitor debt collection of vendor fines and outstanding payments; and implement repayment schedules and terms.
- **One HPS I** position would assist in planning, developing, and coordinating projects to minimize fraud; collaborate with research staff to assist in the development of case management tools to properly triage and respond to detected anomalies; and track incident reports and outcomes.
- **One RS II** position within the Vendor and Redemption Data Section would support the Program Integrity Section by focusing on program integrity data analytics, leveraging new EBT data to enhance the ability to prevent, detect, and respond to fraud.

Administrative Support – Two positions

- **Two AGPAs** would provide departmental administrative support due to the increase in program staffing including contract and procurement preparations, monitoring appropriation and revenue balances, technical assistance on expenditure and revenue transactions, and guidance and assistance on a variety of personnel policies, standards, and procedures.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 20: Books for Low-Income Children

Budget Change Proposal – Governor's Budget. DPH requests General Fund expenditure authority of $10 million in 2022-23. If approved, these resources would allow DPH to support an early childhood literacy program for participants in the Women, Infants, and Children (WIC) program.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24**
0001 – General Fund	$10,000,000	$-
Total Funding Request:	**$10,000,000**	**$-**
Total Requested Positions:	**0.0**	**0.0**

Background. Several pilot projects over the last thirty years have demonstrated the effectiveness of coupling WIC sites or pediatric offices with efforts to enhance the development of literacy and school readiness in young children. In pediatric settings, the Reach Out and Read model developed by Boston City Hospital promotes reading aloud as an integral part of routine preventive care, provides a picture book at each provider visit between age 6 months and 6 years, and provides waiting room volunteers to read aloud with children. These pilot projects have demonstrated clinically meaningful increases in preschool vocabulary, parent-reported literacy promoting attitudes and practices, identification of books as a favorite activity, reading aloud thought of as leading to school success, use of books at bedtime, and reading aloud three or more days per week.[2] Parent involvement with early literacy, such as those encouraged by the Reach Out and Read model, has demonstrated significant positive impacts on future reading outcomes.

In February 2020, First 5 California conducted an online survey among 58 county First 5 Commissions to inventory literacy interventions, including key details and program designs. All First 5 Commissions support one or more literacy programs, including many that provide books to children either as the primary goal or bundled along with another effort. These efforts include the Little by Little program in Los Angeles, which provides books to children at WIC offices; the Dolly Parton Imagination Library, which provides free, high-quality books by mail to children at any income level between birth and the beginning of school; and the Kit for New Parents, which provides parenting resources for parents of newborns, and includes a free picture book.

In particular, the Little by Little program in Los Angeles has demonstrated success in improving literacy through its efforts at local WIC agencies. Little by Little was funded by First 5 Los Angeles in 2003 at six WIC centers and includes three components: 1) a brief individual counseling session regarding child development for WIC staff members, 2) a brief handout with information about developmental milestones and appropriate ways to interact with a child to encourage optimal development, and 3) gift of a children's book or developmentally appropriate toy (e.g. black, white, and red chart for newborns or building blocks for 2.5 year old children). The intervention begins in the mother's third trimester of pregnancy and continues until the child's fifth birthday, or the end of WIC eligibility. According to a controlled study

[2] Needlman, R., Toker, K., Dreyer, Benard., Klass, P., Mednelsohn, A., "Effectiveness of a Primary Care Intervention to Support Reading Aloud: A Multicenter Evaluation". Ambulatory Pediatrics. Jul-Aug 2005.

published in the journal *Pediatrics*, the Little by Little intervention demonstrated statistically significant improvements in school readiness, particularly among Spanish-speaking WIC participants.[3]

2021 Budget Act Included Resources to Provide Books at WIC Sites. The 2021 Budget Act included General Fund expenditure authority of $5 million in 2021-22 to support the Books for Low-Income Children program, which supports local WIC agencies to provide books to nearly 500,000 young children between zero to five years of age receiving WIC benefits. However, DPH reports that 23 of the 84 local WIC agencies and nearly 25 percent of children ages zero to five are not participating in the program. DPH contacted the non-participating agencies to identify the barriers that prevented them from participating. The department found many were still making operational adjustments due to the COVID-19 pandemic, the agencies did not have enough staff, and many children receiving WIC benefits were not coming into the WIC agency in person to be able to receive the books.

Resource Request. DPH requests General Fund expenditure authority of $10 million in 2022-23. If approved, these resources would allow DPH to support Books for Low-Income Children, an early childhood literacy program for participants in the WIC program. DPH plans to use these resources to overcome some of the barriers that prevent participation by some WIC agencies and would seek matching funds to increase the number of books provided to families from three books per child to between four and six books per child.

In addition, DPH indicates it would need to continue to temporarily redirect **two Health Program Specialist I** positions, originally redirected to administer the 2021 Budget Act program funding, to prepare the request for application process for grant funding, manage the competitive award process, and provide technical assistance and oversight for the grant program.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

[3] Whaley, S., Jiang L., Gomez, J., Jenks, E. "Literacy Promotion for Families Participating in the Women, Infants and Children Program". Pediatrics. Feb 2011.

Issue 21: Maternal Care Services (SB 65)

Budget Change Proposal – Governor's Budget. DPH requests 16 positions and General Fund expenditure authority of $5.5 million annually. If approved, these positions and resources would allow DPH to establish the California Pregnancy-Associated Review Committee to conduct a review of pregnancy-related deaths, analyze common causes of severe maternal morbidity, and make recommendations to prevent maternal mortality and morbidity, pursuant to SB 65 (Skinner), Chapter 449, Statutes of 2021.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
0001 – General Fund	$5,525,000	$5,525,000
Total Funding Request:	**$5,525,000**	**$5,525,000**
Total Requested Positions:	**16.0**	**16.0**

* Positions and resources ongoing after 2023-24.

Background. SB 65 (Skinner), Chapter 449, Statutes of 2021, the California Momnibus Act, requires DPH to establish the California Pregnancy-Associated Review Committee to continuously engage in the comprehensive, regular, and uniform review and reporting of maternal deaths in California. The committee is required to do the following:

- Identify and review all pregnancy-related deaths, including the cause, contributing factors, and disseminating findings.
- Analyze common indicators of severe maternal morbidity to identify prevention opportunities and reduce near-miss experiences.
- Make recommendations on best practices to prevent maternal mortality and morbidity, such as addressing socioeconomic or environmental impacts.
- Examine racial disparities and make recommendations on the prevention of racial disparities.
- Track and examine disparities experienced by lesbian, bisexual, transgender, intersex, and gender-nonconforming individuals and report findings.
- Collect and review data from maternal death investigations and make recommendations about how to improve or streamline data collection and investigatory processes.

The committee is required to gather this information through the review of medical records, death certificates, other pertinent reports or documents and, for populations experiencing disparities, voluntary interviews with surviving family members or members of the medical teams involved in the deceased individual's care. The committee will publish its findings every three years as part of its report on severe maternal morbidity required pursuant to SB 464 (Mitchell), Chapter 533, Statutes of 2019, including recommendations on how to prevent severe maternal morbidity and mortality, and how to reduce racial disparities.

SB 65 requires in-depth reviews of all maternal deaths and systematic deliberation regarding the cause of over 7,000 cases of maternal morbidity. According to DPH, its responsibilities under SB 65 will significantly expand in the following areas:

- *In-Depth Reviews of Maternal Mortality.* DPH expects a three-fold increase in the number of cases included in its current in-depth mortality review.
- *Family Member and Provider Interviews.* SB 65 requires the in-depth review of maternal mortality to include voluntary interviews with surviving family members and providers. DPH expects to conduct up to 250 interviews annually, 150 with family members and 100 with providers.
- *Committee Meetings.* DPH indicates it will need to prepare for and support two day-long meetings of the California Pregnancy-Associated Review Committee to discuss severe maternal morbidity data findings.
- *Data Processing and Analysis.* DPH indicates the increase in data flow on maternal mortality and morbidity will require resources to process this new information so that it may be useful for the committee ad stakeholders as they engage to improve health outcomes of birthing people and their infants.

