



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Packet

Commission Teleconference Meeting

January 27, 2022

9:00 AM – 1:00 PM



Mental Health Services
Oversight & Accountability Commission

1325 J Street, Suite 1700, Sacramento, California 95814

Phone: (916) 445-8696 * Email: mhsoac@mhsoac.ca.gov

* Website: www.mhsoac.ca.gov

Commission/Teleconference Meeting Notice

NOTICE IS HEREBY GIVEN that the Mental Health Services Oversight and Accountability Commission will conduct a **teleconference meeting on January 27, 2022.**

This meeting will be conducted pursuant to Governor Newsom's Executive Order N-1-22, issued January, 5 2022, which suspended certain provisions of the Bagley-Keene Open Meeting Act during the declared State of Emergency response to the COVID-19 pandemic. Consistent with the Executive Order, in order to promote and maximize social distancing and public health and safety, this meeting will be conducted by teleconference only. The locations from which Commissioners will participate are not listed on the agenda and are not open to the public. All members of the public shall have the right to offer comment at this public meeting as described in this Notice.

DATE: January 27, 2022

TIME: 9:00 a.m. – 1:00 p.m.

ZOOM ACCESS:

FOR COMPUTER/APP USE:

Link : <https://mhsoac-ca-gov.zoom.us/j/86708552906>

Meeting ID: 867 0855 2906

FOR DIAL-IN PHONE USE:

Dial-in Number: (408) 638-0968

Meeting ID: 867 0855 2906

Public Participation: The telephone lines of members of the public who dial into the meeting will initially be muted to prevent background noise from inadvertently disrupting the meeting. Phone lines will be unmuted during all portions of the meeting that are appropriate for public comment to allow members of the public to comment. Please see additional instructions below regarding Public Participation Procedures.

***The Commission is not responsible for unforeseen technical difficulties that may occur in the audio feed.**

PUBLIC PARTICIPATION PROCEDURES: All members of the public shall have the right to offer comment at this public meeting. The Commission Chair will indicate when a portion of the meeting is to be open for public comment. **Any member of the public wishing to comment during public comment periods must do the following:**

- **If joining by call-in, press *9 on the phone.** Pressing *9 will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received by the host. **When it is your turn to comment, the meeting host will unmute your line and announce the last three digits of your telephone number.** The Chair reserves the right to limit the time for

comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.

- **If joining by computer, press the raise hand icon on the control bar.** Pressing the *raise hand* will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received by the host. **When it is your turn to comment, the meeting host will unmute your line and announce your name and ask if you'd like your video on.** The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.
- **Under newly signed AB 1261**, by amendment to the Bagley-Keene Open Meeting Act, members of the public who use translating technology will be given **additional time** to speak during a Public Comment period. Upon request to the Chair, they will be given at least twice the amount of time normally allotted.

Our Commitment to Excellence

The Commission's 2020-2023 Strategic Plan articulates three strategic goals:

- 1) Advance a shared vision for reducing the consequences of mental health needs and improving wellbeing – and promote the strategies, capacities and commitment required to realize that vision.
- 2) Advance data and analysis that will better describe desired outcomes; how resources and programs are attempting to improve those outcomes; and, elevate opportunities to transform and connect programs to improve results.
- 3) Catalyze improvement in state policy and community practice by (1) providing information and expertise; (2) facilitating networks and collaboratives; and, (3) identifying additional opportunities for continuous improvement and transformational change.

Our Commitment to Transparency

Per the Bagley-Keene Open Meeting Act, public meeting notices and agenda are available on the internet at www.mhsoac.ca.gov at least 10 days prior to the meeting. Further information regarding this meeting may be obtained by calling (916) 445-8696 or by emailing mhsoac@mhsoac.ca.gov

Our Commitment to Those with Disabilities

Pursuant to the American with Disabilities Act, individuals who, because of a disability, need special assistance to participate in any Commission meeting or activities, may request assistance by calling (916) 445-8696 or by emailing mhsoac@mhsoac.ca.gov. Requests should be made one (1) week in advance whenever possible.

AGENDA

Mara Madrigal-Weiss
Chair

Mayra E. Alvarez
Vice Chair

Commission Meeting Agenda

All matters listed as “Action” on this agenda, may be considered for action as listed. Any item not listed may not be considered at this meeting. Items on this agenda may be considered in any order at the discretion of the Chair.

9:00 AM

Call to Order

Chair Mara Madrigal-Weiss will convene the Commission meeting, make announcements, and hear committee updates.

- 9:30 AM** **Roll Call**
Roll call will be taken.
- 9:40 AM** **General Public Comment**
General Public Comment is reserved for items not listed on the agenda. No discussion or action by the Commission will take place.
- 10:10 AM** **Action**
1: November 18th, 2021 MHSOAC Meeting Minutes
The Commission will consider approval of the minutes from the November 18, 2021 teleconference meeting.
- Public Comment
 - Vote
- 10:20 AM** **Action**
2: Immigrant and Refugee - Stakeholder Advocacy Outline and Authority to Award Contracts
- **Presenter: Tom Orrock, Chief of Stakeholder Engagement and Grants**
- The Commission will consider approval of an outline of the Requests for Proposals for the next round of Immigrant and Refugee Stakeholder Advocacy Contracts and will consider authorizing the Executive Director to enter into contracts with the highest scoring applicants.
- Public Comment
 - Vote
- 10:55 AM** **Action**
3: Legislative Priorities for 2022
- **Presenter: Norma Pate, Deputy Director**
- The Commission will consider approval of legislative and budget priorities for the current legislative session.
- Public Comment
 - Vote
- 11:35 AM** **BREAK**

11:45 AM

Action

4: Mid-Year 2020-22 Budget Update and Overview of the Governor's proposed 2022 budget for the Commission

- **Presenter: Norma Pate, Deputy Director**

The Commission will be presented with an update on the mid-year expenditures for Fiscal Year 2021-22, and an overview of the Governor's proposed 2022 budget for the Commission. The Commission may take other actions in response to this budget presentation.

- Public Comment
- Vote

12:00 PM

Action

5: Governor's Proposed 2022 Budget for Health and Human Service Agency

- **Presenters: Melissa Stafford Jones, Director of the Children and Youth Behavioral Health Initiative, California Health and Human Services Agency**
- **Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency**

The Commission will be presented with the Governor's Proposed 2022 Budget, as it relates to the Health and Human Services Agency, including the Children and Youth Behavioral Health Initiative. The Commission may take other actions in response to this budget presentation.

- Public Comment
- Vote

1:00 PM

Adjournment

AGENDA ITEM 1

Action

January 27, 2022 Commission Meeting

Approve November 18, 2021 MHSOAC Teleconference Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission will review the minutes from the November 18, 2021 Commission teleconference meeting. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the Commission Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Presenter: None

Enclosure: November 18, 2021 Meeting Minutes

Handouts: None.

Proposed Motion: The Commission approves the November 18, 2021 meeting minutes.

Mara Madrigal-Weiss
Chair
Mayra E. Alvarez
Vice Chair
Toby Ewing, Ph.D.
Executive Director

State of California

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Teleconference Meeting
November 18, 2021

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

Members Participating:

Mara Madrigal-Weiss, Acting Chair
Mayra Alvarez
Mark Bontrager
Keyondria Bunch, Ph.D.
Steve Carnevale
Shuonan Chen

Senator Dave Cortese
Itai Danovitch, M.D.
David Gordon
Gladys Mitchell
Alfred Rowlett
Khatera Tamplen

Members Absent:

John Boyd, Psy.D.
Sheriff Bill Brown
Assembly Member Wendy Carrillo
Tina Wooton

Staff Present:

Toby Ewing, Ph.D., Executive Director
Anna Naify, Consulting Psychologist
Maureen Reilly, Acting Chief Counsel
Norma Pate, Deputy Director, Program,
Legislation, and Administration

Brian Sala, Ph.D., Deputy Director,
Research and Chief Information Officer
Tom Orrock, Chief of Stakeholder
Engagement and Grants
Sharmil Shah, Psy.D., Chief of Program
Operations

CALL TO ORDER

Acting Chair Mara Madrigal-Weiss called the teleconference meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:02 a.m. and welcomed everyone.

The Acting Chair explained that stated Commissioners Lynne Ashbeck and Ken Berrick have termed out. The Acting Chair thanked them for their great vision and leadership to the Commission's work and noted that they will be honored at a future meeting.

The Acting Chair welcomed new Commissioners Mark Bontrager, filling the role of health care service plan provider, and Alfred Rowlett, filling the role of mental health professional. The Acting Chair invited them to introduce themselves.

The Acting Chair thanked Posh Walker, LGBT Program Director, Cal Voices, for asking the Commission to strengthen its understanding of pronouns and misgendering. This includes a goal to improve its practices by exploring opportunities for trainings, working with partners, and working with website developers to make trainings available on the website.

The Acting Chair reviewed the goals and objectives of the Commission's Strategic Plan for 2020-2023 to advance the Commission's vision of "Wellbeing for all Californians," which were included in the meeting materials, and shared how this meeting's agenda items support those goals.

Amariani Martinez, Commission staff, reviewed the meeting protocols.

Acting Chair Madrigal-Weiss gave the announcements as follows:

Announcements

- There will be no Commission meeting in December. Regularly scheduled meetings will continue in January.
- The October 2021 Commission meeting recording is now available on the website. Most previous recordings are available upon request by emailing the general inbox at mhsoac.mhsoac.ca.gov.

Through the Executive Director and the Chair's delegated authority, Monterey County and Lake County Innovation projects were approved. Detailed information is included in the meeting materials.

Staff Changes

Acting Chair Madrigal-Weiss invited Dr. Brian Sala, Deputy Director of Research and CIO, to share recent staff changes. Deputy Director Sala introduced Kallie Clark, Ph.D., Senior Research Data Analyst and Lead of the Summative Triage Evaluation Project, who joined the Commission since the last Commission meeting.

On behalf of the Commission, the Acting Chair welcomed Dr. Clark to the Commission.

Research and Evaluation Committee Update

Commissioner Danovitch, Chair of the Research and Evaluation Committee, provided a brief update of the work of the Committee since the last Commission meeting:

- The Committee initiated a search to fill the position of Chief of the Research and Evaluation Division. In the meantime, staff is working hard to continue the work that the Division is responsible for.
- Three new staff were brought in to lead the Triage Summative Evaluation and, in addition, staff is developing a proposal including addressing staffing needs and resources to be able to evaluate the Mental Health Student Services Act (MHSSA), as required.
- The Committee continues to work on the data infrastructure space and gaining access to and linking databases so those databases can be interrogated and insights can be developed that inform actions.
- The Committee is going through a process of connecting Commission goals and objectives to resources to prioritize efforts and ensure effectiveness.
- The next Research and Evaluation Committee meeting is scheduled for Wednesday, January 12th.

Cultural and Linguistic Competency Committee Update

Commissioner Alvarez, Chair of the Cultural and Linguistic Competency Committee (CLCC), provided a brief update of the work of the Committee since the last Commission meeting:

- The November meeting included a robust discussion about the Commission's Racial Equity Action Plan (REAP) and how the Committee can contribute to its success.
- The Committee discussed the Immigrant and Refugee Stakeholder Request for Proposals (RFP) and the Triage Request for Applications (RFA) about how to operationalize racial equity in those spaces.
- The next CLCC meeting is scheduled for Wednesday, December 8th. The Committee will continue discussions from the last meeting and will add a discussion around prevention and early intervention, as requested by Committee Members.

Prevention and Early Intervention Subcommittee Update

Acting Chair Madrigal-Weiss also serves as Chair of the Prevention and Early Intervention (PEI) Subcommittee, and in that capacity provided a brief update of the work of the Subcommittee since the last Commission meeting:

- The Subcommittee continues to work on updating the drafts of the report.
- The next Subcommittee meeting will soon be scheduled for early next year.

Client and Family Leadership Committee Update

No update was given.

Roll Call

Maureen Reilly, Acting Chief Counsel, called the roll and confirmed the presence of a quorum.

GENERAL PUBLIC COMMENT

Andrea Crook, Director of Advocacy, ACCESS California, a program of Cal Voices, stated concern about the lack of transparency regarding the Governor appointments. The speaker was surprised that Chair Ashbeck and Commissioner Berrick were removed from the Commission, although they are still listed as Members of the Commission and Chairs of Committees. There are Commissioners who have been Members of the Commission for many years who rarely attend Commission meetings; or, when they do come, they stay only to ensure that a quorum is present and then shortly after leave the meeting.

Andrea Crook stated that Chair Ashbeck and Commissioner Berrick provided consistency. There are many individuals who have experience with behavioral health across the state that have applied to be on the Commission and have not heard back regarding their applications. The speaker asked about the Commissioner selection process and that it be more open to the public.

Poshi Walker, LGBT Program Director, Cal Voices, echoed the comments of the previous speaker. The agenda lists Chair Ashbeck as chairing this meeting. The speaker thanked the Commission for its response regarding pronouns. Chair Ashbeck privately reached out to Poshi Walker to ask for recommendations and suggestions regarding pronouns. The speaker sent recommendations to Chair Ashbeck thinking she was still chair, at least for this meeting.

Poshi Walker noted that the Commission now has no representative for the Central Valley. It is important that the needs of all communities are being met. The speaker stated concern that this was so sudden that it was not on the agenda. This process needs to be far more transparent and public so that active, meaningful Commissioners are not lost without any explanation.