Staffing and Resource Request. DPH requests 16 positions and General Fund expenditure authority of $5.5 million annually to establish the California Pregnancy-Associated Review Committee, which will conduct a review of pregnancy-related deaths, analyze common causes of severe maternal morbidity, and make recommendations to prevent maternal mortality and morbidity, pursuant to SB 65. Specifically, DPH requests the following positions and resources:

- **One Public Health Medical Officer II** position would provide medical and technical guidance in the development and implementation of the California Pregnancy-Associated Review Committee, and provide medical consultation to other units in identifying and developing meaningful data sets and reports for the committee.
- **One Research Scientist Supervisor II** position would provide scientific and administrative oversight and leadership to, and serve as hiring manager for, the requested scientific positions.
- **Two Research Scientist (RS) III** positions would provide vital records, hospitalization data, and other information, along with scientific expertise, in support of the mortality review process; capture and process all quantitative and qualitative data generated during the review process; scientifically analyze the mortality review data; and interpret, discuss, and share the analytic results.
- **Two RS III** positions would collaborate with program staff during the annual conduct of survivor and provider interviews; capture and process all quantitative and qualitative data generated during interviews; scientifically analyze interview data; and interpret, discuss, and share the analytic results.
- **One RS II** position would procure, and integrate with mortality data, geographic and place-based data; carry out analyses of these data using Geographic Information Systems (GIS) software and methods; and interpret, discuss, and share the analytic results.
- **Two RS III** positions would provide hospitalization data on severe-maternal-morbidity-related diagnoses and procedures, and other information, along with scientific expertise, in support of the deliberations on morbidity; capture and process all quantitative and qualitative data generated during deliberations; scientifically analyze the resultant data; and interpret, discuss, and share the analytic results.
- **One Health Program Specialist (HPS) II** position would prepare and execute a work plan that enables the staff to conduct approximately 150 interviews of family and friends of the pregnancy-related decedents, including securing an institutional review board (IRB) determination, designing the interview tool and the interview protocol, contacting potential interviewees to set up interviews,

conducting the interviews, and working with scientific staff to ensure the captured responses are conducive to analyses.

- **One HPS II** position would prepare and execute a work plan that enables the staff to conduct approximately 100 interviews of providers who have information about pregnancy-related decedents, including securing an IRB determination, designing the interview tool and the interview protocol, contacting potential interviewees to set up interviews and securing all necessary approvals, conducting interviews, and working with scientific staff to ensure the captured responses are conducive to analyses.
- **One HPS II** position would provide programmatic support for the work of the committee that is tasked with conducting mortality reviews, including regular correspondence with, and scheduling, logistical, and travel support for, each mortality committee member; handling meeting planning details; preparing agendas for, and capturing committee-generated information and determinations during, every committee meeting; and working with scientific staff to ensure the committee-generated mortality-related information and determinations are conducive to the analyses.
- **One HPS II** position would provide programmatic support for the work of the committee that is tasked with conducting morbidity deliberations, including regular correspondence with, and scheduling, logistical, and travel support for, each morbidity committee member; handling meeting planning details; preparing agendas for, and capturing committee-generated information and determinations during, every committee meeting; and working with scientific staff to ensure the committee-generated morbidity-related information and determinations are conducive to the analyses.
- **One Health Program Manager II** would provide leadership, guidance and programmatic oversight to the maternal mortality and morbidity activities, including hiring of staff to oversee regionalized maternal reviews, interviews, and specific reporting requirements; and establishing regular communication to external and internal stakeholder groups to ensure program integrity to state mandates.
- **One Associate Governmental Program Analyst (AGPA)** would assist program hiring managers regarding all recruitment and hiring practices, work with division staff and internal and external stakeholders to resolve complex personnel-related matters, respond to all personnel-related drills and audits, and provide technical assistance for time reporting and training requirements.
- **One AGPA** would support departmental administrative functions due to the increase in program staffing, including contract and procurement preparations, monitoring appropriation and revenue balances, technical assistance on expenditure and revenue transactions, and guidance and assistance on a variety of personnel policies, standards and procedures.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 22: Adjustment to Support Home Visiting Programs

Budget Change Proposal – Governor's Budget. DPH requests 19.7 positions and General Fund expenditure authority of $37.5 million annually. If approved, these resources would allow DPH to expand the California Home Visiting Program (CHVP), an evidence-based program that offers home visiting to pregnant and newly parenting families focused on building family resilience by promoting positive parenting and child development, increasing positive childhood experiences, and improving health and social outcomes.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
0001 – General Fund	$37,500,000	$37,500,000
Total Funding Request:	**$37,500,000**	**$37,500,000**
Total Requested Positions:	**19.7**	**19.7**

* Positions and resources ongoing after 2023-24.

Background. The federal Patient Protection and Affordable Care Act of 2010 established the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV), which supports evidence-based home visiting in states, territories, and tribal entities. In California, DPH received MIECHV funding to establish the California Home Visiting Program (CHVP). In the 2021-22 federal fiscal year, the Health Resources and Services Administration awarded DPH $19 million to support CHVP.

CHVP is an evidence-based, voluntary program offered to pregnant and newly parenting families, particularly those who face the greatest health and social inequities and are at risk for Adverse Childhood Experiences (ACEs), including child maltreatment, domestic violence, substance use disorder, and mental health-related issues. Home visiting provides parents health, social, and educational tools, and resources to raise their children independently and more confidently.

Evidence-Based Models for Service Delivery. As of 2018, CHVP home visiting services were provided to eligible families by 22 local health jurisdictions (LHJ). Each uses one of the following evidence-based models, based on the specific needs of the local area:

1) Healthy Families America (HFA)

   a. Serves low-income families who must be enrolled within the first three months after an infant's birth.
   b. A trained paraprofessional provides one-on-one home visits to parents and their babies primarily up to age three.
   c. Uses a strength-based approach.
   d. Uses motivational interviewing to build on the parents' own interests.

   HFA Counties (8): Tehama, Butte, Nevada, Yolo, Merced, Madera, Imperial, Los Angeles*

2) Nurse Family Partnership (NFP)

   a. Serves low-income, first-time mothers who must be enrolled by the 28th week of pregnancy.

b. A public health nurse provides one-on-one home visits to parents and their babies up to age two.
c. Uses a strength-based approach.
d. Uses motivational interviewing to build on the parents' own interests.

NFP Counties (15): Humboldt, Shasta, Sonoma, Solano, Sacramento, San Francisco, Contra Costa, Alameda, San Mateo, Stanislaus, Fresno, Kern, Riverside, San Diego, Los Angeles*

*Los Angeles offers services under both the HFA and NFP models.

2019 Budget Act Augmentation for CHVP. The 2019 Budget Act included General Fund expenditure authority of $23 million annually to support evidence-based home visiting services. According to DPH, this funding allowed CHVP to expand participation to 29 counties and expand evidence-based home visiting models and expand to include an additional evidence-based option for home-visiting: Parents as Teachers (PAT). In addition, $5 million was set aside for innovative local practices in home visiting, supporting 10 innovative projects across 12 local health jurisdictions.

Staffing and Resource Request. DPH requests 19.7 positions and General Fund expenditure authority of $37.5 million annually to expand the California Home Visiting Program (CHVP), an evidence-based program that offers home visiting to pregnant and newly parenting families focused on building family resilience by promoting positive parenting and child development, increasing positive childhood experiences, and improving health and social outcomes. DPH indicates it would continue to utilize the three existing evidence-based models: HFA, NFP, and PAT for expansion of the program. In addition to the local assistance resources to expand availability of CHVP, DPH requests the following positions and resources:

- **One Health Program Manager II** position would oversee and provide expertise in program planning and implementation activities; integrate state- and federal-funded home visiting programs; assist in the fiscal management of state-funded components of CHVP; direct, oversee, and supervise CHVP staff; assure compliance with state requirements; participate with local agencies, advocates, and other stakeholders to achieve consensus on program goals, policy issues, and operational issues; assess current working administrative models and plans and make recommendations regarding improvements, enhancements, and modifications; edit and approve reports, issue memoranda, position papers, and other documents; review policy analysis and elevate recommendations and opportunities for systems change; and facilitate collaboration across public health, health care and social services to integration of efforts to address gap needs for underserved populations.
- **One Health Program Manager I** position would provide leadership, direction, and support to staff in the CHVP; coordinate support for internal and external engagement; direct development of solicitation processes; establish training, technical assistance, monitoring, and oversight procedures; develop guidance and tools for use by local health departments and community partners; review policy analysis; elevate recommendations and opportunities; facilitate collaboration across public health, health care, and social services for integration of efforts to address gap needs for underserved populations; and establish and maintain collaborative relationships with counterparts in federal, state, and local agencies.
- **One Research Scientist Supervisor I** position would provide scientific and managerial leadership in coordination, data collection, data reporting, program evaluation, and preparation of activities related to the CHVP assessment and program evaluation grounded in health equity; conceptualize, plan,

organize, and direct scientific studies; serve as state scientific subject matter expert on CHVP research methodologies; provide overall leadership for complex multidisciplinary studies related to CHVP; maintain databases and ensure confidentiality protection; review CHVP related documents and reports prior to submission; and attend meetings and prepare and present status reports.

- **Two Research Scientist III** positions would serve as evaluator for the CHVP program by developing and implementing plans and monitoring systems for program implementation and outcomes; provide scientific knowledge for the development and use of indicators, process and outcome measures, and benchmarks at both the state and local level; oversee and guide implementation of the CHVP evaluation plan grounded in health equity; lead development of scientific reports on program reach, implementation, and outcomes; lead development of scientific reports on program reach, implementation, and outcomes; develop and oversee use of data collection instruments and ensure integrity of data collection forms and processes; execute well-designed and rigorous evaluation to determine program effectiveness; lead a variety of statistical analyses to interpret and analyze state-level and program-level data trends; and serve as a scientific consultant to department policy and program staff, external stakeholders, and statewide advisory groups.
- **2.7 Research Scientist II** positions would coordinate and analyze program data to inform monitoring, evaluation, policy, and program research projects; develop data collection instruments; generate and distribute regular program monitoring reports; develop and generate routine quality assurance mechanisms and processes implementation; share findings with local health jurisdictions and other partners; submit all necessary paperwork to the California Committee for the Protection of Human Subjects; review and evaluate the scientific literature on home visiting; procure necessary population-based data to incorporate into an analytic plan in support of CHVP; and share results of the population-based data analysis with CHVP partners and stakeholders.
- **Two Health Program Specialist II** positions would assess need, design and implement program standards, policies, and program activities related to CHVP; develop, coordinate, review, and ensure evidence-based home visiting model and contract compliance for sites; coordinate across DPH programs to develop policies and procedures to integrate best practices; review reports from providers to assure fidelity to the model and identify problem areas; perform site visits to monitor program implementation; coordinate with the data team on development and implementation of performance metrics, monitoring and evaluation of activities; and develop technical and educational materials and other documents.
- **Three Health Program Specialist I** positions would support program development and ensure evidence-based and evidence-informed strategies are implemented in CHVP; provide technical assistance and program consultations to local agencies; respond to inquiries from internal and external stakeholders; contribute to progress reporting and dissemination of lessons learned and best practices; assist in review of reports from sites to assure fidelity to the model and identify problem areas; assist with site visits to monitor program implementation; produce culturally and linguistically appropriate program materials; field test materials with local health jurisdictions, community-based organizations, and other community members; translate materials into multiple languages; develop the DPH website; partner with DPH research scientists to produce data briefs and other reports; and ensure materials are compliant with the Americans with Disabilities Act.
- **One Staff Services Manager I** position would plan, organize, direct, and manage the CHVP fiscal unit including overseeing monitoring and reporting of budgetary and accounting related invoice activities, forecasting and developing budget estimates, planning and development, policy and procedure analysis, interpretation and formulation; developing and updating manuals, policies, bill analysis, regulations, grants, and other documents for internal and external partners.

- **Six Associate Governmental Program Analysts** would develop, manage, track, and monitor agreements with local health jurisdictions and vendors; provide fiscal budget analysis for funding state and local activities including developing budgets, estimates, and other fiscal reports; and verify and reconcile expenditure data and encumbrances in state systems and databases.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 23: Adjustment to Support Black Infant Health

Budget Change Proposal – Governor's Budget. DPH requests 7.3 positions and General Fund expenditure authority of $12.5 million annually. If approved, these resources would allow DPH to expand the Black Infant Health (BIH) program, which provides group-based interventions for Black birthing parents to reduce maternal and infant disparities.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
0001 – General Fund	$12,500,000	$12,500,000
Total Funding Request:	**$12,500,000**	**$12,500,000**
Total Requested Positions:	**7.3**	**7.3**

* Positions and resources ongoing after 2023-24.

Background. The Black Infant Health Program, administered by DPH, provides empowerment-focused group support services and case management to improve the health and social conditions for Black women and their families. Created in 1989 to address a disproportionately high infant mortality rate for Black infants, the program seeks to address the complex factors related to infant mortality and preterm births for the population at greatest risk. Black Infant Health providers offer participants health education, social support, individualized case management, home visitation and referrals to other services.

Black Infant Health Model. Originally, the Black Infant Health Program focused primarily on prenatal care and one-on-one case management to address infant mortality. However, a 2006 assessment by the Center on Social Disparities in Health at the University of California, San Francisco, indicated this approach was insufficient, prompting the state and the Center to work towards a new, evidence-based model. The new model, while still providing prenatal care and case management services, emphasizes social support, stress management, and empowerment. In particular, research demonstrated that women who participate in group sessions, rather than the previously standard one-on-one care settings, experience significantly reduced risk of pre-term births, better psychosocial outcomes, more prenatal care knowledge, and feel more prepared for labor and delivery.[4] Local Black Infant Health Programs provide 10 pre-natal and 10 post-partum group sessions exploring the following topics: 1) Cultural Heritage as a Source of Pride; 2) Healthy Pregnancy, Labor & Delivery; 3) Nurturing Ourselves & Our Babies; 4) Prenatal, Postnatal & Newborn Care; 5) Stress Management; 6) Healthy Relationships; and 7) Celebrating Our Families. Case management services link participants with needed community and health-related services, such as health insurance application assistance and family planning counseling.

Trends in African American Infant Mortality in California. According to data from the Centers for Disease Control (CDC), the infant mortality rate per 1,000 live births for African Americans in California declined from 13.29 to 8.28 between 1995 and 2018. While the state has made progress since 1995, this rate was still about twice the rate in 2018 for white (3.06), Hispanic (4.29), and Asian/Pacific Islander

[4] Ickovics J. Group prenatal care and perinatal outcomes. Obstetrics & Gynecology 2007;110(2 Pt 1): 330-339.

(3.84)[5] Californians. In addition, there is some evidence that progress in reducing African American infant mortality has stalled in recent years.[6]

According to the CDC, the leading causes of black infant mortality include complications related to pre-term birth, low birth weight, congenital birth defects, Sudden Infant Death Syndrome (SIDS), and accidents. Complications related to pre-term birth and low birth weight are the most significant causes of black infant mortality, accounting for 60 to 75 percent of all deaths. In addition to being a significant cause of infant mortality, pre-term birth can lead to significant long-term intellectual and developmental disabilities including autism and behavioral problems, as well as chronic medical problems, such as asthma, diabetes, and cancer. Interventions that reduce pre-term birth rates would be likely to lead to reduced infant mortality, as well as significant reductions in neonatal intensive care stays and utilization of medical and mental health services for the treatment of developmental disabilities and other prematurity-associated chronic medical conditions.

Interventions to Reduce Risk Factors for Black Infant Mortality. While the social support, stress management, and empowerment model of the Black Infant Health Program is an evidence-based intervention that reduces black infant mortality, the rate of black infant mortality has remained twice that of any other group. Other interventions that have shown promise generally include a team-based approach to care that couples social interventions with medical interventions. The Centering Pregnancy model is a group-based intervention that follows the recommended schedule of 10 prenatal visits, with each visit 90 minutes to two hours long. According to Centering Healthcare, which developed the model, pregnant women engage in their own care by taking their own weight and blood pressure and recording their own health data with private time with their provider for belly check. DPH indicates that the group-based intervention in the Black Infant Health Program is partially derived from the Centering Pregnancy model.

Black Infant Health Program Budget History. Since its inception, the Black Infant Health Program has been funded by a combination of state General Fund and federal Title V Maternal and Child Health Service Block Grant funding. The Title V block grant, administered by the Health Resources and Services Administration, provides states with funds for programs to improve the health of mothers and children based on a statewide needs assessment. The state General Fund is appropriated by the Legislature through the state budget process.

In response to a significant General Fund deficit resulting from the 2007 recession, the 2009 Budget Act eliminated the $3.9 million General Fund appropriation for the Black Infant Health Program. Local programs still received funds allocated from the federal Title V block grant, but overall funding for these programs was reduced significantly. The 2014 Budget Act authorized the addition of $4 million of ongoing General Fund for the program, restoring the recession-era reductions.

[5] United States Department of Health and Human Services (US DHHS), Centers of Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS). Linked Birth / Infant Death Records 2007-2018, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, on CDC WONDER On-line Database. Accessed at http://wonder.cdc.gov/lbd-current.html on February 14, 2022.