Craig Durfey, Founder, Parents for the Rights of Developmentally Disabled Children (PRDDC), suggested agendizing a discussion on the Utah model of digital wellness and safe technology and showing the movie Screenagers, which can be found on the PRDDC website about youth who are addicted to technology.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), expressed shock at the sudden departure of the Commissioners. The speaker welcomed the new Commissioners and thanked Commissioner Alvarez for a robust meeting of the CLCC and for acknowledging that the issue of the list of PEI priorities that the Commission is to establish per Senate Bill (SB) 1004 will be placed on the next agenda. CLCC Members asked for this because both REMHDCO and the

California Reducing Disparities Project (CRDP) have prioritized this and would like to see transition age youth (TAY) who are currently not enrolled in college added to the PEI funding priorities as well as making clear that community-defined evidence-based practices are also added to that list of priorities.

Josefina Alvarado Mena, CEO, Safe Passages, one of the 35 Implementation Pilot Projects of the CRDP, and Chair, CRDP Cross-Population Sustainability Committee, echoed the comments of the previous speaker about including TAY who are currently not enrolled in college in the PEI funding priorities as well as making clear that community-defined evidence-based practices are also added to the list of priorities. The COVID-19 pandemic has exponentially amplified these disparities in these communities and community-defined evidence-based practices are proven to be effective in addressing the mental health needs of these communities.

Hannah Bichkoff, Policy Director, Cal Voices, stated the Help@Hand Multi-County Innovation Collaborative Project is being severely mismanaged. Cal Voices has tracked this project since its inception and has warned the implementing bodies of the risk of irresponsibly testing technology applications on the severely mentally ill. The speaker shared additional statistics that Cal Voices has compiled, through a recent public records request on the Help@Hand project, that illustrate why this issue warrants immediate attention and a massive overhaul of funding and services:

Hanna Bichkoff stated between January 20, 2021, and May 20, 2021, \$132,506.85 was spent on 501 cell phones that were intended to be disseminated to members of the public mental health system. Cell phone records reveal a maximum of 20 of the 501 active lines are actually being used. This should not be surprising to Commissioners, given that an evaluation report by UC Irvine from September 2018 to December of 2019 revealed that phone contracts should not be done since payments are being made monthly for cell phones that have yet to be unboxed.

Hanna Bichkoff stated the public records request also revealed that at least five separate evaluating bodies have been contracted for Help@Hand, however, no data is available related to the total number of individuals served by participating counties and across the state and, more importantly, the impact of technology applications on mental health outcomes among the severely mentally ill.

Hanna Bichkoff stated the \$1.5 million contract with an application called Mindstrong has failed in multiple counties, some of which have now exited the Help@Hand project. With the understanding that Innovation projects are exploratory in nature, the speaker asked the Commission at what point it is determined that a particular intervention is not meeting consumer need and must be terminated in order to fund more effective and successful services. The speaker stated the hope that the Commission will investigate Help@Hand and honor its commitment to community stakeholders.

Michelle LaPlace-Watts, Mental Health and Violence Prevention Manager and Clinician at Catholic Charities East Bay, one of the 35 Implementation Pilot Projects of the CRDP, stated community knows how to heal community. The speaker asked that PEI funding be redirected to the community-defined evidence-based practice programs that have collected data for over five years that demonstrate the effectiveness of their

models of service, and that the PEI funding priorities be put on the agenda for the December 8th CLCC meeting.

Laurel Benhamida, Ph.D., Muslim American Society – Social Services Foundation (MAS-SSF) and REMHDCO Steering Committee, supported Stacie Hiramoto and Josefina Alvarado Mena’s comments. The speaker provided examples of why TAY who are not currently enrolled in college should be included in the PEI funding priorities.

The Acting Chair also expressed surprise at the recent Commissioner term-outs. Notification was received from the Governor’s Office that Chair Ashbeck and Commissioner Berrick’s terms had expired and that new appointments had been made. Acting Chair Madrigal-Weiss stated, although Chair Ashbeck and Commissioner Berrick will be greatly missed, the Commission looks forward to the perspective and lens that the newly-appointed Commissioners will bring.

ACTION

1: October 28, 2021, MHSOAC Meeting Minutes

Acting Chair Madrigal-Weiss stated the Commission will consider approval of the minutes from the October 28, 2021, teleconference meeting.

Public Comment

Poshi Walker thanked the scribe for their attention to detail in documenting public comment. The pronoun recommendations sent to Chair Ashbeck include options that would not put a burden on the scribe to have to know everyone’s individual pronouns but a way to document the meeting minutes without using pronouns at all.

Acting Chair Madrigal-Weiss stated staff also has Poshi Walker’s recommendations and will be reviewing them.

Acting Chair Madrigal-Weiss asked for a motion to approve the minutes.

Commissioner Alvarez made a motion to approve the October 28, 2021, teleconference meeting minutes.

Commissioner Gordon seconded.

Action: Commissioner Alvarez made a motion, seconded by Commissioner Gordon, that:

- *The Commission approves the October 28, 2021, Teleconference Meeting Minutes as presented.*

Motion carried 9 yes, 0 no, and 3 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Alvarez, Bunch, Carnevale, Chen, Cortese, Danovitch, Gordon, Mitchell, and Tamplen.

The following Commissioners abstained: Commissioners Bontrager and Rowlett, and Acting Chair Madrigal-Weiss.

ACTION

2: Election of the MHSOAC Chair and Vice Chair for 2022

Presenter:

- Maureen Reilly, Acting Chief Counsel

Acting Chair Madrigal-Weiss stated nominations for Chair and Vice Chair for 2022 will be entertained and the Commission will vote on the nominations and elect the next Chair and Vice Chair.

Ms. Reilly briefly outlined the election process and asked for nominations for Chair of the MHSOAC for 2022.

Action: Commissioner Tamplen made a motion, seconded by Commissioner Bunch, that:

- *The Commission elects Vice Chair Mara Madrigal-Weiss as Chair of the Mental Health Services Oversight and Accountability Commission for 2022.*

Motion carried 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Bontrager, Bunch, Carnevale, Chen, Cortese, Danovitch, Gordon, Mitchell, Rowlett, and Tamplen, and Acting Chair Madrigal-Weiss.

Ms. Reilly asked for nominations for Vice Chair of the MHSOAC for 2022.

Action: Commissioner Tamplen made a motion, seconded by Commissioner Bunch, that:

- *The Commission elects Commissioner Mayra Alvarez as Vice Chair of the Mental Health Services Oversight and Accountability Commission for 2022.*

Motion carried 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Bontrager, Bunch, Carnevale, Chen, Cortese, Danovitch, Gordon, Mitchell, Rowlett, and Tamplen, and Acting Chair Madrigal-Weiss.

Public Comment

Craig Durfey suggested agendizing a discussion on the Utah model of digital wellness and safe technology and appointing a liaison to bring awareness of this issue. The speaker sent a letter to staff listing programs that will bring wellness.

Jeremiah Aja, Assistant Director, Wellness Together School Mental Health, spoke in support of the newly-elected leadership team and the work they are doing and stated they will depend on the team to make data-driven decisions and to consider the stories behind the numbers.

BREAK

ACTION

3: Shasta County Innovation Plan

Presenter:

- Donnell Ewert, Director, Shasta County Health and Human Services Agency

Acting Chair Madrigal-Weiss stated the Commission will consider approval of \$1,750,000 in Innovation spending funding for Shasta County's Hope Park Innovation Project, and asked the county representative to present this agenda item.

Donnell Ewert, Director, Shasta County Health and Human Services Agency, provided an overview, with a slide presentation, of the need, proposed project to address the need, community contribution, learning objectives, evaluation, and budget of the proposed Hope Park Innovation Project. The Director stated the proposed project is an innovative approach to mitigating adverse childhood experiences (ACEs) through an intergenerational approach focusing on teens and older adults. The Director stated Pathways to Hope for Children (PHC) is a long-standing organization in the community that was previously called the Child Abuse Prevention Coordinating Council. The PHC will be establishing a new teen center in the city of Redding using a similar model.

Commissioner Questions

Commissioner Alvarez asked how the county is responding to the unique needs of the county's diverse communities in the activities being promoted and the work being done with young people and older adults and how culture and identity play a role in these sorts of interventions.

Michael Burke, Executive Director, PHC, stated the PHC often works with the tribal council and population and has tribal members on the board of directors, and when the PHC began working with teenagers, it focused on being all-encompassing and looked for ways to bring culture into the teen center. The PHC looks forward to expanding this to the older adult population, where older adults can share their views, opinions, and life experiences with the teens.

Commissioner Carnevale stated one of the best ways to ensure success and scaling this model over time is to provide scientific efficacy of its effectiveness. UCSF has the ability to do that and has the ability to deeply study the brain impacts of this kind of a program. The Commissioner suggested getting NAH Foundation funding to support that kind of study, and asked the county to reach out offline to coordinate something like that.

Public Comment

Craig Durfey suggested studies for the Commission to review. The speaker sent a letter to the Commission documenting research for its consideration. The speaker suggested agendizing a discussion on the Utah model of digital wellness and safe technology and showing the movie Screenagers, which can be found on the PRDDC website about youth who are addicted to technology.

Tiffany Carter, Statewide Advocacy Liaison, Cal Voices, acknowledged the intersection that Shasta County is trying to accommodate between youth and the elderly. The collaboration and unique opportunities for these two populations to come together is amazing and necessary across the state. The speaker had two concerns: there is no mention of the peer role in this project and no mention of how the county plans to protect the vulnerable youth from adult predators to ensure that there is protection on both sides.

Acting Chair Madrigal-Weiss asked the county to respond to comments and concerns brought up during public comment.

Director Ewert stated the county understands the importance of lived experience and hopes adults with ACEs will bring their experience to this opportunity. The PHC has a process of vetting volunteers to ensure safety of the participants.

Executive Director Burke added that volunteers are vetted using several background checks, a 20-hour academy, and the rule of three, where no person is ever alone with a child at any time. The PHC is focused on protecting the vulnerable populations in the community. The PHC currently has 23 parent partners on staff who are peers who work with families. Peer support is vital and part of the PHC core values.

Commissioner Discussion

Acting Chair Madrigal-Weiss asked for a motion to approve the proposed project.

Commissioner Mitchell moved to approve the proposed project.

Commissioner Alvarez seconded.

Action: Commissioner Mitchell made a motion, seconded by Commissioner Alvarez, that:

The Commission approves Shasta County's Innovation Plan, as follows:

Name: The Hope Park Project: An Intergenerational Approach to Improving Mental Health

Amount: Up to \$1,750,000 in MHSA Innovation Funds

Project Length: Five (5) Years

Motion carried 10 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Bunch, Carnevale, Chen, Cortese, Danovitch, Gordon, Mitchell, and Tamplen, and Acting Chair Madrigal-Weiss.

The following Commissioners abstained: Commissioners Bontrager and Rowlett.

ACTION

4: Alameda County Innovation Plan

Presenter:

- Yolanda Takahashi, Emergency Medical Services Coordinator, CATT Project Manager

Acting Chair Madrigal-Weiss stated the Commission will consider augmenting the Community Assessment Transportation Team (CATT) Innovation Project for an additional \$4,759,312 in Innovation spending authority. The augmentation would bring the total authorized Innovation expenditure for this project to \$14,637,394 over five years. The original Innovation project was approved by the Commission on October 25, 2018, for \$9,878,082 over five years.

Commissioner Tamplen recused herself from the discussion and decision-making with regard to this agenda item pursuant to Commission policy.

Acting Chair Madrigal-Weiss asked the county representative to present this agenda item.

Yolanda Takahashi, Emergency Medical Services Coordinator, CATT Project Manager, provided an overview, with a slide presentation, of the challenges, accomplishments, and lessons learned to date, needs which prompted this extension, how the plan will address the needs, and how the county plans to measure the outcomes.

Commissioner Questions

Commissioner Alvarez asked how the positions funded by the SB 82 Triage Grant differ from the positions requested through this Innovation extension request.

Stephanie Lewis, Division Director of Crisis Services, Alameda County Behavioral Health Care, stated the county's SB 82 Triage Grant program provides outreach and engagement post-crisis for chronically homeless individuals, high-utilizers, and for post-crisis follow-up. Division Director Lewis stated the Triage Grant closes the circle and provides intervention and linkage to care after individuals have contact with a mobile crisis team. CATT is one of the mobile crisis teams. The county is looking at CATT to speak to the other model teams to provide information about the best type of model for the county.

Commissioner Gordon asked what the county is doing to project the cost of sustainability for this project and if the county is preparing to switch to this model using its own funds.

Division Director Lewis stated it is still early in this project. The county is still learning from this project to determine if this is the best model to switch to, but is considering implementing a hybrid combination of all models currently being run in the county.

Public Comment

Craig Durfey encouraged the Commission to target children under 18, similar to an under-18 program being implemented in Nevada. The speaker's letter sent to staff contains additional details to help the Commission spend funding effectively.

Commissioner Discussion

Acting Chair Madrigal-Weiss asked for a motion to approve the extension of the Innovation Project.

Commissioner Mitchell moved to approve the extension of the Innovation Project.

Commissioner Carnevale seconded.

Action: Commissioner Mitchell made a motion, seconded by Commissioner Carnevale, that:

The Commission approves Alameda County's Extension of their Innovation Project, as follows:

Name: Community Assessment Transportation Team (CATT)

Amount: Up to \$ \$4,759,312 in additional MHSA Innovation funds, to a total authority of \$14,637,394

Project Length: Five (5) Years

Motion carried 8 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Bunch, Carnevale, Chen, Cortese, Gordon, and Mitchell, and Acting Chair Madrigal-Weiss.

The following Commissioners abstained: Commissioners Bontrager and Rowlett.

Commissioner Tamplen rejoined the meeting.

ACTION

5: Anti-Bullying Project Outline and Authority to Execute Contracts

Presenters:

- Anna Naify, Consulting Psychologist
- Miriam Bookey, Partner and Founder, Program11

Acting Chair Madrigal-Weiss stated the Commission will hear recommendations from the Anti-Bullying Advisory Committee and consider authorizing contracts to spend \$5 million to create a digital peer support network for children and youth who have been bullied based on their race, ethnicity, language, or country of origin.