[6] Corinne A. Riddell, PhD; Sam Harper, PhD., Jay S. Kaufman, PhD. Trends in Differences in US Mortality Rates Between Black and White Infants. JAMA Pediatr. 2017;171(9):911-913

California Perinatal Equity Initiative. The 2018 Budget Act included trailer bill language and General Fund expenditure authority of $8 million annually to expand the Black Infant Health Program to further the goal of reducing the disparities in infant mortality within the black community. The expanded program, the California Perinatal Equity Initiative, supports local programs that combine social interventions with medical interventions and other wrap-around services including, but not limited to, evaluation, personalized case management, educational programs, and wraparound care provided by home visitors and various medical personnel. According to DPH, planning grants were awarded to the 13 county health departments currently operating BIH programs for the purpose of improving Black infant birth outcomes and reducing infant mortality. The planning grants contained the following key requirements of county health departments:

1. Conduct an environmental scan to identify gaps in perinatal health care and community services
2. Attend state-hosted community engagement meetings
3. Establish local Perinatal Health Equity Community Advisory Boards
4. Engage hospital partners to conduct black preterm birth chart reviews and focus groups with moms who delivered preterm to gain a deeper understanding of perinatal health care before, during and after delivery
5. Develop and implement a public health awareness campaign to bring focus to maternal and infant health disparities

2019 Budget Act Augmentation for Black Infant Health Program. The 2019 Budget Act included two positions and General Fund expenditure authority of $7.5 million annually to support expansion of the Black Infant Health Model, including adding strategies to support participant access and engagement and further expansion of sites and participants. According to DPH, the additional support for the program included:

- Completing an implementation evaluation to examine the contextual challenges to implementing the program in local health jurisdictions using existing reports and conducting key informant interviews; assess impact of quality improvement efforts.
- Improving data collection measures to capture key outcomes such as stress or baseline depression.
- Implementing technical upgrades to the BIH data system in order to analyze:
  - Additional data not previously reported (e.g., depression, food insecurity, experiences of racism)
  - Participant satisfaction data
  - Outcomes as a function of group size and dosage of intervention
  - Associations between participation and birth outcomes
  - Comparison of outcome with other strategies such as home visiting, preconception counseling, and fatherhood engagement
- Convening a state advisory group with representation of experts in health disparities and shared learning with other efforts, and with specific inclusion through authentic community engagement so that no decisions about black family health are done without inclusion of black families and community leaders.
- Assessing alternative direct service models such as those outlined in the California Perinatal Equity Initiative.

In September 2021, DPH released its evaluation of the BIH program outcomes between 2015 and 2018. DPH measured the change in intermediate health outcomes focusing on 18 indicators. The evaluation

reported 13 out of the 18 indicators showed significant positive change. The largest improvements were identified for six indicators:

- 60 percent decrease in participants reporting no practical and emotional support
- 51 percent decrease in smoking within the last month
- 45 percent decrease in food insecurity
- 38 percent increase in the use of yoga, deep breathing, or medication to manage stress
- 35 percent decrease in depressive symptoms
- 33 percent increase in intention to put baby to sleep on their back

Five indicators did not show change, including drinking soda fewer than three times in the last week, did not eat fast food, ate vegetables more than once a day, ate fruits more than once a day, or showed a negative change, including taking vitamins every day.

According to DPH, an exploratory comparative analysis also identified multiple contextual conditions associated with BIH sites' ability to implement the program with greater fidelity, including: higher levels of supplemental funding, institutional leadership that values the importance of BIH to address disparities, short vacancies among key staff, culturally competent staff, consistent motivators for participants, ability to schedule group sessions outside of business hours, the use of social media to engage with participants, presence of a Community Advisory Board, staff that believe in the program, and staff confidence in their work.

Staffing and Resource Request. DPH requests 7.3 positions and General Fund expenditure authority of $12.5 million annually to further expand the Black Infant Health (BIH) program, which provides group-based interventions for Black birthing parents to reduce maternal and infant disparities. According to DPH, this funding would increase the number of BIH sites and participants and add strategies that support participant access and engagement. In particular, this funding would:

- Add counties where pockets of need exist
- Engage more community-based organizations in counties who have close ties and established trust brokers within the Black community
- Deepen the reach in counties that are currently funded to provide services to as many Black birthing people as possible
- Offer a virtual component of BIH to further reach and improve retention. A virtual component was implemented as an accommodation during the COVID-19 pandemic and may help decrease stress and isolation among participants when they are unable to attend in-person.

DPH also plans to utilize these resources to improve the BIH program through the following strategies:

- Support model fidelity through continuous quality improvement monitoring at new sites
- Convene quarterly statewide stakeholder Birth Equity Council meetings in addition to local Community Advisory Boards
- Provide a rigorous evaluation of the multi-component BIH program that includes evaluating alternative direct service models such as those outlined in the Perinatal Equity Initiative to better assess

and possibly recommend a menu of viable options for local implementation efforts to reduce perinatal disparities.

In addition to the local assistance resources for BIH programs, DPH requests the following positions and resources:

- **One Health Program Manager I** position would provide leadership, direction, and support to staff in designing and implementing policies, projects, and standards for the BIH program; provide coordination support for internal and external engagement; support development of solicitation processes; develop guidance and tools for use by local health departments and community partners; facilitate collaboration across public health, health care, and social services for integration of efforts to address gap needs for underserved populations; and establish and maintain collaborative relationships with counterparts in federal, state, and local agencies.
- **One Health Program Specialist II** position would serve as training coordinator for local implementing agencies; collaborate with the data team on development, implementation, monitoring, and evaluation of training performance measures; develop educational materials, reports, briefs, training, and presentations; and communicate with program staff, stakeholders, and the public about issues related to maternal and infant health as well as program progress, program data, and lessons learned.
- **Two Health Program Specialist I** positions would support program development and implementation; write technical guidance documents, establish standards and procedures, support the development and oversight of agreements and contracts; provide technical assistance and program consultation to local agencies, such as contract and budget review, regular communication, training, monitoring and tracking agency progress, ensuring scope of work compliance, reviewing deliverables, and working with agencies to address challenges and engage in ongoing quality improvement efforts; respond to inquiries from internal and external partners and stakeholders; contribute to progress reporting and dissemination of lessons learned and best practices; assist in review of reports from sites to assure fidelity to the model and identify problem areas; and assist with site visits to monitor program implementation.
- **One Research Scientist III** position would serve as evaluator for the BIH program by developing and implementing plans and monitoring systems for program implementation and outcomes; provide scientific knowledge for the development and use of indicators, process and outcome measures, and benchmarks at both the state and local level; lead development of scientific reports on program reach, implementation, and outcomes; provide scientific and evaluation expertise, training and technical assistance for local implementing agencies; lead a variety of statistical analyses to interpret and analyze state-level and program-level data trends; and serve as a scientific consultant to department policy and program staff, external stakeholders, and statewide advisory groups.
- **1.3 Research Scientist II** positions would implement a monitoring and evaluation plan for the BIH expansion; research and develop standardized indicators, process and outcome measures, and benchmarks; coordinate evaluation and progress report efforts across stakeholder groups; develop and oversee use of data collection instruments in local programs; analyze and interpret state-level and program-level process, outcome and performance data and trends; provide scientific consultation to staff to support identification of evidence-based strategies for reducing disparities in infant morbidity and mortality; provide training and technical assistance to counties and local agencies to support data collection, reporting, and quality improvement efforts.

- **One Associate Governmental Program Analyst** would provide support administrative functions including personnel actions, benefits, procurement, travel coordination, time reporting, training, and workstation setup.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 24: Center for Health Care Quality Estimate

Center for Health Care Quality Program Estimate – Governor's Budget. The budget includes expenditure authority for the Center for Health Care Quality of $398.8 million ($4.6 million General Fund, $104.1 million federal funds, and $290.1 million special funds and reimbursements) in 2021-22, an increase of $9.6 million or 2.5 percent compared to the 2021 Budget Act, and $432.9 million ($5 million General Fund, $107.2 million federal funds, and $320.7 million special funds and reimbursements) in 2022-23, an increase of $43.7 million or 11 percent compared to the revised 2021-22 budget. According to DPH, the increase in 2020-21 is attributed to various baseline adjustments, while the increase in 2022-23 is attributed primarily to the $18.4 million one-year extension of the health facility certification contract with Los Angeles County and various other baseline adjustments.