Acting Chair Madrigal-Weiss stated Commission staff outlined in their budget presentation in August that the Governor and Legislature included \$5 million in the Commission budget to address bullying with the stipulation that these funds be used to

support anti-bullying efforts very quickly. The budget called for these funds to be in contracts by the end of October. That deadline has past but there is additional work to be done.

Acting Chair Madrigal-Weiss stated the Commission's Rules of Procedure generally require contracts above \$100,000 to be approved by the Commission. Given that the next Commission meeting is not scheduled until late January, the proposal on the agenda is to delegate spending authority to the Commission Chair and the Chair of the Advisory Committee.

Anna Naify, Psy.D., Consulting Psychologist, stated that bullying of youth has been exacerbated during the COVID-19 pandemic. Bullying can deeply impact self-esteem and mental health and can lead to violence and self-harm. Youth spend a lot of time following social media, which is part of the foundation of this project. Dr. Naify provided an overview, with a slide presentation, of the background, timeline, strategy to address all youth, and project overview of the Anti-Bullying Peer Support Social Media Network Project to support youth who have experienced bullying.

Dr. Naify stated that the presentation would be made by Program 11 in its capacity as a consultant to the Commission. Marie Martin with Program 11 was introduced, filling in for Miriam Bookey, Partner and Founder of Program 11, who was unable to be in attendance.

Marie Martin continued the slide presentation and discussed the research methodology and findings. The presenter stated the main takeaways were that this program needs to be driven by peers, the peer voice must be involved throughout the process, and the program and accompanying social media campaign must come from the hearts and minds of youth. The presenter also stated the need to find ways to reach youth who do not have as much access to technology; and, noted that this program needs to be like a 24/7 crisis hotline with information on additional resources or counseling services.

Dr. Naify continued the slide presentation and discussed the Anti-Bullying Advisory Committee meetings, how ideas for future plans were shaped, and the core-components of the anti-bullying social media strategy, which will be the required attributes to look for in contractors for this program.

Commissioner Questions

Commissioner Gordon stated this program is badly needed and can be a prototype for work that can be done on other issues and in other areas of the state to connect more effectively with youth.

Commissioner Alvarez commended the inclusive process that went into this project and the intentionality of having youth at the table. Commissioner Alvarez stated there is an opportunity to align this program with the Governor's Children and Youth Behavioral Health Initiative and the hundreds of millions of dollars that are going to a virtual social platform to utilize technology to improve access to services and education for young people. This highlights the need for a Children's Mental Health Subcommittee, as approved at the last Commission meeting, to explore how various initiatives can work together to strengthen the commitment to child and youth wellbeing.

Executive Director Ewing stated the Legislature made it clear that this funding was expected to be in contract by October 31, 2021. Although that 90-day turnaround date has passed, the proposed motion will allow the Commission to act quickly. The Commission has reached out to the Governor's Office to ensure that this work is in alignment with the broader statewide initiative and to highlight the significance of youth engagement. Director Ewing stated the timing did not allow for alignment on the front end for this project, but it is hoped that, as the work moves forward, the Commission can inform the Governor's initiative in strategic ways.

Commissioner Alvarez stated Children's Partnership led the Hope, Healing, and Health Collective, which similarly looks at mental health and wellbeing, and social media came up as an incredible tool and resource for young people. By contrast, there is an important reality that social media is also damaging. The Commissioner asked about protections being put in place for this social media tool and about the accountability the social media contractors should have to prioritize the wellbeing of young people. The Commissioner also stated the need to be cautious in the approach so this tool is not abused and that young people are protected.

Executive Director Ewing agreed. National and international inquiry is ongoing in this area. Executive Director Ewing noted that this issue came up in the Commission's work on suicide prevention, as well. The Executive Director stated the need for the Commission to work with organizations that have more expertise in care delivery and engagement. Part of the reason for the delay in this work is that this project, although so urgent and seemingly straightforward, is pulling together a wide range of interests. This includes social media, youth-driven content; anti-bullying strategies; and the vision, voice, and vote of young people. Furthermore, this work must be done in a way that recognizes the trauma associated with bullying and related behaviors that are driven by race, ethnicity, language, and culture. It has been difficult to find partners in the community who can do that on a statewide basis and with only \$5 million.

Executive Director Ewing stated, when alerting the Governor's Office that this is a very ambitious undertaking, their response was for the Commission to do the best it can, quickly. The proposed motion is to delegate the approval authority so work can be accomplished prior to the next Commission meeting, which is scheduled at the end of January of next year.

Commissioner Alvarez asked about monitoring and evaluation, and noted that, although \$3.5 million sounds like a lot of money, targeted social media buys are expensive. The Commissioner asked about the ability for counties to track whether this program is making a difference, such as, if an uptick is seen in Asian and Pacific Islander (API) youth utilizing services through community partners after an advertisement run, or after promoting certain partners or programs. That correlation is ambitious, but it is important to learn if this investment leads to young people utilizing services and supports. Also, there is an opportunity for this project to inform the Governor's initiative during the planning year process as a result of the lessons learned from this evaluation.

Executive Director Ewing agreed that social media is expensive. The \$3.5 million figure is a general guideline as the Commission works toward specific details to finetune.

Executive Director Ewing stated that tracking impacts has not yet been considered, in part because there is such an urgency; but it is the intent, particularly as the Commission engages with the Administration on the broader initiative around that digital strategy. There is much to learn in terms of the impacts seen using social media strategies. Executive Director Ewing expressed that sometimes it seems private sector partners are better at tracking social impacts than the Commission is, and this is an opportunity to learn more about such strategy.

Public Comment

Stacie Hiramoto stated concern that this project is funded by the API Equity Budget sponsored by the California Asian American and Pacific Islander Legislative Caucus (AAPILC). The AAPILC website states that these funds will be used to fund critical resources in response to the surge in anti-API hate, as well as address the longstanding racial inequities that have harmed the API community for generations. It goes on to say that the \$5 million will be used to support a peer social network of APIs to connect with and support each other through the use of social media.

Stacie Hiramoto stated the legislative intent is clear. The speaker stated the need to make it more clear to the Commission and the public that this is the purpose of these funds and, just as important, that the project administered by the Commission is designed to serve this express purpose. The materials and content at the last Anti-Bullying Advisory Committee meeting did not reflect that the project was specific to the bullying due to race, ethnicity, or country of origin, let alone targeting API youth. For example, the project visual made during the presentation only had white youth illustrated, not youth of color.

Stacie Hiramoto stated it is unclear if the research was based on youth who are predominately from the API community. Although the program should not exclude any youth, it should focus on API peers. Nothing in Proposition 209 inhibits or restricts the state from modified public issues pertaining to discrete communities based on race, ethnicity, or sexual preference or identity. Consequently, the state can and does issue solicitations and contracts that target particular communities. At the very least, REMHDCO believes that the contractors associated with this project should be from the API community or have extensive experience working with the API community. So far, this does not seem to be the case. For these reasons, REMHDCO does not yet support this motion.

Poshi Walker echoed the comments of the previous speaker, adding that the legislation states there is supposed to be an emphasis on students in kindergarten and grades one to twelve. In all meeting materials including the Program11 survey results, there is no mention of strategies for younger youth, particularly children in kindergarten through sixth grade. There is also no mention of the very real and greater impact on Black and indigenous people of color (BIPOC) or API youth when racist bullying intersects with misogynistic anti-LGBTQ and body-shaming bullying, although there is research to show that that doubles or triples the impact.

Poshi Walker stated the Program 11's literature review presented to the Anti-Bullying Advisory Committee contained a statement from peer-reviewed literature that states

interventions with an in-person element with a professional, peer, or parent were associated with greater effectiveness, adherence, and lower dropout than fully automatized or self-administered interventions. The speaker questioned whether the bulk of the funding should go to social media with the least amount of funding going to the peer-to-peer intervention that this research shows would be more effective.

Poshi Walker stated there is confusion among the Anti-Bullying Advisory Committee Members as to whom this program should be for. The digital divide is very real, especially when speaking about children. The speaker questioned how many kindergarteners are on social media where parents let them roam the internet. The speaker noted that this issue of the digital divide has also been shown as a huge barrier for the Help@Hand Project.

Poshi Walker suggested that the Commission go back to the Legislature and the API Caucus and state that there is a need for a longer timeline, when the direction of the project causes so much uncertainty. The speaker stated, at the very least, the \$5 million will be spent on a well-intentioned albeit ineffective initiative, but far more concerning is the potential for harm to youth as their needs appear to be being addressed but actually are not. This includes the awarding of no-bid contracts and the lack of transparency regarding who is funded and why marginalized community-based organizations, particularly those from the API communities, have not been given real access to these funds.

Poshi Walker urged and requested that the Commissioners rethink this proposal and not vote to allow for sole-source funding to happen prior to the January meeting.

Laurel Benhamida stated MAS-SSF is one of the CRDP Implementation Pilot Projects for API. The concerns outlined by the previous speakers are important to consider. The speaker stated parents are concerned about screentime issues and many children are tired of screentime after last year. There is limited access with lower incomes and with younger children. Parents and children may prefer a human person-to-person contact rather than social media, especially post-bullying.

Laurel Benhamida stated groups have been victims of and traumatized by electronic surveillance and bullying. The speaker suggested extreme caution with any vendors used and referred the Commission to the Facebook Papers and the Pegasus Papers for examples.

Steve Leoni, consumer and advocate, spoke in support of Stacie Hiramoto's comments, and yet noted that it would be difficult to do this project with only that audience and purpose. If it is done well and everyone is reached, it will cover that audience and purpose, but it does not seem possible to reach everyone. Bullying hurts all youth populations no matter the cause of it.

Steve McNally, family member, stated the law as noted by Stacie Hiramoto might change how the Commission should reflect the focus of this project, which might be to tighten down all the API communities across the state and link them into a much more powerful unit to support children. The speaker stated there is an opportunity for Commissioners to make a direct request to the California Behavioral Health Planning Commission and the 59 behavioral health boards in California to collect data to support

these initiatives. The behavioral health care agencies and boards of supervisors have taken away the power of the local behavioral health boards.

Steve McNally stated, without tightening down what is in the law, it makes it difficult to get anything done at the local level. The speaker suggested intentionally leveraging unspent Mental Health Services Act (MHSA) funding for this project that is sitting in the counties, particularly the larger counties. The speaker suggested that the Commission determine work that is unaffordable but that is needed so the counties can put this unspent funding into anti-bullying efforts. The speaker suggested linking powers and communities across the state to make them more influential to help families and children. It would be helpful to tighten down what is already in place to bring down silos because silos affect families.

Craig Durfey described articles and areas on two websites that may help with issues such as bullying. School districts have stated if it is not in law, it will not happen. AB 272 warned about technology in schools and cellphones and yet Sacramento has not yet followed Utah's mission example.

Sophie Suh spoke in support of the proposed motion. As a youth with lived experience, the speaker stated the importance of getting support through social media. The speaker stated, although social media might be harmful to teens, the fact must be realized that individuals all over the world will utilize social media anyway. It is a platform that is very popular and cannot be changed – individuals will use social media even if it is detrimental to them. The speaker encouraged the Commission to use social media to advantage for this proposal. Having positive support on social media would have made the speaker's experience with bullying on social media better. The speaker noted that there will not only be support on social media but there will be therapists and others who are trained to deal with these issues in combination with the social media platform, which would make the proposed project effective.

Avery Hulong-Vicente, Advocacy Coordinator, Lived Experience Advocacy Diversity (LEAD) Program, California Association of Mental Health Peer-Run Organizations (CAMHPRO), echoed Stacie Hiramoto and Posh Walker's comments and pointed out that, if the intention is to address API bullying, there cannot be a blanket way of addressing it while including other marginalized communities. There have been specific attacks on the API community. The needs of that specific community need to be addressed; yet, there is an incredible lack of support specific to language barriers, the immigrant experience, intergenerational needs, multi-generational family households, and culturally-competent and culturally-sensitive care.

Avery Hulong-Vicente stated, as a first-generation Filipina immigrant with lived experience and a consumer of mental health needs growing up in a large Filipino community, there is a huge lack of resources for the API youth. As someone who sought out those services, the speaker felt silenced and further marginalized when entering these "general youth spaces." The speaker suggested, to do this right, highlight the API experience and API youth, showcase the needs, and show images of API youth in social media. The speaker requested that the intention be refocused on supporting the API community, if that is what these funds were intended for.

Commissioner Discussion

In response to public comments about the proposed program, Commissioner Mitchell supported the intent of focused outreach. The Commissioner would, for example, support a social media strategy aimed particularly at African American Youth. Knowing about the bullying of the Asian American community over the past year, the Commissioner agreed that whatever contract is entered into to provide this social media strategy, it should be very clear that the contractor and those involved should have skill, experience, and ability to reach the API community. The Commissioner also suggested including that language in this motion, and agreed with the public commenters that the legislative intent needs to be honored.

Commissioner Mitchell asked if the motion can be amended to include that those individuals who have experience with API communities be included or intentionally sought out to provide contracted services.

Acting Chief Counsel Reilly suggested adding the sentence “the contractors shall also demonstrate expertise in outreach to the API community” to the proposed motion.

Executive Director Ewing clarified that the primary element of the motion is to delegate the Commission’s decision-making authority to the Commission Chair and the Anti-Bullying Advisory Committee Chair to approve the final contracts. The motion includes language on expertise. What that will look like will be articulated in the contracts as presented to them for approval.

Executive Director Ewing stated the purpose of having this Action Item on the agenda today is to help the Commission move quickly rather than waiting for the January meeting. It accelerates the process without losing fidelity to the values around youth-driven, culturally-competent social media, access to care, and anti-bullying on a statewide strategy. Commissioners can provide clear guidance today to ensure that the contracts will be aligned with the statutory obligations under the State Budget Act; and the advice from the Advisory Committee, and all comments heard today.

Commissioner Mitchell stated that the Commission recognizes the public’s concerns. The Commissioner stated the presentation was excellent, but it was not clear that the focus of this initiative is the API community.

Commissioner Rowlett asked the Commission Chair and the Advisory Committee Chair to report back to the Commission about the work being overseen and approved and whether it encompassed the concerns reflected in public comment.

Acting Chair Madrigal-Weiss committed to working with Commissioner Chen in order to ensure that whoever is contracted with addresses the concerns brought forward by the public.

Executive Director Ewing stated all Commission contracts are publicly available and updated monthly. Staff is working to differentiate between contracts that were entered into through a sole-source process versus a competitive process; and contracts that were entered into through a public vote of the Commission versus contracts under \$100,000 that are not subject to a public vote under the Commission’s Rules of Procedure. Staff would be happy to bring this issue back at the next Commission

meeting in order to report on the final contracts. The motion is to try to accelerate the process in recognition of the urgent nature of the challenge being faced.

Commissioner Mitchell stated this was brought up because of the concerns raised during General Public Comment regarding the Help@Hand Application Project.

Acting Chair Madrigal-Weiss asked for a motion to approve the staff recommendation.

Commissioner Alvarez moved to approve the staff recommendation as presented.

Commissioner Mitchell seconded.

Action: Commissioner Alvarez made a motion, seconded by Commissioner Mitchell, that:

- *The Commission authorizes the Executive Director, with the approval of the Anti-Bullying Advisory Committee Chair and Commission Chair, to enter into one or more contracts for up to \$5 million to develop and implement an anti-bullying social media network as directed by the State Budget. The contractor(s) shall have demonstrated expertise in multicultural youth engagement, social media and website management, and youth peer-to-peer support.*

Motion carried 8 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Alvarez, Bontrager, Carnevale, Chen, Gordon, Mitchell, and Tamplen, and Acting Chair Madrigal-Weiss.

The following Commissioner abstained: Commissioner Rowlett.

ADJOURN

There being no further business, the meeting was adjourned at 12:26 p.m.

AGENDA ITEM 2

Action

January 27, 2022 Commission Meeting

Immigrant and Refugee - Stakeholder Advocacy Outline and Authority to Award Contracts

Summary: The Commission will consider approval of an outline of the Requests for Proposals for the next round of Immigrant and Refugee Stakeholder Advocacy Contracts and will consider authorizing the Executive Director to enter into contracts with the highest scoring applicants.

Background: California’s immigrant and refugee populations face significant mental health challenges as a result of trauma experienced while escaping dangerous conditions in their homeland, traveling to the United States, and then attempting to assimilate into new communities. These challenges have been referred to as the “triple trauma paradigm.” Negative mental health outcomes are associated with the traumatic events experienced by immigrants and refugees, including major depression, suicide, anxiety, post-traumatic stress disorder (PTSD), family dysfunction, drug and alcohol dependence, disruptive behavior disorders in youth, as well as increased risks of being targeted for human trafficking.

In January 2018 the Commission directed staff to seek new funding to support stakeholder advocacy on behalf of immigrant and refugee populations. As a result of those efforts, the Governor’s 2018 Budget provided \$670,000 annually to the Commission for stakeholder advocacy contracts to increase access to mental health services for immigrants and refugees.

In April of 2019 the Commission awarded five stakeholder contracts in the amount of \$402,500 each to the highest scoring applicants in response to a Request for Proposals for mental health advocacy on behalf of Immigrants and Refugees. In the months leading up to the awards, the Commission had discussions about the most equitable and effective way to allocate the \$2,012,500 in funding, eventually approving an approach that would fund one local advocacy organization in each of the five mental health regions.

The organizations funded through June 30, 2022 are:

- African Communities Public Health Coalition (Los Angeles)
- Boat People SOS (Southern)
- Healthy House (Central)
- Hmong Cultural Center of Butte County (Superior)
- Vision y Compromiso (Bay Area)

Since contract execution these local level organizations have provided advocacy, training and education, and outreach and engagement on behalf of the specific populations they serve. The organizations serve immigrants and refugees from Mexico, South America, Asia, Africa, and the Middle East.

2021 Community Engagement:

In August of 2021 Commission staff began work to hear from stakeholders and gather information on the current needs of immigrant and refugee communities which would inform the second round of stakeholder advocacy contracts. The first listening session was held with the current Immigrant and Refugee contractors to gain a better understanding of the critical advocacy efforts and deliverables. The second listening session was held with stakeholders and county representatives and focused on specific advocacy tasks which would assist immigrant and refugee communities in accessing relevant mental health care. The third listening session was held with members of the Commission's Cultural and Linguistic Competency Committee on best practices for advocating on behalf of immigrants and refugee populations. The following common themes were identified:

Common Themes:

1. Contracts should be awarded to local organizations based on regions where there are the highest concentrations of the immigrant and refugee populations that the organizations serve
2. A statewide organization should be included in the contract and should have experience serving immigrants and refugees, have the ability to support the awarded local organizations, and have the capacity to advocate at the state level by bringing together the local community voices
3. Advocacy tasks should address outreach and awareness of existing mental health programs for community members, cultural humility training for service providers, development of an interpreter workforce, development of peer-based workers, and empowerment of youth involvement in decision making processes
4. Evaluation should be included as a component of the contracts, with measures of success being relevant to each specific immigrant and refugee community

Commission staff is recommending that one state level contractor and four local level advocacy organizations receive funding to conduct both local and statewide advocacy efforts. Staff is also recommending that funds be allocated to the organizations in locations where there are the highest concentrations of immigrant and refugee populations.

Enclosures (3): (1) Summary of Listening Sessions, (2) Activities and Lessons Learned, (3) Recommended Outline of the Immigrant and Refugee RFP

Handout (1): A PowerPoint will be presented at the meeting.

Presenter: Tom Orrock, Chief of Stakeholder Engagement and Grants

Immigrant and Refugee Listening Sessions

Between August and November 2021, Commission staff conducted a series of listening sessions to gather information on the current needs of immigrant and refugee communities to inform the next round of stakeholder advocacy contracts. The first listening session was held with the Commission's current Immigrant and Refugee Contractors to understand the most important advocacy tasks and deliverables from the perspective of local level organizations. The second listening session was held with stakeholders and county representatives and focused on specific advocacy tasks. The third listening session was held with members of the Commission's Cultural and Linguistic Competency Committee on best practices for advocating on behalf of immigrants and refugee populations.

Questions Asked Across Listening Sessions

1. What recommendations do you have regarding the approach of five local level organizations expanding advocacy, education, and outreach to their local communities?
2. Are there advantages in contracting with a statewide advocacy organization to assist the efforts of local immigrant and refugee organizations?
3. Should the Commission continue to award contracts to organizations within each of the five mental health regions, award contracts based on specific immigrant and refugee populations, or another approach?
4. What are the most important advocacy tasks to conduct on behalf of immigrant and refugee communities?
5. How can we conduct evaluation? What outcomes are we looking for? Should funds be set aside for evaluation? Should outside organizations be engaged for this?
6. For the upcoming three-year contracts, what are your thoughts on holding virtual, in-person, and/or hybrid advocacy events?

Summary of Listening Sessions

- Awarded local organizations should have the ability to be culturally and linguistically responsive who can effectively communicate messages on mental health to the local communities
- Local organizations should be awarded based on their capacity to serve specific regions that correspond to the largest or highest concentration of an immigrant or refugee community
- A statewide contractor should be included and would support the local organizations through technical assistance and advocating at the state level
- The statewide organization should have experience working with different cultural groups and should consist of immigrants, refugees, and other diverse racial, ethnic, and LGBTQ groups
- The current challenges to be addressed in immigrant and refugee communities include education for service providers, development of language training and interpreters, building up of peer-based providers, and empowerment of youth and TAY
- Contracted organizations in western health care systems, government programs, and community-based mental health resources should aim to develop trust in immigrant and refugee communities



- Contracted organizations should provide cultural humility trainings for service providers and expand knowledge of specific immigrant and refugee groups to empower providers
- Evaluation can include workforce development, growth of trained clinicians, and increase of community-defined and affirming mental health practices
- Indicators for success of outcomes should be easily accessible to keep contracted organizations accountable

Listening Session Common Themes

1. Contracts should be awarded to local organizations based on regions where there are the highest concentrations of the immigrant and refugee populations that the organizations serve
2. A statewide organization should be included in the contract and should have experience serving immigrants and refugees, have the ability to support the awarded local organizations, and have the capacity to advocate at the state level by bringing together the local community voices
3. Advocacy tasks should address outreach and awareness of existing mental health programs for community members, cultural humility training for service providers, development of an interpreter workforce, development of peer-based workers, and empowerment of youth involvement in decision making processes
4. Evaluation should be included as a component of the contracts, with measures of success being relevant to each specific immigrant and refugee community

African Communities Public Health Coalition | Los Angeles Region

Advocacy to Local Level Decision Makers and County Representatives

- LA Department of Mental Health Deputy Director Dr. Debby Innes Gomberg (8/22/19)
- California State Senate Select Committee on the Social Determinants of Children's Wellbeing with Senator Holly Mitchell (10/24/19)
- Los Angeles Board of Supervisor Mark Ridley (9/8/19)
- Los Angeles County Public Defender's Underserved Cultural Communities (UsCC) subgroup (9/25/19)
- UsCC action plan to establish a stakeholder task force (6/28/20)
- COVID-19 and social unrest impact on Black communities advocacy roundtable (3/25/21)
- Female Genital Mutilation Zero Tolerance (9/30/21)

Training and Education to Providers and Community Members

- Provided training at Los Angeles DMH Skid Row Clergy Breakfast for service representatives, clergies, service area district office staff, and clinicians (10/10/19)
- Trained LACDMH Office of the Deputy Director of Strategic Communications. Attendees included co-chairs, community advocates, DMH staff, and contracted providers (11/30/19)
- Training to the UsCC Middle East and Eastern European sub-group in San Fernando Valley which reached Iranian, Armenian, and Russian populations (5/31/19)

Outreach and Engagement to the Community

- Community Roundtable 1 (8/9/19)
- Community Roundtable 2 (2/6/20, 2/20/20)
- Community Roundtable 3 (6/20/20, 6/30/20)
- Community Roundtable 4 (1/27/21)
- Outreach included the following:
 - Carson Mayor Lula Davis-Holmes
 - State and Federal elected officials
 - Sheriff Departments
 - District Attorney Office
 - Ethiopian community members
 - Sierra Leone community members
 - Nigerian Chamber of Commerce
 - Liberian community members
 - Guinean community members
 - International Institute of Tolerance
 - Bilal Muslim community members
 - NAMI Urban Los Angeles
 - Faith-based organization leaders
 - Community leaders

Challenges and Critical Needs

Specific Immigrant and Refugee Needs

- Mental health is taboo in many African cultures, risk of being ostracized from loved ones

- PTSD from military violence and related experiences is prevalent among refugees
- Limited service providers for severe trauma from female genital mutilation (FGM)
- Loss of dignity and hope from having no sense of community in a new country, being stuck in a menial job, etc. creates depression
- Gaps in relevant data on cultural diversity, geographical settlement, and religious diversity
- Federal immigration policies such as Public Charge rules make access to services difficult
- Pandemic exacerbated lack of effective healthcare

Boat People SOS | Southern Region

Advocacy to Local Level Decision Makers and County Representatives

- Hieu Pham Orange County Health Care Agency (6/26/19)
- Orange County Health Care Agency Community Counseling Supportive Services (8/2/19)
- Be Well OC and Mind Orange county (8/10/19)
- Anaheim School District (9/11/19)
- Garden Grove Unified School District and Superintendent (9/16/19)
- Council on Developmental Disabilities (10/8/19)
- OC Older Adult Mental Health Council (3/18/20)
- Family Wellness and Drug Free Coalition (3/10/20)
- CA Department of Developmental Disabilities (10/9/19)
- Illumination Institute, Cal State Fullerton, UCLA, University of Southern California (Ongoing)
- MHSA Steering Committee (Ongoing)
- Several community forums with local decision makers involved

Training and Education to Providers and Community Members

- Provided cultural competency and self-care trainings to 216 elementary, middle, high school and college level educators (19-20)
- Trained 70 candidates for Mater of Social Work at Cal State Fullerton (11/19-11/20)
- Cultural competency training to 31 counselors at the Boys and Girls Club of Garden Grove (8/26/19)
- Quickly shifted into service-oriented help for the community at the start of the pandemic
- Invited by the San Diego Regional Center to host a Vietnamese Mental Health Cultural Competency Training

Outreach and Engagement to the Community

- Outreach and Engagement Workshops 1 (6/19-8/19)
- Outreach and Engagement Workshops 2 (2/20)
- Outreach and Engagement Workshops 3 (6/20-11/20)
- Outreach and Engagement Workshops 4 (1/21-5/21)
- Outreach included the following:
 - Garden Grove Police Department
 - Orange County Department of Education
 - Viet-CARE
 - Vietnamese America Mental Health Association
 - Meeting Family Wellness and Drug Free Coalition
 - Boys and Girls Club of Garden Grove
 - CASA Youth Shelter

- Children’s Bureau
- Illumination Institute
- Cal State Fullerton
- Project Motivate
- Cal Optima Teen Mental Health
- Vietnamese Community Health Fair
- The Priority Center’s Outreach and Education Program

Challenges and Critical Needs

Specific Immigrant and Refugee Needs

- Record of youngest suicide and greatest number of older adult suicide in Orange County with a number of suicides from the Vietnamese community
- Need for “pre-1975 Vietnamese language” in mental health trainings and workshops for Vietnamese community members
- The older Vietnamese population is reluctant to use technology in a time when technology is becoming commonplace
- Need for culturally sensitive interpretation that is cautious of wording and use of mental health related terms