CHCQ Funding Summary, November 2020 Estimate		
Fund Source	**2021-22**	**2022-23**
0001 – General Fund	$4,592,000	$4,990,000
0890 – Federal Trust Fund	$104,099,000	$107,165,000
0942 – Special Deposit Fund		
Internal Departmental Quality Improvement Account	$3,669,000	$3,671,000
State Health Facilities Citation Penalty Account	$2,144,000	$2,144,000
Federal Health Facilities Citation Penalty Account	$7,402,000	$7,134,000
0995 – Reimbursements	$13,396,000	$13,416,000
3098 – Licensing and Certification Program Fund	$263,469,000	$294,345,000
Total CHCQ Funding	**$398,771,000**	**$432,865,000**
Total CHCQ Positions	**1436.3**	**1493.9**

Background. DPH's Center for Health Care Quality, Licensing and Certification Program (L&C) is responsible for administering the licensure, regulation, inspection, and certification of health care facilities and certain health care professionals in California. The program is organized into 14 district offices and Los Angeles County, which operates under a contract with the L&C program. L&C staff conduct periodic inspections and investigation of complaints and entity-reported incidents to ensure health care facilities comply with state and federal laws and regulations. L&C also contracts with the federal Centers for Medicare and Medicaid Services (CMS), which provides federal funding to ensure that facilities accepting Medicare and Medi-Cal payments comply with federal laws and regulatory requirements. In addition to facility oversight, L&C oversees the certification of certified nurse assistants, home health aides, hemodialysis technicians, and the licensing of nursing home administrators.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of the Center for Health Care Quality, including regulatory responsibilities, organizational structure, funding, and performance.

2. Please provide an update on the L&C Program's vacancy rate, particularly for the HFEN classification.

3. Please provide an update on the most current timeliness metrics for investigation of complaints and entity-reported incidents.

Issue 25: Los Angeles County Contract Extension

Budget Change Proposal – Governor's Budget. DPH requests expenditure authority from the Licensing and Certification Fund of $18.4 million annually. If approved, these resources would allow DPH to extend and augment the department's health care facility certification contract with the Los Angeles County Department of Public Health to account for updated indirect cost and employee benefit rates, personnel costs, and lease costs.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
3098 – Licensing and Certification Fund	$18,400,000	$18,400,000
Total Funding Request:	**$18,400,000**	**$18,400,000**
Total Requested Positions:	**0.0**	**0.0**

* Resources ongoing after 2023-24.

Background. For over 30 years, DPH has contracted with Los Angeles (LA) County to perform federal certification and state licensing surveys and investigate complaints and entity-reported incidents for approximately 4,300 health care facilities in the LA County area. Approximately one third of licensed and certified health care facilities in California are located in LA County, and 25 percent of the long-term care complaints and entity-reported incidents received statewide each year are generated in LA County.

In July 2015, DPH and LA County renewed the contract for a three-year term, ending June 30, 2018, for an annual budget of $41.8 million to fund 224 positions. The 2016 Budget Act authorized an additional $2.1 million in expenditure authority to fully fund LA County to conduct tier 1 and tier 2 federal workload, long-term care complaints and entity-reported incidents, and pending complaints and entity-reported incidents. The 2017 Budget Act approved an additional $1.1 million for general salary increases approved by the LA County Board of Supervisors for employees covered by the LA County contract after the negotiation of the contract renewal.

The 2018 Budget Act included resources to allow DPH to extend the LA County contract for an additional year until June 30, 2019. The Legislature also approved trailer bill language to assess a supplemental license fee on facilities located in LA County to offset additional costs necessary to regulate entities in the county. The supplemental fee was intended to prevent the need to increase license fees on health care facilities statewide to absorb increasing contract costs and to allow health care facilities in LA County to receive services comparable to other health care facilities statewide.

The department and LA County negotiated a new three-year contract beginning July 1, 2019, that emphasizes pay for performance with defined quality, quantity, and service metrics, as well as penalties for failure to meet those metrics. According to DPH, the new contract reflected a gradual increase for LA County workload and resources to hire necessary staff over three years to complete 100 percent of the mandated workload, including its existing tier 1 and tier 2 federal workload, complaint and incident investigations, as well as new tier 3 and tier 4 federal workload, state licensure activities, and responsibility for all complaints and entity-reported incidents in the county. The contract includes a total of 491 positions including 317 surveyor positions and 174 support and supervisory positions, which is an increase of 118

percent over the prior contract to fulfill the additional licensing and certification workload for LA County facilities.

According to DPH, during the COVID-19 pandemic, LA County was allowed some flexibility to implement COVID-19 activities including mitigation plan and infection control onsite surveys and visits, daily outbreak monitoring and risk exposure assessments, training and discussion attendance, and collaboration with multiple emergency agencies.

Resource Request. DPH requests expenditure authority from the Licensing and Certification Fund of $18.4 million annually to extend and augment the department's health care facility certification contract with the Los Angeles County Department of Public Health to account for updated indirect cost and employee benefit rates, personnel costs, and lease costs. DPH currently has expenditure authority from the Licensing and Certification Fund of $91.4 million in 2021-22 for the LA County contract. The extended contract in 2022-23 would result in expenditures of $124 million, including $18 million in federal resources and $106 million in Licensing and Certification Fund resources. DPH indicates the request for $18.4 million in additional resources is necessary to fund salary and benefit increases for the LA County staff approved since the original contract was negotiated.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 26: Health Facilities Oversight

Budget Change Proposal – Governor's Budget. DPH requests two positions and expenditure authority from the Licensing and Certification Fund of $4 million in 2022-23 and $284,000 annually thereafter. If approved, these positions and resources would allow DPH to increase infection prevention and to provide quality assurance in Nursing Home Administrator training.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
3098 – Licensing and Certification Fund	$3,984,000	$284,000
Total Funding Request:	**$3,984,000**	**$284,000**
Total Requested Positions:	**2.0**	**2.0**

* Positions and resources ongoing after 2023-24.

Background – Healthcare Associated Infections Program. SB 739 (Speier), Chapter 526, Statutes of 2006, required DPH and general acute care hospitals to implement various measures related to disease surveillance and the prevention of health care associated infections. The DPH Center for Health Care Quality administers the Healthcare Associated Infection (HAI) Program, which was established in 2009 to improve the quality of care and patient safety through the prevention of infections in health care facilities. The program collects quarterly reports of HAIs from health facilities, including methicillin-resistant Staphylococcus aureus (MRSA), clostridium difficile, and Vancomycin-resistant enterococcal bloodstream infection, as well as the number of inpatient days and the incidence of central line or various surgical site infections. The program contracts with infection preventionist staff at the University of California (UC) Davis to support prevention and response to unusual infectious disease occurrences and outbreaks in health care facilities.

According to DPH, prior to the COVID-19 pandemic, the HAI Program exclusively monitored general acute care hospitals for infection rates. Since the pandemic, HAI has expanded to conducting site assessments of infection prevention protocols at hospitals, skilled nursing facilities, and other facility types not regulated by DPH. The current UC Davis contract consists of ten infection preventionists, which DPH indicates is insufficient to support the increased infection prevention and control workload since the start of the pandemic.

Background – Nursing Home Administrator Program. DPH administers the nursing home administrator program, which licenses individuals charged with ensuring the safety and well-being of populations that live within skilled nursing facilities. Nursing home administrators (NHAs) qualify for the licensing exam after completing an Administrator-in-Training (AIT) program, which is administered by a preceptor approved by the program. Each approved AIT program is individualized for each applicant and is directly supervised by the approved preceptor. According to DPH, the program's existing staffing levels are not sufficient to manage the program's workload.

Staffing and Resource Request. DPH requests two positions and expenditure authority from the Licensing and Certification Fund of $4 million in 2022-23 and $284,000 annually thereafter to increase infection prevention and to provide quality assurance in Nursing Home Administrator training. Specifically, DPH requests the following positions and resources:

HAI Program – Contract resources ($3.7 million)

- DPH requests expenditure authority from the Licensing and Certification Fund of $3.7 million in 2022-23 to provide a sustainable and permanent HAI prevention and response capability. DPH indicates the expansion would allow the program to redistribute workload and expand infection prevention resources throughout the state, provide education on HAI prevention and serve additional facility types, particularly skilled nursing facilities.

Nursing Home Administrator Program – Two positions

- **Two Associate Governmental Program Analysts** would perform quality assurance functions including monitoring AIT evaluations, issuing deficiency and follow-up letters, and conducting AIT and preceptor interviews.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 27: End of Life (SB 380)

Budget Change Proposal – Governor's Budget. DPH requests one position and General Fund expenditure authority of $151,000 in 2022-23 and $147,000 annually thereafter. If approved, this position and resources would allow DPH to manage an increase in processing of End of Life Act documents due to the reduced waiting period between initial and final requests implemented by SB 380 (Eggman), Chapter 542, Statutes of 2021.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
0001 – General Fund	$151,000	$147,000
Total Funding Request:	**$151,000**	**$147,000**
Total Requested Positions:	**1.0**	**1.0**

* Position and resources ongoing after 2023-24.