Hmong Cultural Center of Butte County | Superior Region

Advocacy to Local Level Decision Makers and County Representatives

- Holli Drobny, Director, Butte County Behavioral Health (2/13/20)
- Scott Kennelly, Interim Director, Butte County Behavioral Health (2/13/20)
- Ana Vicuna, Clinical Supervisor, Butte County (2/13/20)
- Regular updates provided directly to county behavioral health director and staff during COVID-19 pandemic (Ongoing)
- 10 one-on-one visits with policy makers during Year 2 (6/20-5/21)
- Power Map developed for Butte County (9/20-11/20)
- Southeast Asian Resource Action Center (11/30/19)
- Optimist Club of Oroville (2/8/20)
- Collaboration with the Raising the Child Program and provided education on mental and emotional health to parents and guardians (11/23/20)

Training and Education to Providers and Community Members

- Training series on Intergenerational Trauma and Contemporary Socioeconomic Challenges, and Mental Health Services Best Practices in Butte County (Ongoing)
- Pinpointed challenges faced by Hmong families in Butte County and surrounding region
- Informed the Housing Authority in Chico of Hmong-related programs (1/17/20)
- Provided Rape Crisis training which covered historical context, contemporary socioeconomic challenges, and best practices for the Hmong community (1/25/20)
- Provided training at the Butte County Office of Education Coordinated District Support (1/31/20)
- Monthly brochures and newsletters in appropriate languages distributed to the community
- Hmong-centered podcast created to reach more members of the community and continue discussions on cultural values, mental health, and best practices

Outreach and Engagement to the Community

- Roundtable events held for the community and covered topics on Hmong intergenerational trauma, contemporary socioeconomic challenges, and the culture of silence (11/12/20, 3/12/21)
- Roundtables provided platform for individuals to share their experiences
- Despite COVID-19 restrictions, Hmong Cultural Center has maintained outreach to the Hmong Community with their *Zoosiab* community programs and garden
- Hmong informational booths set up outside Hmong-owned stores in Butte County to offer information on programs and services available to the community
- Hmong Cultural Center presence at the Oroville Salmon Festival to educate event attendees about the history of Hmong people and the trauma they have endured as refugees and challenges experienced when granted asylum
- Outreach provided at Hmong New Year in Redding, reaching a Lu Mien couple

Challenges and Critical Needs

Specific Immigrant and Refugee Needs

- It takes time to gain trust and establish relationships with Hmong communities
- Many members of the Hmong and Lu Mien community are refugees from the Secret War, and have spent years to rebuild their lives in the United States, making them reserved but resilient
- Fear of judgement and opening up about past lives is a tangible fear that requires a slower pace for advocacy
- Appropriate and needed training for Hmong population include rape crisis training, historical background, contemporary socioeconomic challenges, housing, and intergenerational trauma
- Recent natural disasters such as the Oroville Dam crisis, Carr Fire, Camp Fire, and the pandemic initiated another layer of trauma on top of intergenerational traumas as a refugee population

Healthy House Within a MATCH Coalition | Central Region

Advocacy to Local Level Decision Makers and County Representatives

- County Mental Health Ethnic Services Manager (8/21/19)
- Merced Behavioral health Recovery Services
- Genevieve Valentine, Director, Merced Behavioral Health Department (10/21/20)
- Merced County Board of Supervisors (6/10/20)
- Merced Supervisor Lloyd Pareira (12/2/20)
- John Ceccoli, Senior Staff, Board of Supervisors (3/21)
- Mayor Matt Serrato (4/1/21)
- Assemblymember Adam Gray (4/9/21)
- Superintendent of Schools Steve Tietjien (4/1/21)
- Establishment of Emergency Response Team, with MBHD Director recommending team to partner regularly with Healthy House (12/15/20)
- Case management for elders with granted emergency housing through Project Roomkey (ongoing)

Training and Education to Providers and Community Members

- Provided emergency COVID-19 services such as interpretation, housing for elders and individuals at risk, and advocacy for elders disproportionately impacted by crisis

- Training emphasis on elders suffering from self-neglect and those who resist mental health services, mental health impacts of isolation, and pandemic-related stresses
- Partnership with UC Merced Engineering Service Learning students to develop an online clearinghouse app for the aging out population (9/20)
- Eight focus groups were held to gather information on the current issues impacting target immigrant populations, including the Hmong, Mien, and Lao communities in the central valley

Outreach and Engagement to the Community

- Roundtable 1 (10/18/19-12/6/19)
- Roundtable 2 (2/26/20)
- Roundtable 3 (ongoing)
- Hmong Elder Group discussion on mental health related to COVID-19, environmental health, wildfires, and nutrition
- Roundtable with public and private agencies including Merced BHRS, APS, police departments, HSA, Central California Legal Services, homeless service providers, and other CBOs on Lao culture and mental health
- Four-hour drive through event partnership with Merced County and Southeast Asian serving organizations at the Merced County Fairgrounds providing translation services, mental health information, and COVID-19 related supplies
- Several roundtable discussions with Southeast Asian elders on elder abuse, neglect, diet, and need for community
- Monthly, regular discussions with Merced County BHRS Cultural Humility Unit, Social Justice Committee, and Health Equity unit

Challenges and Critical Needs

Specific Immigrant and Refugee Needs

- It takes time to gain trust and establish relationships with Hmong communities
- Many members of the Hmong and Lu Mien community are refugees from the Secret War, and have spent years to rebuild their lives in the United States, making them reserved but resilient
- Fear of judgement and opening up about past lives is a tangible fear that requires a slower pace for advocacy
- Appropriate and needed training for Hmong population include rape crisis training, historical background, contemporary socioeconomic challenges, housing, and intergenerational trauma
- Recent natural disasters such as the Oroville Dam crisis, Carr Fire, Camp Fire, and the pandemic initiated another layer of trauma on top of intergenerational traumas as a refugee population
- Pertinent issues related to abuse in later life, with emphasis on women of cultural minorities between ages 50-64
- Elderly women are too old for domestic violence programs but not old enough for Adult Protective Services
- The elderly population is one of the fastest growing homeless subgroup in California
- Southeast Asian and Middle Eastern immigrants and refugee populations tend to have trust issues or are easily confused by clinicians—need for interpreters growing
- Several cases of elder abuse and neglect in Merced County called for the partnership with the DART Team of the Merced City Police Department
- It is a common struggle to convince agencies of the importance of culturally and linguistically responsive services in the central region

- Lack of translated resources for Mien, Lao, and Hmong populations in the central region

Vision y Compromiso | Bay Area Region

Advocacy to Local Level Decision Makers and County Representatives

- Monthly gatherings with local leaders on Latino community advocacy
- Contra Costa County staff (ongoing)
- Alameda County Ethnic Services Manager (9/20)
- Half Moon Bay City Councilmember Joaquin Jimenez (9/20-11/20)
- California Association of Local Behavioral Health Boards and Commissions (5/31/20)
- Mental Health Matters San Francisco (3/31/21)
- Advocacy on the successful Promotor Model and its importance to delivering mental health services to the Latino immigrant and refugee community (8/20)
- Virtual Legislative Day (7/9/20)
- “Here to Stay” campaign promoting rights of Latino immigrant and refugees in the Bay Area (3/20)
- Listening sessions reach include service providers and mental health workers (ongoing)
- COVID-19 response support for low income populations and small businesses, with reminder that mental health must be kept a priority (ongoing)

Training and Education to Providers and Community Members

- Regular meetings with service providers to develop most effective training curriculum
- Service provider training held in different counties for maximum reach
- Training objectives: (1) improve the skills of mental health workers in delivery of services to Latino, immigrant, and refugee communities; (2) reinforce and professionalize work of community promoters
- Collaboration with the Mexican Consulate to develop Facebook Live Spanish-language town halls, creating library of recorded talks on mental health (3/21)
- Training for behavioral mental health providers called “Understanding How to Link Latino, Immigrants, and Refugee Communities to Mental Health Services (8/20)

Outreach and Engagement to the Community

- Santa Clara County Roundtable (8/20)
- Alameda/Contra Costa Roundtable (11/20)
- Outreach included the following:
 - The Latina Center
 - Catholic Charities
 - Familias Unidas
 - La Clinica
 - Mujeres Unidas y Activas
 - Spanish Speakers Citizen’s Foundation
 - The Unity Council
 - Casa de Clara
 - Alameda County Health Department and Office of Ethnic Services
 - Service providers in Alameda, Santa Clara, and San Francisco counties

- Bay Area-based Mental Health Service Providers network initiated by Vision y Compromiso

Challenges and Critical Needs

Specific Immigrant and Refugee Needs

- Daily problems for Latinos that add up to mental health problems include transportation, rent, bills, lack of family time, and waiting lists (for various public services)
- Severe need for support for caregivers with loved ones with mental health issues
- Promotores are key to educating Latino immigrants and refugees regarding mental health services and minimizing the stigma related to mental illness
- Need for growth of the Promoter Model and spread of its importance to delivering mental health services to Latino immigrant and refugee communities
- Training for service providers should include: improvement of skills of mental health workers in delivery of services that are specific to Latino and immigrant communities; professionalization of the work of community promoters
- Use of radio is critical in reaching communities in areas where internet service access is low
- Need for legislative bill proposals in education, economic justice, and mental health related to Latino communities around the state
- Pandemic has slowed down advocacy efforts in the Bay Area and shifted focus to economic support for low-income populations and small businesses
- Severe lack of Latino-centric training for service providers



Proposed Outline of Request for Proposals (RFPs) for the Immigrant and Refugee Stakeholder Contracts

January 27, 2022 Commission Meeting

California's immigrant and refugee populations face significant mental health challenges because of trauma experienced while escaping dangerous conditions in their homeland, traveling to the United States, and then attempting to settle into new communities. These challenges have been referred to as the "triple trauma paradigm." Negative mental health outcomes are associated with the traumatic events experienced by immigrants and refugees, including major depression, suicide, anxiety, post-traumatic stress disorder (PTSD), family dysfunction, drug and alcohol dependence, disruptive behavior disorders in youth, as well as increased risks of being targeted for human trafficking.

At the January 2018 Commission meeting, the Commission directed staff to work with the Legislature to request stakeholder advocacy funds to support the needs of immigrant and refugee populations. As a result of those efforts, the Governor's 2018 Budget provided \$670,000 annually to the Commission for stakeholder advocacy contracts that support mental health outreach and services for immigrant and refugee populations.

The following is the recommended outline for the Immigrant and Refugee Stakeholder RFPs, including minimum qualifications. There will be four (4) local contracts and one (1) state contract awarded through two separate RFPs. These contracts will be awarded to local and state program contractors to provide local and state level advocacy on behalf of immigrant and refugee populations.

The Commission conducted a series of culminating listening sessions in 2021 to gather information on the needs of immigrant and refugee communities to inform this RFP. The Commission heard from community members, advocates, stakeholders, and committee members on the following dates:

- August 3, 2021 – Current Immigrant and Refugee Contractors
- October 21, 2021 – Community Listening Session
- November 10, 2021 – Cultural and Linguistic Competency Committee
- December 8, 2021 – Cultural and Linguistic Competency Committee

During these listening sessions, The Commission heard the following recurring themes:

1. Contracts should be awarded to local organizations based on regions where there are the highest concentrations of the immigrant and refugee populations that the organizations serve
2. A statewide organization should be included in the contract and should have experience serving immigrants and refugees, have the ability to support the awarded local organizations, and have the capacity to advocate at the state level by bringing together the local community voices
3. Advocacy tasks should address outreach and awareness of existing mental health programs for community members, cultural humility training for service providers, development of an interpreter workforce, development of peer-based workers, and empowerment of youth involvement in decision making processes
4. Evaluation should be included as a component of the contracts, with measures of success being relevant to each specific immigrant and refugee community



The goals of this upcoming round of contracts are to support advocacy, education and training, and outreach and engagement on behalf of immigrant and refugee populations in areas of the state where there are the highest concentrations of immigrants and refugees. These contracts will focus on advocacy at both the local and state level. The Commission will also be taking a less prescriptive approach in specific deliverables for these contracts and will ask proposers how they plan to effectively advocate for these populations.

Local Program Contractor Funding (amounts pending)

The total amount available for the 4 Local Program Contractors is \$1,610,000. Each award would be \$402,500 for a three-year term.

State-Level Advocacy Contractor Funding (amounts pending)

The total amount available for the State-Level Advocacy Contractor is \$400,000 for a three-year term.

Outline for the RFP

Contracts will be awarded for each of the following areas:

- Four local-level organizations that have experience serving immigrant and refugee populations, that are based in and have the capacity to serve in regions where there are the highest concentrations of immigrants and refugees
- One state-level advocacy organization with experience advocating for the mental health and wellness needs of immigrants and refugees, has the ability to provide technical assistance and support to local-level organizations, and has the capacity to advocate at the state level on behalf of immigrant and refugee populations

Local Program Contractor Responsibilities

Funding for Local Program Contractor will support established organizations to expand local advocacy efforts to increase access to culturally appropriate and responsive services and supports. The Local Program Contractor will provide a plan and budget on how they will accomplish the following:

- Providing local level advocacy to increase awareness of and access to mental health resources including peer and community workers to the immigrant and refugee populations in the identified region
- Providing training and education to counties and mental health service providers on culturally and linguistically appropriate services and developing a workforce of interpreters and peer-based workers in the identified region
- Conducting and facilitating community outreach to connect with community members, empower youth, with engage partners serving immigrants and refugees in the identified region
- Collaborating with the State-Level Advocacy Contractor

State-Level Advocacy Contractor Responsibilities

The State-Level Advocacy Contractor will work with the four Local Program Contractors to provide technical assistance and support to enhance the capacity of the grassroots organizations to advocate at the local level for



more accessible and culturally relevant mental health services. The State-Level Advocacy Contractor will also be responsible to represent the needs of immigrants and refugees through state-level advocacy and policy engagement. The State-Level Advocacy Contractor will provide a plan and budget on how they will accomplish the following:

- Advocating on behalf of the four Local Program Contractors at the state level, which includes state agencies and the legislature
- Supporting the four local contractors and one additional organization through technical assistance and capacity building for the local organizations to provide local level advocacy to increase access and culturally relevant mental health services and supports
- Supporting evaluation of advocacy efforts of the local contractors
- Collaborating with the Local Program Contractors

Minimum Qualifications

The following minimum qualifications must be met.

Local Program Contractors

All eligible bidders must:

1. Have been in existence for at least two years in providing direct outreach and engagement to the identified population;
2. Have experience and capacity to engage the identified immigrant and refugee population;
3. Be a non-profit organization, registered to do business in California; and
4. Have staff that have been employed by the organization for at least one year.

State-Level Advocacy Contractor

All eligible bidders must:

1. Be an established state-level organization with experience with programs and services related to the unique mental health needs of California's diverse immigrant and refugee populations;
2. Have experience and capacity to provide technical assistance and support to local community-based organizations which serve immigrants and refugees;
3. Be a non-profit organization, registered to do business in California

RFP Tentative Timeline

- February 28, 2022: RFP released to the public
- April 29, 2022: Deadline to submit proposals
- May 2022: Notice of Intent to Award

AGENDA ITEM 3

Action

January 27, 2022 Commission Meeting

Legislative Priorities for 2022

Summary:

The Commission has prioritized an active role in policymaking related to mental health policies and practices. The Commission meets regularly with policy staff from budget, health and other legislative committees and works with leadership, member staff and representatives from the Mental Health Caucus, the Republican Caucus, the Legislative Analyst's Office, and the Administration on bills.

The Commission is routinely asked to consult or provide guidance on legislative proposals under development, proposals that would impact the Commission's operations or that would result in new duties of the Commission. Commission staff also actively promote legislative priorities consistent with the direction of the Commission, typically in the form of recommendations adopted through the Commission's policy projects.

At the January Commission meeting, Commissioners will have the opportunity to discuss new legislation or take positions on existing legislation that will create continuous improvement and transformational change to the mental health system.

Items for Consideration:

AB 748 (Carrillo)

Assemblymember and Commissioner Carrillo, or a representative, is asking the Commission to consider supporting AB 748, which would require each school site serving students in grades 6-12 to create a poster on student mental health. The bill directs the California Department of Education to develop a model poster and make it available to local schools.

Mental Health Wellness Act of 2013

The Commission may wish to consider supporting legislation to modify the Mental Health Wellness Act of 2013, which authorizes the Commission to provide grant funding to counties under the Triage Program. The Mental Health Wellness Act directs the Commission to provide those funds to counties, under a competitive grant program, to address crisis services. Funding must be used to support the hiring of staff by the counties. During the Commission's October meeting, Veronica Kelley, presenting on behalf of the California Behavioral Health Directors

Association, testified that restrictions in the statute are not aligned with most pressing needs of the community mental health system.

Current bills with Commission support:

AB 573 (Carrillo): Youth Mental Health Boards

Establishes the California Youth Mental Health Board within the California Health and Human Services Agency and requires each local mental health system to appoint a youth board to provide guidance on challenges facing youth and determine opportunities for improvement.

Strategic Plan Objective 3c: Support youth-led efforts to advance and expand consumer-led and consumer-centric services and expand access to youth-focused services.

SB 749 (Glazer): Mental Health Program Oversight: County Reporting

Requires the Commission, in consultation with state and local mental health authorities, to create a comprehensive tracking program for county spending on mental and behavioral health programs and services, as specified, including funding sources, funding utilization, and outcome data at the program, service, and statewide levels.

Strategic Plan Objective 2a: Work with state and local agencies to capture accurate and consistent fiscal, program, and outcome data from revenue and expenditure reports, three-year plans, annual updates, annual and three-year PEI evaluation reports, and innovation plans and final reports.

Recently Signed Legislation with Commission Support

Senate Bill 14 (Portantino, Chapter 672, Statutes of 2021)

School Employee and Pupil Training – Excused Absences - Youth

Directs that school absences due to mental health issues will be treated the same as absences due to physical health issues.

Senate Bill 224 (Portantino, Chapter 675, Statutes of 2021)

Mental Health Education

Requires that all students in California receive age-appropriate mental health education.

Senate Bill 465 (Eggman, Chapter 544, Statutes of 2021)

Full-Service Partnership

Authorizes the Commission to publicly report outcomes for people receiving community mental health services under a Full-Service Partnership (FPS) model and to develop recommendations to strengthen the use of FSPs to reduce incarceration, hospitalization, and homelessness.

Assembly Bill 638 (Quirk-Silva, Chapter 584, Statutes of 2021)

Mental Health and Substance Use Disorders

Expands the authority to use MHSA Prevention and Early Intervention funding to support substance use needs.

Presenter(s): Toby Ewing, Executive Director and Norma Pate, Deputy Director

Enclosures: Assembly Bill 748 (Carrillo), AB 748 Assembly Appropriation Committee Analysis

Handouts: PowerPoints will be made available during the Commission Teleconference Meeting.

AMENDED IN ASSEMBLY JANUARY 3, 2022

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL

No. 748

**Introduced by Assembly Member Carrillo
(Coauthor: Assembly Member Wicks)**

February 16, 2021

An act to add Section 49428.5 to the Education Code, relating to pupil health.

LEGISLATIVE COUNSEL'S DIGEST

AB 748, as amended, Carrillo. Pupil mental health: mental health assistance posters.

Existing law requires each schoolsite in a school district, county office of education, or charter school, serving pupils in any of grades 9 to 12, inclusive, to create a poster that notifies pupils of the applicable written policy on sexual harassment, and requires the poster to be prominently and conspicuously displayed in each bathroom and locker room at the schoolsite, as provided. Existing law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, as provided.

This bill would require, on or before the start of the ~~2022–23~~ 2023–24 school year, each schoolsite in a school district, county office of education, or charter school, serving pupils in any of grades 6 to 12, inclusive, to create a poster that identifies approaches and shares resources regarding pupil mental health. The bill would require the poster to be prominently and conspicuously displayed ~~in each bathroom and locker room at the~~ at each schoolsite, as provided. *The bill would*

exempt a school district, county office of education, or charter school from civil liability for any damages alleged to have been caused by, or arisen as a result of, compliance or failure to comply with the above requirements. By imposing additional duties on school districts, county offices of education, and charter schools, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 49428.5 is added to the Education Code,
2 to read:
3 49428.5. (a) On or before the start of the ~~2022–23~~ 2023–24
4 school year, each schoolsite in a school district, county office of
5 education, or charter school, serving pupils in any of grades 6 to
6 12, inclusive, shall create a poster that identifies approaches and
7 shares resources regarding pupil mental health.
8 (b) The schoolsite may partner with local, state, or federal
9 agencies, or nonprofit organizations, for purposes of the design
10 and content of the poster.
11 (c) The language in the poster shall be age appropriate and
12 culturally relevant, and the schoolsite may partner with local, state,
13 or federal agencies, or nonprofit organizations, for these purposes.
14 (d) The poster shall be displayed in English and any primary
15 language spoken by 15 percent or more of the pupils enrolled at
16 the schoolsite as determined pursuant to Section 48985.
17 (e) The poster shall be no smaller than 8.5 by 11 inches and use
18 at least 12-point font.
19 (f) The poster shall display, at a minimum, all of the following:
20 (1) Identification of common behaviors of those struggling with
21 mental health or who are in a mental health crisis, including, but

1 not limited to, anxiety, depression, eating disorders, emotional
2 dysregulation, bipolar episodes, and schizophrenic episodes.

3 (2) A list of schoolsite-specific resources, including, but not
4 limited to, counselors, wellness centers, and peer counselors,
5 community resources, including suicide prevention, substance
6 abuse, child crisis, and nonpolice mental health hotlines, and public
7 behavioral health services and community mental health centers.

8 (3) A list of positive coping strategies to use when dealing with
9 mental health, including, but not limited to, meditation,
10 mindfulness, yoga, breathing exercises, grounding skills,
11 journaling, acceptance, and seeking therapy.

12 (4) A list of negative coping strategies to avoid, including, but
13 not limited to, substance abuse or self-medication, violence and
14 abuse, self-harm, compulsivity, dissociation, catastrophizing, and
15 isolating.

16 (g) (1) (A) Commencing with the ~~2022–23~~ 2023–24 school
17 year, the poster shall be prominently and conspicuously displayed
18 ~~in each bathroom and locker room at the~~ at each schoolsite.

19 (B) The governing board of a school district, governing body
20 of a charter school, and county board of education shall have full
21 discretion to select additional appropriate public areas to display
22 the poster at the schoolsite. These areas may include, but are not
23 limited to, *bathrooms*, *locker rooms*, classrooms, classroom
24 hallways, gymnasiums, auditoriums, cafeterias, wellness centers,
25 and offices.

26 (2) The poster shall be digitized and distributed online to pupils
27 through social media, internet websites, portals, and learning
28 platforms.

29 (3) To assist school districts, county offices of education, and
30 charter schools in developing policies for pupil suicide prevention,
31 the department shall develop and maintain a model poster, in
32 collaboration with mental health experts, pupils, and administrators,
33 in accordance with this section to serve as a guide for school
34 districts, county offices of education, and charter schools.

35 (h) *A school district, county office of education, or charter*
36 *school, serving pupils in any of grades 6 to 12, inclusive, shall not*
37 *be civilly liable for any damages alleged to have been caused by,*
38 *or arisen as a result of, compliance or failure to comply with any*
39 *of the requirements of this section.*

1 SEC. 2. If the Commission on State Mandates determines that
2 this act contains costs mandated by the state, reimbursement to
3 local agencies and school districts for those costs shall be made
4 pursuant to Part 7 (commencing with Section 17500) of Division
5 4 of Title 2 of the Government Code.

O

Date of Hearing: January 20, 2022

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Chris Holden, Chair

AB 748 (Carrillo) – As Amended January 3, 2022

Policy Committee: Education

Vote: 6 - 0

Urgency: No

State Mandated Local Program: Yes

Reimbursable: Yes

SUMMARY:

This bill requires each schoolsite in a school district, county office of education (COE), or charter school, serving pupils in grades 6 to 12, to create and post a poster on pupil mental health by the start of the 2023-24 school year, and requires the California Department of Education (CDE) to develop a model poster.

The bill provides further specifications for creation, placement and distribution of the posters, including that the posters provide information on available mental health resources and coping strategies for students, that the posters be displayed in English as well as any primary language spoken by 15% or more of the pupils enrolled at the schoolsite, and that the posters be posted prominently and conspicuously at schoolsites and distributed electronically to students.

FISCAL EFFECT:

Minor one-time Proposition 98 General Fund cost pressures to educational institutions to create and display posters in various areas. Minor ongoing Proposition 98 General Fund cost pressures to provide electronic notifications to students. If the Commission on State Mandates determines the bill's requirements to be a reimbursable state mandate, the state would need to reimburse these costs to educational institutions or provide funding through the K-12 Mandate Block Grant.

One-time General Fund administrative costs to the CDE to develop a model poster to distribute to LEAs. CDE did not provide a cost estimate.

COMMENTS:

- 1) **Purpose.** According to the author:

AB 748 would ensure that young people have vital information about mental health resources offered to them readily available. The Biannual California Healthy Kids Survey from the Department of Health Care Services and the Department of Education has noted a steady rise in depression and anxiety among young people in the last several years. Studies also note that common mental health issues first emerge in adolescence, but young people often don't seek help until much later because they don't recognize the symptoms or don't know what resources exist. AB 748 would require California's middle and high schools to

display 8x11 posters with information on common symptoms of mental health issues and school site resources that are available.

- 2) **Background.** The mental health and behavioral health needs for children and youth are becoming better known, and the COVID-19 pandemic has increased the need for better responses. According to the Assembly Education Committee analysis, a report by the American Institutes for Research (AIR), *Mental Health Needs of Children and Youth*, found that up to 20% of children in the United States experience a mental, emotional, or behavioral health disorder each year, and suicide rates among youth ages 10 through 24 increased over 57% between 2007 and 2018.
- 3) **Prior Legislation.** AB 543 (Smith), Chapter 428, Statutes of 2019, requires public schools serving pupils in grades 9-12 to create and display a poster that notifies its pupils of the school's sexual harassment policy, and to provide a written copy of its sexual harassment policy to all students. AB 58 (Salas) of this session requires LEAs to provide suicide awareness and prevention training annually to teachers and requires CDE to develop model practices. AB 309 (Gabriel), Chapter 662, Statutes of 2021, requires the CDE to develop model pupil mental health referral protocols, in consultation with relevant stakeholders, subject to the availability of funding for this purpose.

The 2021 Budget Act committed about \$4.4 billion in one-time funding to support the Children and Youth Behavioral Health Initiative, which is intended to be a partnership between state and local health and education officials to improve mental health and behavioral health delivery to Californians under age 18.

Analysis Prepared by: Mark Martin / APPR. / (916) 319-2081

AGENDA ITEM 4

Action

January 27, 2022 Commission Meeting

Mid-Year 2020-22 Budget Update and Overview of the Governor's proposed 2022 budget for the Commission

Summary: Each year, the Commission is presented with a mid-year report on the budget in January, which coincides with a presentation on the Governor's proposed budget for the following fiscal year. Staff also provides a budget presentation in May, that coincides with the Governor's May revisions, and again in June at the close of the fiscal year. The goal of these presentations is to support fiscal transparency and ensure Commission expenditures are in line with Commission priorities.