Background. ABX2 15 (Eggman), Chapter 1, Statutes of 2015, Second Extraordinary Session, established the End of Life Option Act, which authorizes an individual with the capacity to make medical decisions and with a terminal disease to request aid-in-dying drugs if the following conditions are satisfied:

- A physician has diagnosed the individual with a terminal disease.
- The individual has voluntarily expressed a wish to receive aid-in-dying drugs.
- The individual is a resident of California.
- The individual has the physical and mental ability to self-administer the aid-in-dying drugs.
- The individual documents his or her request by submitting two oral requests, a minimum of 15 days apart, and a written request to his or her physician.

ABX2 15 also requires the individual's physician to submit to DPH the documentation of the End of Life Act process, including the individual's written request for aid-in-dying drugs, and associated physician checklists, follow-up, and other compliance documents. DPH is also required to annually report certain information on how many individuals receive aid-in-dying drugs, how many died and the cause of death, the number of physicians providing aid-in-dying prescriptions, and various demographic information. In addition, DPH is required to make available the physician compliance and follow-up documents on its website.

SB 380 Shortens Time Between Oral Requests for Aid-in-Dying Drugs. SB 380 (Eggman), Chapter 542, Statutes of 2021, amends the End of Life Option Act by allowing an individual to qualify for aid-in-dying drugs by reiterating the oral request after 48 hours, rather than 15 days. SB 380 also eliminates the final attestation form required to be filled out by the individual within 48 hours of self-administering the aid-in-dying medication, as well as including gender neutral language in the interpreter form submitted to DPH. According to DPH, the shortened time period after the initial request is likely to result in an increase in End of Life Act reporting forms received by the department.

Staffing and Resource Request. DPH requests one position and General Fund expenditure authority of $151,000 in 2022-23 and $147,000 annually thereafter to manage an increase in processing of End of Life

Act documents due to the reduced waiting period between initial and final requests implemented by SB 380. Specifically, DPH requests the following position and resources:

- **One Associate Governmental Program Analyst** would provide general assistance to providers on submission of End of Life Act forms, monitor participation in the End of Life Act, collect and analyze forms from providers, perform database entry, maintain confidential documents and database, and update and maintain the End of Life Act website.

In addition, DPH requests expenditure authority of $4,000 in 2022-23 for its Information Technology Services Division to remove the final attestation form from its web-based portal and update the interpreter form with gender neutral language.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 28: Cannery Inspection Program Activities

Budget Change Proposal – Governor's Budget. DPH requests expenditure authority from the Cannery Inspection Fund of $900,000 annually. If approved, these resources would allow DPH to manage its cannery inspection workload.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
3081 – Cannery Inspection Fund	$900,000	$900,000
Total Funding Request:	**$900,000**	**$900,000**
Total Requested Positions:	**0.0**	**0.0**

* Resources ongoing after 2023-24.

Background. The DPH Food and Drug Branch Cannery Inspection Program was implemented in the early 1920s in response to foodborne illness outbreaks, such as botulism, related to improperly commercially manufactured canned foods. The Cannery Inspection Act authorized the regulation of manufacturing of shelf-stable, low-acid canned foods. As a result, botulism from commercially manufactured foods has become extremely rare.

According to DPH, prior to November 2019, all personnel in the department's food safety programs were supported by the Food Safety Fund, which was associated with most of their activities. However, after implementing a time accounting process for reporting time worked by personnel for each individual program, DPH discovered that the workload in the Cannery Inspection Program attributable to the Cannery Inspection Fund was higher than anticipated. As a result, the existing appropriation from the fund is insufficient to support its activities. The Cannery Inspection Fund is supported by annual license and inspection fees paid by regulated canneries.

Resource Request. DPH requests expenditure authority from the Cannery Inspection Fund of $900,000 annually to manage its cannery inspection workload. DPH reports the Food Safety Fund has been absorbing some of the costs that should have been attributed to the Cannery Inspection Fund, and as a result its reserve is steadily declining. This request would attribute the appropriate workload to the appropriate special fund.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 29: Fluoroscopy – Temporary Permit (AB 356)

Budget Change Proposal – Governor's Budget. DPH requests one position and expenditure authority from the Radiation Control Fund of $114,000 annually. If approved, this position and resources would allow DPH to issue temporary permits to operate or supervise the operation of fluoroscopic X-ray equipment, pursuant to the requirements of AB 356 (Chen), Chapter 459, Statutes of 2021.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
0075 – Radiation Control Fund	$114,000	$114,000
Total Funding Request:	**$114,000**	**$114,000**
Total Requested Positions:	**1.0**	**1.0**

* Position and resources ongoing after 2023-24.

Background. The Radiologic Technology Act requires DPH to certify and permit individuals as certified supervisors or operators, radiologic technologists, and limited-permit X-ray technicians. Certified individuals may provide X-ray services to the public in hospitals, clinics, physician offices, and in mobile settings. As part of its responsibilities under the Act, DPH also issues renewable permits to licensed physicians to use and supervise the use of fluoroscopic X-ray equipment. Fluoroscopy uses X-rays to obtain real-time moving images of the interior of an object, such as contraction of heart muscles. Applicants must pass a fluoroscopy examination, which focuses on the broad knowledge, skills, and ability of a person to safely use fluoroscopic X-ray equipment.

AB 356 (Chen), Chapter 459, Statutes of 2021, authorized DPH to issue a temporary permit authorizing use of fluoroscopic X-ray equipment to licensed physicians while completing the fluoroscopy examination process To obtain the permit, the applicant must meet all of the following requirements:

- Holds an unrestricted physician and surgeon's or podiatric physician and surgeon's license
- Has applied to DPH for a renewable fluoroscopy permit
- Attests to having at least 40 hours of experience using fluoroscopic X-ray equipment while not subject to the Radiologic Technology Act
- Submits a $58 application fee

AB 356 was implemented to allow newly licensed physicians from outside California who have experience with fluoroscopy to continue to provide these services while undergoing California's fluoroscopy examination process.

Staffing and Resource Request. DPH requests one position and expenditure authority from the Radiation Control Fund of $114,000 annually to issue temporary permits to operate or supervise the operation of fluoroscopic X-ray equipment, pursuant to the requirements of AB 356. Specifically, DPH requests the following positions and resources:

- **One Program Technician II** position would assist in implementing the temporary permit process, including developing procedures, tracking sheets, templates, nomenclature, training plans, application

documents, deficiency letters, and information notices; review and process applications; issue temporary permits; and submit monthly reports.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 30: Industrial Hemp Products (AB 45)

Budget Change Proposal – Governor's Budget. DPH requests 18 positions and General Fund expenditure authority of $4 million in 2022-23, seven additional positions and expenditure authority from the Industrial Hemp Enrollment and Oversight Fund of $5.2 million annually thereafter. If approved, these positions and resources would allow DPH to implement the regulation of industrial hemp products mandated by AB 45 (Aguiar-Curry), Chapter 576, Statutes of 2021. SB 115 (Skinner), Chapter 2, Statutes of 2022, recently approved by the Legislature, included 11 positions and General Fund expenditure authority of $1.6 million in 2021-22 to begin implementation of AB 45.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
0001 – General Fund	$3,984,000	$-
3396 – Industrial Hemp Enrollment and Oversight Fund	$-	$5,151,000
Total Funding Request:	**$3,984,000**	**$5,151,000**
Total Requested Positions:	**18.0**	**25.0**

* Positions and resources ongoing after 2023-24.

Background. According to DPH, over the last several years, cannabinoids derived from industrial hemp production, such as cannabidiol (CBD), have become popular additives to foods, beverages, and cosmetics. CBD, which is not psychoactive and does not produce a "high" in the consumer, is nonetheless considered by the federal Food and Drug Administration (FDA) to be an unapproved additive, not Generally Recognized as Safe (GRAS), and is the active pharmaceutical ingredient in an FDA-approved pharmaceutical product for the treatment of certain epileptic seizures, known as Epidiolex.

In 2018, federal legislation removed industrial hemp from the Schedule I Controlled Substances list and allowed it to be legally cultivated and transferred across state lines. However, there was no change to federal food and drug laws, and CBD is still not permitted to be used in food, drugs, or cosmetics. Despite the continued federal prohibition, several states, including California, have enacted their own laws to allow the sale of industrial hemp products.

AB 45 (Aguiar-Curry), Chapter 576, Statutes of 2021, authorizes DPH to establish a program regulating the use of industrial hemp and its cannabinoids, extracts, or derivatives in foods, beverages, cosmetics, and pet food products. AB 45 also prohibits the manufacture of industrial hemp inhalable products, except for the sole purpose of sale in other states. Industrial hemp products may be distributed or sold in the state if an independent testing laboratory certifies the concentration of the psychoactive component of cannabis, tetrahydrocannabinol (THC), does not exceed 0.3 percent, the product was tested for the hemp derivatives identified in the product label or associated advertising, and the product was produced in compliance with applicable state and federal laws. AB 45 requires DPH to do the following:

- *Licensing and Registration.* DPH must register and license industrial hemp processors, distributors, and inhalable manufacturers.
- *Inspections and Investigations.* DPH must license and inspect industrial hemp manufacturers and processors to determine compliance with state and federal laws and regulations, including investigating consumer complaints and enforcement activities in coordination with the Department of

Cannabis Control, the California Department of Food and Agriculture, and local law enforcement agencies.

- *Legal and Regulations.* DPH is required to develop and promulgate regulations establishing the industrial hemp regulatory framework, including:

  - Setting initial regulations incorporating the requirements of AB 45
  - Additional regulations DPH deems necessary for enforcement of AB 45
  - Imposing age requirements on purchase of industrial hemp products
  - Establishing record-keeping standards that will apply to transporters, manufacturers, and retailers
  - Addressing maximum serving size and number of servings per container for industrial hemp products
  - Establishing and revising the Industrial Hemp Enrollment and Oversight fees

- *Testing.* Under an interagency agreement with the Department of Cannabis Control, DPH will be required to test industrial hemp products, ingredients, and hemp extracts to ensure manufacturer compliance and to conduct enforcement actions.
- *Coordination.* DPH, in consultation with the Department of Cannabis Control and the California Department of Food and Agriculture, is required to, if necessary, develop a process to share license, registration, cultivar, and enforcement information to facilitate educating the regulated community, compliance, and taking action against unlicensed industrial hemp manufacturers or the sale of illegal industrial hemp.

DPH reports that the uncertainty of the overall size and scope of the industrial hemp products market requires a phased-in approach to implement the statute over three fiscal years. In addition, AB 45 establishes the Industrial Hemp Enrollment and Oversight Fund, and allows DPH to collect fees to support the new industrial hemp regulatory work. The first two fiscal years of regulatory work on industrial hemp would be supported by General Fund resources, while the Industrial Hemp Enrollment and Oversight Fund would support the ongoing regulatory work with fee revenue in the third year and annually thereafter.

AB 45 contained an urgency clause, requiring DPH to begin work on this program immediately.

Staffing and Resource Request. DPH requests 18 positions and General Fund expenditure authority of $4 million in 2022-23, seven additional positions and expenditure authority from the Industrial Hemp Enrollment and Oversight Fund of $5.2 million annually thereafter to implement the regulation of industrial hemp products mandated by AB 45.

SB 115 (Skinner), Chapter 2, Statutes of 2022, recently approved by the Legislature, included 11 positions and General Fund expenditure authority of $1.6 million in 2021-22 to begin implementation of AB 45. As a result, the total of 18 positions requested in 2022-23 represents an additional seven positions established in that fiscal year, and the total of 25 positions requested in 2023-24 represents an additional seven positions established in that fiscal year.

The specific positions and resources requested by fiscal year, or implementation phase, are as follows:

Phase One (2021-22) – 11 positions

In Phase One, beginning in 2021-22, DPH requested positions and resources, approved in SB 115, to immediately recruit and hire 11 positions to focus on implementing the highest-priority tasks and rapidly initiate the program, including writing new regulations and standards, establishing the licensing and fee processes, conducting outreach and education to stakeholders, and inspecting manufacturers.

- **One Attorney III** position will study, interpret, and apply laws, court decisions, and other legal authorities; respond to, and assist with, legal issues for implementation, enforcement, complaints, public records act requests, media and legislative inquiries, and other enforcement or complaint issues; advise DPH on implementation of application, discipline, or enforcement actions; assist with development of policies and procedures that meet statutory and due process requirements; coordinate internal review of regulations, informal stakeholder engagement, and posting of regulations; coordinate and review responses to formal public comments; update regulations as needed; review, coordinate, and take action regarding litigation challenges; conduct and arrange administrative hearings due to legal challenges; and serve as primary liaison to the Attorney General's office on litigation.
- **One Staff Services Manager II Supervisory** position will oversee regulations development and planning, oversee policy development for implementation of licensing desk and application review, coordinate with inspection and enforcement staff for work plan activities, and represent DPH at meetings and conferences.
- **One Health Program Specialist I** position will provide technical expertise in the promulgation of regulations and standards, develop criteria to evaluate out-of-state food safety programs to determine equivalency with California standards, and prepare policy documents and other related work products.
- **Five Associate Governmental Program Analysts (AGPA)** will assist with promulgation of regulations and standards, assist in movement of regulation packages and stakeholder engagement, review and analyze licensing applications and other documents, search existing master data file for licensee information and analyze for consistency with new applications, identify and notify applicants of deficiencies or other outstanding violations, verify license eligibility based on compliance with statutory and regulatory requirements, prepare licenses, monitor license status, analyze personal disclosure statements submitted by drug manufacturer applicants, and provide general administrative functions such as budget building, human resources, contracting, purchasing, and other analytical and administrative support.
- **Three Environmental Scientists** will inspect industrial hemp product manufacturers, review records to determine compliance, process paperwork generated from the inspection of firms, and conduct re-inspection of manufacturers as needed.

Phase Two (2022-23 – Seven additional positions

In Phase Two, DPH would continue with critical work identified in Phase One, and would finalize emergency regulations, increase licensing and inspections, and hire investigators to conduct investigations and enforcement. These positions are included in the Governor's January budget request and have not yet been approved by the Legislature.

- **Three Environmental Scientists** would inspect additional industrial hemp product manufacturers, review records to guarantee compliance, process paperwork generated from inspections, and conduct re-inspection of manufacturers as needed.
- **One Senior Environmental Scientist Supervisory** position would supervise, train, and direct the environmental scientists for industrial hemp inspections; prepare work plans for the unit; review and evaluate inspection reports; collaborate with other regulatory agencies; and analyze inspection data to determine the annual work plan.
- **Two Investigators** would conduct industrial hemp complaint investigations, including consumer fraud, unlicensed manufacturing, on-site investigations, review of written corrective actions, drafting of regulatory correspondence, and preparation, filing, and monitoring of case documents.
- **One AGPA** would provide general administrative functions including budget building, human resources, contracting, purchasing, and providing other analytical and administrative support.

Phase Three (2023-24) – Seven additional positions

In Phase Three, DPH would continue building on Phases One and Two by increasing licensing and inspections, and hiring additional investigators to conduct an expected increase in investigations and enforcement. These positions are included in the Governor's January budget request and have not yet been approved by the Legislature.

- **One Senior Environmental Scientist Specialist** position would independently identify problems, develop recommendations or procedures to resolve problems, conduct critical or sensitive scientific investigations and studies of manufacturer investigations, prepare guidance and other documents, act as mentor to lower-level staff, and act as consultant to management or other agencies.
- **One Supervising Food and Drug Investigator** would supervise, train and direct investigations of field staff; review investigation and complaint reports; oversee daily investigation and enforcement activities; and oversee evidence and evidence-control procedures.
- **Four Investigators** would conduct complaint investigations, such as consumer fraud, unlicensed manufacturing, and on-site investigations; review written corrective actions; draft regulatory correspondence; and prepare, file, and monitor case documents.
- **One Environmental Scientist** would conduct inspections and enforce provisions for industrial hemp inhalable products, testing provisions, advertising and labeling provisions, and provisions related to the manufacture and sale of inhalable products.

In addition to these positions, DPH requests expenditure authority of $30,000 in 2021-22, $118,000 in 2022-23, and $222,000 annually thereafter for safety equipment for peace officers, Peace Officer Standards Training (POST) courses, and vehicle leases.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 31: Priority Inland Water Contact Recreation Sites – Water Quality (AB 1066)

Budget Change Proposal – Governor's Budget. DPH requests General Fund expenditure authority of $195,000 in 2022-23. If approved, these resources would allow DPH to co-chair a working group from the California Water Quality Monitoring Council to study water hazards at priority water-contact recreation sites, pursuant to the requirements of AB 1066 (Bloom), Chapter 711, Statutes of 2021.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24**
0001 – General Fund	$195,000	$-
Total Funding Request:	**$195,000**	**$-**
Total Requested Positions:	**0.0**	**0.0**

Background. AB 411 (Wayne), Chapter 415, Statutes of 1995, required DPH to establish minimum standards for sanitation and bacteria at public coastal beaches. The standards included testing requirements for microbiological contamination in the waters adjacent to public coastal beaches, including for coliform, fecal coliform, and enterococci bacteria. In addition, AB 411 required DPH to establish procedures for closing and posting warnings to the public due to contamination that may cause illness at a public coastal beach. In addition to its regulation of public coastal beaches, California has also implemented standards to prevent disease or hazardous conditions associated with public swimming pools, spas, waterparks, and interactive water features. However, California does not have a testing and water quality monitoring and posting system for inland, bodies of freshwater that are used for body-contact recreation, including swimming.