Background:

The Commission's budget is organized into Personnel and Core Operations funding, for staff, rent, and related Commission expenses, and Local Assistance Funding, which includes the majority of its funding that is provided to counties and other local partners. Personnel funding is ongoing, Core Operations is ongoing with some exceptions, for limited term resources to support the implementation and evaluation and technical assistance of grant programs with one-time funding that is allocated over multiple fiscal years. Grant Program Funding includes both ongoing funding, such as Mental Health Wellness Act of 2013/Triage, and Mental Health Student Services Act of 2018. The Commission also received an allocation for one-time funding for allcove Youth Drop-In Centers, and Early Psychosis Intervention grant programs. Budget Directed Programs are one-time funds, provided in the Governor's Budget Act for specific projects, such as the Anti-Bullying Campaign, Innovation Incubator, Suicide Prevention Strategic Plan and reallocation of existing funds to address COVID-19 related needs.

Budget by Fiscal Year and Specific Category

	Fiscal Year 2019-20	Fiscal Year 2020-21	Fiscal Year 2021-22	Fiscal Year 2022-23
Operations				
Personnel	\$4,044,000	\$5,528,000	\$6,720,000	\$8,207,000
Core Operations	\$7,019,000	\$5,256,000	\$28,890,000	\$19,533,000
Total Operations	\$11,063,000	\$10,784,000	\$35,610,000	\$27,740,000
Budget Directed Programs				
Anti-Bullying Campaign*			\$5,000,000	
COVID-19*		\$2,020,000		
Innovation Incubator* (\$5 m 2018/2019)	\$2,500,000			
Stakeholders	\$5,418,000	\$1,398,000	\$5,418,000	\$5,418,000
Suicide Prevention*		\$2,000,000		
Total Budget Directed Programs	\$7,918,000	\$5,418,000	\$10,418,000	\$5,418,000
Grant Programs				
allcove (Youth Drop-In Centers)*	\$14,589,000			
Children and Youth Behavioral Health Initiative*				\$42,900,000
Early Psychosis Intervention*	\$19,452,000			
Mental Health Student Services Act**	\$48,830,000	\$8,830,000	\$103,830,000	\$8,830,000
Coronavirus Fiscal Recovery Fund of 2021*			\$85,000,000	
Mental Health Wellness Act/Triage	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000
Suicide Prevention Voluntary Tax			\$239,000	
Total Grant Programs	\$102,871,000	\$28,830,000	\$209,069,000	\$71,730,000
Total	\$121,852,000	\$45,032,000	\$255,097,000	\$104,888,000

*one-time funds

*one-time funds+ ongoing funds

Commission Grant Programs

The Commission manages grant programs that resource essential and innovative services in ways that incentivize stronger partnerships, integrated services, braided funding and the evaluation required for continuous improvement. The Mental Health Wellness Act (Triage), youth drop-in centers, the early psychosis intervention (EPI), and the Mental Health Student Services Act are examples of such grants.

allcove (Youth Drop-In Centers)

Summary: In 2019, the Commission allocated \$10 million to five counties to support the establishment or expansion of integrated mental health youth drop-in centers which provide mental health and wellness services for individuals between 12-25 years of age and their families. The Commission also allocated \$4,589,000 to Stanford to provide technical assistance to participating counties and to support collaborative learning among grantees, training, data and evaluation support and community outreach.

Strategic Plan Objective 3c: Support Youth-led efforts to advance and expand practices for consumer-led and consumer-centric services and expand access to youth-focused services.

Authorization: The program was established by, Senate Bill 109, Chapter 363, the Budget Act of 2019, provided \$15 million one-time Mental Health Services Act funds. The funds had to be allocated by the Commission through a competitive grant to counties, or a health care district may apply for a grant if designated by the county, city, or multi-county behavioral health department, through a competitive procurement. The Budget Act called for a focus on vulnerable and marginalized youth and populations of youth with known disparities e.g., LGBTQ, homeless, and indigenous youth.

Background: Counties are working in collaboration with Stanford to implement the allcove programs. The goal of integrated youth mental health centers is to increase access to vital services for youth at locations that are designed with youth and for youth and consider the needs of vulnerable and marginalized people. These programs will be equipped to meet the needs of youth, including mental and behavioral health needs, housing, education and employment support, and linkage to other services.

Activities: The Governor has proposed expanding state support for evidence-based youth drop-in centers through the Child and Youth Behavioral Health Initiative. The Budget Act of 2022 allocates \$42.9 million for the Commission to expand programs for children and youth. The Commission will hear from Melissa Stafford-Jones at the Commission meeting in January and discuss opportunities for the Commission to collaborate on the Children and Youth Behavioral Health Initiative.

Children's Behavioral Health Initiative

Summary: The Governor's 2021 budget included \$4.4 billion to support an array of projects to improve behavioral health outcomes for children. Those initiatives include \$429 million to identify and replicate evidence-based practices, with a focus on early psychosis, youth drop-in centers,

prevention and early intervention, reducing disparities, and meeting the needs of youth with complicated, high-end needs.

Strategic Plan Objective 3a: Support the Early Psychosis pilot to advance the transfer of knowledge and capacity building for more effective detection and response to early experiences with mental health.

Strategic Plan Objective 3c: Support youth-led efforts to advance and expand practices for consumer-led and consumer-centric services and expand access to youth-focused services.

Authorization: The Budget Act of 2022 allocated \$42.9 million to the Commission to support the identification and adoption of evidence-based practices.

Activities: The Commission will hear from Melissa Stafford-Jones at the Commission meeting in January and discuss opportunities for the Commission to collaborate on the Children and Youth Behavioral Health Initiative.

Early Psychosis Intervention

Summary: In August 2020, the Commission allocated \$9,996,034 to five counties for grant programs and \$3.9 million to the University of California at Davis for a training and technical assistance contract to support the grantees, as part of a competitive bid processes for its first round of Early Psychosis Intervention grants. Funding for the Early Psychosis Intervention Program supports community-level early psychosis and mood disorder detection and intervention programs for adolescents and youth adults and expands existing programs and brings them into fidelity with the Coordinated Specialty Care model.

Strategic Plan Objective 3a: Support the Early Psychosis pilot to advance the transfer of knowledge and capacity building for more effective detection and response to early experiences with mental health issues.

Authorization: Assembly Bill 1315, Chapter 414, Statutes of 2017 established the Early Psychosis Intervention Plus Program (EPI Plus) and the EPI Plus Advisory Committee. The 2019 Budget Act provided \$19,452,000 to scale the initiative. The Commission has granted \$10 million to five counties and \$3.9 million to the University of California at Davis for training and technical assistance for grantees.

Background: In November 2020, the Commission approved the outline of a second Request for Application, based on recommendations from the EPI Plus Advisory Committee. In 2021, \$4.0 million was allocated for new or expanded early psychosis programs, \$1.0 million for public awareness efforts and workforce development and retention, and \$565,000 for research initiatives to identify barriers and improve access to care for diverse, racial, and ethnic communities. All the funds address specific mental health disparities. The competitive bid was released in February 2021 and the grants were awarded in April 2021.

Activities: The Commission also has partnered with Kaiser Permanente of Northern California to evaluate the cost-effectiveness of the Coordinated Specialty Care model for early treatment of psychosis to encourage the commercial care market to incorporate these practices. Results are expected by early 2022.

Long term issues: The Governor has proposed expanding state support for early psychosis services through the Child and Youth Behavioral Health Initiative. The Commission will hear from Melissa Stafford-Jones at the January Commission meeting and discuss opportunities for the Commission to collaborate on the Children and Youth Behavioral Health Initiative.

Mental Health Wellness Act of 2013/Triage

Summary: In 2018, the Commission awarded its second round of the Mental Health Wellness Act/Triage grants to counties and allocated \$76,000,000 for local assistance programs, and \$7,000,000 to evaluate the programs. The current Triage grant programs will end in 2022, with the exception of a few counties that experienced program delays due to the pandemic and received additional time to provide services.

Strategic Plan Goal 1: The Commission will advance a shared vision for reducing the consequences of mental health needs and improving wellbeing – and promote the strategies, capacities and commitment required to realize that vision.

Authorization: In 2013, Senate Bill 82, established the Investment in Mental Health Wellness Act of 2013. The Commission’s Budget includes \$20 million in ongoing Mental Health Services Act funds.

Background: The Commission receives \$20 million each year to support the Mental Health Wellness Act, also known as the Triage Program. The funding is available to county behavioral health departments through a competitive process to support their crisis continuum of care. Funds must be used to hire staff.

The Commission previously has allocated these funds for multi-year grant, by committing funding from multiple fiscal years. The Commission also has directed that a portion of the funds be set aside for specific goals, such as 50 percent for children, to support collaboration between county behavioral health programs and schools, adults, and transition-age youth.

Activities: The Commission in September 2021 heard from counties in a listening session about challenges encountered with hiring staff and delays due to the pandemic. In October 2021 the Commission reviewed opportunities for the next round of Triage grants, which included a presentation from the EmPATH program. Commissioners also have expressed support for the hospital-based EmPATH program. Veronica Kelly, Past President of California Behavioral Health Directors Association also testified at the October meeting and stated the SB 82 funds do not align with the greatest needs of the community.

Long term issues: The State and the counties need to determine how to make the programs financially sustainable and to improve results over time. The Commission’s evaluation will help to

inform those opportunities, including whether to seek statutory changes that would provide more flexibility and eliminate the requirement the funding be used solely for additional staffing.

Mental Health Student Services Act

Summary: In 2020, the Commission allocated \$75 million in Mental Health Student Services Act grants to 18 counties to provide school-based mental health services. In 2021-22, the Commission will allocate an additional \$95 million in state funds to 20 counties and \$85 million in federal funds to expand the program statewide.

Strategic Plan Objective 1a: Promote school mental health as a prime opportunity to reach and serve at-risk children, families, and neighborhoods.

Authorization: Established by, Senate Bill 75, Chapter 51, Statutes of 2019 the Mental Health Student Services Act, provided \$40 million one-time and \$10 million ongoing Mental Health Services Act funds to implement partnerships between county behavioral health departments and local education agencies. The Budget Act authorizes these expenditures and define the evaluation requirements. The Budget Act of 2021 augmented the Mental Health Student Services Act by \$95 million Mental Health Services Act funds, \$100 million federal funds, and \$25 million to support the implementation and evaluation of the program.

Background: In 2018, the Commission dedicated \$20 million to support four partnerships between county behavioral health agencies and local schools. In response, the Governor and the Legislature passed the Mental Health Student Services Act. In October 2020, the Commission published *Every Young Heart and Mind: Schools as Centers of Wellness*, which recommended a comprehensive approach to school-based mental health. In 2021, the Governor and Legislature expanded the Mental Health Student Services Act and authorized the expenditure of FEMA pandemic relief funds for school-based mental health.

Activities: The Commission is allocating the funds to counties for the school-county partnership grants and developing plans for gathering data and assessing the programs. The Commission is also working to hire additional staff to support the implementation of the Mental Health Student Services Act and its evaluation.

Long term issues. The State and the counties need to determine how to make the programs financially sustainable and to improve results over time. The Commission's assessment will be one source to inform those deliberations and decisions.

Budget Directed Programs

Engage diverse communities – including consumers and families from different cultural and social backgrounds, service providers, local governments, employers and other involved in the public and privately funded behavioral health systems – drive changes needed to increase access to high quality services and improve outcomes.

Anti-Bullying Campaign

Summary: The Budget Act of 2021 allocated funds for the Commission to launch a youth-focused anti-bullying initiative that leveraged social media to support youth. The project is part of a broader initiative targeting Anti-Asian hate. The Commission formed an advisory committee as directed in the budget to support this project.

Strategic Plan Objective 3c: Support youth-led efforts to advance and expand practices for consumer-led and consumer-centric services and expand access to youth-focused services.

Authorization: Budget Act of 2021 allocated \$5 million one-time Mental Health Services Act funds for a social media campaign and \$300,000 to provide support to the Commission for the implementation of this project, which has four significant themes: Anti-bullying, youth driven, focused on race/ethnic/language-focused communities and social media driven support for the mental health care. The budget also directed the Commission to finalize contracts no later than October 31, 2021.

Activities: Commissioner Shuo Chen, Chair of the Anti-Bullying Advisory Committee and Commission staff are nearing completion of recommendations to hire a contractor to lead and launch this work.

Innovation Incubator

Summary: The Commission's Innovation Incubator deeply engaged more than 25 counties to build capacity for innovation and continuous improvement. An evaluation is underway, and the Innovation Subcommittee is reviewing recommendations for improving the Commission's Innovation Program.

Strategic Plan Objective 3a: Complete and oversee the projects of the Innovation Incubator and document the value of efforts to form and support collaborations to address specific issues.

Authorization: The Budget Act of 2017-18 provided \$5 million in one-time MHSA funds to work with counties to find ways to proactively find ways to reduce the number of individuals with mental health needs in the criminal justice system.

Background: The Commission worked with stakeholders to develop a business model for the Innovation Incubator and then launched a series of projects to build the capacity for innovation and continuous improvement. More than 25 counties were involved in one or more learning collaborative, and nearly all counties participated in webinars and workshops to hear the results and how they could deploy the new practices. The Incubator also conducted an in-depth study on the innovation process, which produced an Innovation Action Plan.

Activities: The Innovation Subcommittee, working from the recommendations in the Innovation Action Plan, is developing an implementation plan that is expected to prioritize activities that will improve the quality of innovation plans developed by counties, refine the system for the

Commission to review and approve those plans, and to expand efforts to disseminate learnings across counties to accelerate the pace of innovation. The Commission staff is evaluating the Incubator to identify additional learnings.