SB 1070 (Kehoe), Chapter 750, Statutes of 2006, provided for the establishment of the California Water Quality Monitoring Council. The council, a collaboration between the California Environmental Protection Agency (CalEPA) and the California Natural Resources Agency, requires the boards, departments, and offices within those agencies to integrate and coordinate water quality and related ecosystem monitoring, assessment, and reporting. The council's membership includes representatives from the two agencies, who serve as co-chairs of the council, the California Drinking Water Program, DPH, publicly owned treatment works, storm water management agencies, the California Department of Food and Agriculture, community monitoring groups, members of the public, academic and non-academic scientists, water suppliers, and the United States Environmental Protection Agency.

AB 1066 (Bloom), Chapter 711, Statutes of 2021, requires the California Water Quality Monitoring Council to establish a working group, co-chaired by the State Water Resources Control Board and DPH, to study water recreation hazards at priority water-contact recreation sites, including any inland water that may be used for recreation that involves body contact with the water. By July 1, 2023, the working group is required to submit a report to the council that includes:

- A summary of existing, readily available data that identifies water-contact recreation sites.
- A summary of existing, readily available data for specific water-contact recreation sites that indicates the timing and types of uses that involve body contact with the water and any demographic information about the users.

- Potential criteria for identifying priority water-contact recreation sites, with an emphasis on establishing equity-based criteria, such as the use of the site by one or more overburdened communities. An overburdened community includes a minority, low-income, tribal, or indigenous population, or geographic location that potentially experiences disproportionate environmental harms or risks.
- A discussion of potential water quality hazards at priority water-contact recreation sites.
- General recommendations for reduction water quality risks at priority water-contact recreation sites, including:

    - A risk-based water quality monitoring program
    - A public water quality safety education campaign
    - Posting and notification of water quality hazards at identified water bodies
    - Standards or criteria needed to better protect the public from water quality hazards.

AB 1066 requires the council, by December 31, 2023, to propose to the State Water Resources Control Board definitions and requirements for a priority water-contact recreation site monitoring program.

Resource Request. DPH requests General Fund expenditure authority of $195,000 in 2022-23 to co-chair the working group from the California Water Quality Monitoring Council to study water hazards at priority water-contact recreation sites, pursuant to the requirements of AB 1066. Specifically, DPH requests the following resources:

- Resources equivalent to **one Senior Environmental Scientist Specialist** position would represent DPH as co-chair of the working group, and assist in writing and submitting the required report to the council on data and recommendations for priority water-contact recreation sites.

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.

Issue 32: Commercial Fishing Inspection – Crab Traps (SB 80)

Budget Change Proposal – Governor's Budget. DPH requests three positions and General Fund expenditure authority of $710,000 annually. If approved, these positions and resources would allow DPH to review and approve crab evisceration food safety plans for commercial processors, establish labeling requirements for eviscerated crab, and issue evisceration orders to be followed by crab processors during elevated domoic acid events, pursuant to the requirements of SB 80 (McGuire), Chapter 757, Statutes of 2021.

Program Funding Request Summary		
Fund Source	**2022-23**	**2023-24***
0001 – General Fund	$710,000	$710,000
Total Funding Request:	**$710,000**	**$710,000**
Total Requested Positions:	**3.0**	**3.0**

* Positions and resources ongoing after 2023-24.

Background. Domoic acid is a neurotoxic amino acid that can accumulate in the visceral tissues of shellfish and other marine organisms that feed on certain phytoplankton. When concentrations of these phytoplankton are high in the surrounding waters, such as during algal blooms, concentrations of domoic acid in the tissues of shellfish, such as crabs, can reach levels that can be toxic to humans and other animals that consume them. Domoic acid simulates the action of the neurotransmitter glutamate, binding to glutamate receptors in the brain and damaging the hippocampus and amygdaloid nucleus. Domoic acid toxicity at low levels can lead to severe gastrointestinal symptoms, such as vomiting, abdominal cramps, diarrhea, and severe headache. Higher levels can lead to memory loss, known as amnesiac shellfish poisoning, seizures, and even death. An invasion of chaotic seabirds in Capitola and Santa Cruz in 1961, thought to be under the influence of domoic acid, was the inspiration for the Alfred Hitchcock film, *The Birds*.

DPH and California Department of Fish and Wildlife Monitor Domoic Acid in Crab. The annual Dungeness crab fishing season begins in November and ends in July. DPH and the California Department of Fish and Wildlife (CDFW) collaborate to collect samples of Dungeness crab, rock crab, and other marine organisms to be tested for domoic acid. DPH's Richmond Laboratory tests the samples and, if the domoic acid level in the viscera or meat exceeds safe regulatory limits, DPH consults with CDFW and the Office of Environmental Health Hazard Assessment (OEHHA) to determine whether the crab fishing season should open, be delayed, or closed entirely, and to issue health advisories and close fishing areas during an elevated domoic acid event. During the 2015-16 season, high domoic acid levels caused prolonged closure of Dungeness crab fishing areas, resulting reported economic losses of more than $48 million. According to DPH, modeling and analysis from CDFW suggest that warmer waters, increased algal blooms, and higher hazardous biotoxin levels in shellfish will likely lead to continued increases in elevated domoic acid events.

SB 80 Authorizes Crab Evisceration Orders to Allow Fishing to Continue. SB 80 (McGuire), Chapter 757, Statutes of 2021, authorizes CDFW to open waters to Dungeness crab or rock crab fishing if DPH issues an order requiring the evisceration of the crab prior to manufacture, sale, delivery, or offering for sale. Evisceration is a process that removes and discards the entire intestinal tract, hepatopancreas, and

all associated abdominal organs of the crab, which is often the location of accumulated domoic acid. DPH can issue an evisceration order if the department determines crab viscera exceed the allowable levels of domoic acid, but the corresponding crab meat does not. Evisceration must be conducted by a licensed processor that has an approved Hazard Analysis Critical Control Point (HACCP) food safety plan, maintains written recall procedures, and adheres to certain labeling requirements. DPH may impose a $350 fee on processors to support the cost of reviewing the HACCP. SB 80 also requires DPH to consult with the Dungeness Crab Task Force to establish the criteria for the manufacture, sale, delivery, holding, or offering for sale of crab subject to an evisceration order.

Staffing and Resource Request. DPH requests three positions and General Fund expenditure authority of $710,000 annually to review and approve crab evisceration food safety plans for commercial processors, establish labeling requirements for eviscerated crab, and issue evisceration orders to be followed by crab processors during elevated domoic acid events, pursuant to the requirements of SB 80 (McGuire), Chapter 757, Statutes of 2021. Specifically, DPH requests the following positions and resources:

- **One Senior Environmental Scientist Specialist** position would develop criteria to establish implementing regulations, review evisceration HACCP plans and associated documents, issue evisceration orders, perform higher-level enforcement actions against processors in violation of regulations, develop procedures and policies, train inspection staff, assist with inspections, and respond to public records, legislative, and media inquiries.
- **One Environmental Scientist** would perform inspections at processors performing crab evisceration under an evisceration order, observe the evisceration operations, assess compliance, witness voluntary condemnation and destruction of unsafe products, impose embargoes if necessary, and work with firms to recall unsafe product.
- **One Research Scientist II – Chemical Sciences** position would manage crab samples, prepare reports of sample results, coordinate with program and stakeholders on sample collection, maintain equipment and instruments, and develop laboratory processes and procedures.
- **Office of Legal Services** would use existing position authority for **0.5 Attorney** to provide legal counsel during development of the regulations and associated procedures and policies, review evisceration orders and enforcement actions, post regulations, ensure compliance with public meetings laws, assist with local and federal legal coordination, draft information sharing agreements, review stakeholder communications, and provide legal review and guidance regarding litigation.
- In addition, DPH is requesting expenditure authority of $10,000 annually for a vehicle lease for the Environmental Scientist to travel to inspection sites, and $30,000 annually for laboratory reagents, instrument maintenance, and other consumable lab equipment (e.g. columns, solvents, vials, and filters).

Subcommittee Staff Comment and Recommendation—Hold Open. Subcommittee staff recommends holding this item open to allow continued discussions in advance of the May Revision.

Questions. The subcommittee has requested DPH to respond to the following:

1. Please provide a brief overview of this proposal.