Long term issues: Among other outcomes, the Incubator strengthened the relationship with many counties and developed a shared understanding of the potential for technical assistance and multi-county learning collaboratives to support continuous improvement. The evaluation is exploring this and other results. Based on the evaluation, the Commission could consider seeking or dedicating more resources to this strategic approach to driving transformational change.

Stakeholders

Summary: The Mental Health Services Act calls for ensuring that consumers, families and people facing disparities are engaged in decision-making. The Commission provides \$5.4 million Mental Health Services Act funds annually to support the voice of community members through eight stakeholder contracts. Contracts are established through a competitive procurement process and focused on community outreach, education and training, and advocacy. The populations targeted with these funds include clients and consumers, diverse racial and ethnic communities, families, immigrants and refugees, LGBTQ+ populations, parents and caregivers, transition age youth, and veterans.

Strategic Plan Objective 1b: Build capacity at the community level to coordinate resources and services to improve outcomes.

Authorization: The Budget Act authorize these expenditures and require that the allocation is through a competitive process.

Background: Welfare and Institutions (W&I) Code Section 5892(d) requires that the Mental Health Services administrative fund “include funds to assist consumers and family members to ensure the appropriate state and county agencies give full consideration to concerns about quality, the structure of service delivery, or access to services.”

The Commission is currently contracted with 12 local and state-level organizations to conduct advocacy, outreach, engagement, training, and education for eight specific unserved and underserved populations.

On February 27, 2020, The Commission awarded \$12 million in contracts for Clients and Consumers, Diverse Racial and Ethnic Communities, Families of Clients and Consumers, LGBTQ+ Communities, Parents and Caregivers, and Veteran Communities. In 2019, the Commission awarded a \$2 million contract for Transition Age Youth and \$2 million in contracts for Immigrant and Refugee populations.

Activities: Commission staff meet with stakeholders quarterly to better understand the needs for each organization that receives funding. Contract deliverables are reviewed and approved by staff. Funding for Immigrant and Refugee stakeholders will expire this fiscal year and the Commission will be asked to consider approving and outline for the next round of contracts at its January meeting.

COVID-19 Response

Summary: In response to the COVID-19 pandemic, the Commission re-prioritized \$2,020,000 in available funding to support community response to growing mental health needs. In consultation with community stakeholders and county behavioral health leaders, the Commission focused its investment on addressing disparities and fortifying youth suicide prevention efforts in addition to offering more general support.

Strategic Plan Objective 1a: Promote school mental health as a prime opportunity to reach and serve at-risk children, families and neighborhoods.

Strategic Plan Objective 3b: Support implementation for *Striving for Zero*, the State's suicide prevention plan for 2020-25

Authorization: The Budget Act of 2020, shifted existing funding available in the Commission's budget to provide support to address the mental health needs, exacerbated by the pandemic.

Background: The Commission has invested \$880,000 to strengthen school mental health strategies targeting social emotional learning and suicide prevention. The Commission entered into contracts with five non-profit providers to enhance the support they provide for schools. Due to the urgent mental health needs in the communities, these contracts were provided to subject matter experts, through a sole source process.

The remaining funds were allocated through a sole source process, to support improved opportunities for county behavioral health programs to address disparities, the Commission has invested \$1,140,000 in a project to support the replication of a successful Solano County innovation that targeted disparities reduction. Funding is available provide technical assistance to counties to better understanding the work of the California Reducing Disparities Project and to replicate that work.

Activities: The Commission has finalized contracts to strengthen school and mental health strategies, and that work is underway. The Commission is in the process of finalizing contracts with the University of California Davis and Solano County, and funding will be available in the next few months to provide support to the more than 40 counties that have expressed interest in participating in this project, which includes a learning collaborative focused on reducing disparities.

Suicide Prevention

Summary: The Commission is implementing *Striving for Zero*, the State's suicide prevention strategic plan.

Strategic Plan Objective 3b: Work with the Governor, the Legislature and community leaders to establish an Office of Suicide Prevention, expand training resources, better integrate suicide

prevention services into health care settings, and encourage the renewal of community prevention plans.

Authorization: The Legislature directed the Commission to develop the strategic plan to develop a suicide prevention strategic plan. The Budget Act of 2020-21 shifted funds in the Commission's existing budget allocation and provided \$2 million to implement urgent aspects of the plan in light of the ongoing COVID-19 global pandemic.

Background: In September 2020, the Commission authorized staff to execute multiple contracts to implement key action items from *Striving for Zero*, including contracts to accelerate school adoption of standardized suicide risk assessment tools, training tools for risk assessments, and to support counties in developing and implementing new suicide prevention plans. Those contracts have been executed.

Activities: The Budget Act of 2021 established the Office of Suicide Prevention within the Department of Public Health to implement the *Striving for Zero* recommendations. The Commission's own implementation activities have included publication of a data dashboard to improve public awareness about deaths by suicide; linkage of public health vital statistics data with mental health client data to support further tracking and analysis of suicide deaths; and execution of technical assistance contracts.

Presenter: Norma Pate, Deputy Director

Enclosures: None

Handouts: A PowerPoint will be made available at the Commission Meeting.

AGENDA ITEM 5

Action

January 27, 2022 Commission Meeting

Governor's Proposed 2022 Budget for Health and Human Services Agency

Summary:

The Governor's 2022-23 proposed budget includes \$217.5 billion for health and human service programs, including expanded investments in mental health. Additional funding to address mental health needs are included in the Governor's proposals for housing, criminal justice, workforce, education, early childhood education, precision medicine and other programs. The 2022-23 budget proposal builds upon prior year authorizations, including the \$4.4 billion investment in the 2021-22 budget for California's Children and Youth Behavioral Health Initiative.

The Health and Human Services budget proposal includes investments to:

- Expand access to MediCal Services
 - Support the roll out of California's 988 Crisis Call system
 - Address delays in accessing care for persons deemed incompetent to stand trial
 - Enhance access to mobile crisis services
 - Support Whole Person Care through MediCal payment reforms, in addition to other investments.
- (See attached)

The Governor's budget proposal includes funding for Housing and Homelessness, including:

- New investments in affordable housing programs
 - Housing supports for persons with behavioral health needs
- (See attached)

The Labor and Workforce budget proposal includes investments in the following:

- Train new community health workers and expand the behavioral health workforce
 - Support social work training programs, including funding for diverse social workers
 - Psychiatric residency and related programs to increase on-site training programs
 - Opioid Treatment training programs to expand the substance use treatment workforce
 - Indian Health Program grants to address ongoing disparities
- (See attached)

The K-12 Education budget proposal includes investments in the following opportunities:

- Promoting pathways to health care careers
- Streamlining access to Educationally-Related mental health services

The Early Childhood budget proposal includes:

- Support the California Infant and Early Childhood Mental Health Consultation program
- Increase access to Transitional Kindergarten
- Expand home visitation services for children ages 0-3
(See attached)

The proposed budget also includes \$10 million in one-time funding to support the California Initiative to Advance Precision Medicine to focus on depression research through a competitive grant program. (See attached)

As outlined in Agenda Item 4, the Governor's 2022-23 budget proposal includes \$104.9 million to the Commission, including funding to support the integration of the Commission's work with the Children and Youth Behavioral Health Initiative and related programs.

To provide an overview of the Governor's vision and priorities, as outlined in the proposed budget, the Commission will hear from Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency (CalHHS) and Melissa Stafford Jones, Director, Children and Youth Behavioral Health Initiative. Brief bios for Ms. Welch and Ms. Stafford Jones are attached.

Ms. Welch will provide testimony on the Administration's vision for transformational change in California's mental health system and priorities for the upcoming fiscal year. Ms. Stafford Jones will provide an overview and update on the Children and Youth Behavioral Health Initiative.

Presenter(s):

Stephanie Welch, Deputy Secretary of Behavioral Health, CalHHS

Melissa Stafford-Jones, Director, Children and Youth Behavioral Health initiative.

Enclosures (12):

1. Presenter Bios
2. The California Blueprint Fact Sheet
3. CalHHS Guiding Principles
4. CalHHS Strategic Priorities
5. CalHHS Governor's Budget Highlights
6. Health and Human Services, Governor's Budget Summary 2022-23
7. Housing and Homelessness, Governor's Budget Summary 2022-23
8. K-12 Education, Governor's Budget Summary 2022-23
9. Early Childhood, Governor's Budget Summary 2022-23
10. Labor and Workforce Development, Governor's Budget Summary 2022-23
11. California Initiative to Advance Precision Medicine, Governor's Budget Summary 2022-23
(Excerpt)
12. Children and Youth Behavioral Health Initiative Overview

The Governor's entire proposed budget can be accessed at <https://www.ebudget.ca.gov/>

Handouts: PowerPoints will be made available during the Commission Teleconference Meeting.



**Melissa Stafford Jones, Director of the Children and Youth Behavioral Health Initiative,
California Health and Human Services Agency**

Melissa's career in health policy is grounded in deep dedication to the vision of improving health, well-being and opportunity for all Californians to thrive and fully reach their potential, particularly those who are the most underserved and face the most structural barriers to opportunity. As Director of the Children and Youth Behavioral Health Initiative, Melissa is working with CalHHS departments, sister state agencies and with partners and stakeholders throughout the state to reimagine California's children and youth behavioral health system into an innovative, up-stream focused, ecosystem where ALL children and youth are routinely screened, supported, and served for emerging and existing behavioral health (mental health and substance use) needs. Melissa holds a Masters degree in Public Health from the University of California at Berkeley and a Bachelors of Science in Biology from Saint Mary's College of California.

**Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human
Services Agency**

Stephanie N. Welch was appointed Deputy Secretary of Behavioral Health at the California Health & Human Services Agency in 2020.

Welch previously served as Executive Officer for the Council on Criminal Justice and Behavioral Health since 2015. Welch was the Senior Program Manager for the California Mental Health Services Authority from 2011 to 2015, an Associate Policy Director at the County Behavioral Health Directors Association from 2007 to 2011, and the Associate Director of Public Policy at the Council of Community Behavioral Health Agencies from 2000 to 2005. Welch earned a BA in Social Work from University of California at Davis and a Master's Degree in Social Work from the University of Southern California.



GOVERNOR NEWSOM'S CALIFORNIA BLUEPRINT TACKLES THE STATE'S GREATEST EXISTENTIAL THREATS WHILE BUILDING ON CALIFORNIA'S HISTORIC PROGRESS

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- **Governor Newsom's Blueprint takes on five of California's biggest challenges: COVID-19, climate change, homelessness, inequality, and keeping our streets safe.**
-

Governor Newsom's Blueprint for California directly confronts the state's largest threats while bolstering our state's strong economic growth and making historic investments in California's future. The Governor's plan doubles down on the work of the last several years to respond to COVID-19, the climate crisis – including worsening wildfires and drought, persistent inequality and homelessness, and keeping our streets safe.

The Blueprint offers a vision for how California can continue to tackle short-term crises and long-term challenges. Last year, as California wrestled with the upheaval caused by the pandemic, the state passed the largest recovery package in the nation, the California Comeback Plan, providing short-term relief to millions of Californians and making billions in longer-term investments that will benefit workers, businesses and families for years to come.

That vision persists this year – because our challenges persist. The pandemic laid bare many of the most striking disparities in our state – unequal access to healthcare, child care, education, and the economic ability to endure a rapidly changing and unpredictable world. Today, as our state's economy drives a still-recovering nation, California continues to offer a model for how we can move forward together.

The Governor's Blueprint calls for billions more to fight COVID-19 and educate and care for all our 40 million residents, prioritizes the safety and security of all Californians, and reinforces California's role as a global leader in climate protection, innovation and job creation.

THE CALIFORNIA BLUEPRINT

CALIFORNIA'S 5 GREATEST EXISTENTIAL THREATS

1. FIGHTING COVID-19 WITH SCIENCE

Governor Newsom's plan will continue to protect Californians by fighting COVID with science, with a focus on keeping our schools open and the economy moving. Governor Newsom's plan will protect frontline workers, battle misinformation, and ensure our healthcare system is prepared to handle whatever curveballs COVID-19 may throw at us in 2022. The Blueprint includes an additional **\$2.7 billion to ramp up vaccines, boosters, statewide testing, and increase medical personnel** to meet potential surges.

2. COMBATING THE CLIMATE CRISIS

California continues to face extreme weather conditions amid a changing climate. Governor Newsom's plan tackles the increasing threat of climate change including by:

- **Fighting Wildfires:** The Blueprint provides \$648 million to support firefighters, and more helicopters and dozers, along with an additional \$1.2 billion – building on last year's \$1.5 billion investment – to step-up forest management and other practices that save lives.
- **Tackling the Drought:** On top of last year's \$5.2 billion water package, the Blueprint makes an additional \$750 million investment for immediate drought response to aid residents, farmers, and wildlife as California continues to grapple with a historic drought.
- **Forging an Oil-Free Future:** The plan will decrease California's reliance on fossil fuels while preparing our economy and workforce for a clean energy future. California will write the playbook for how America confronts the impacts of climate change – investing billions in climate tech research & development, clean cars, preparing Californians for career opportunities, and further readying our infrastructure to withstand extreme weather.

3. CONFRONTING HOMELESSNESS

The Governor's Blueprint ensures vulnerable people have the necessary help to get off our streets and get the mental health treatment they need. The plan adds **\$2 billion for mental health housing and services and clearing encampments**. Governor Newsom's new investments expand on last year's \$12 billion package - all told, creating **55,000 new housing units and treatment slots** for people exiting homelessness.

THE CALIFORNIA BLUEPRINT

4. TACKLING THE COST OF LIVING

Too many Californians find themselves on the wrong end of income inequality -- crushed by the rising costs of the most basic expenses like healthcare, housing, child care, and keeping the doors of a small business open. Governor Newsom's plan seeks to bring down the costs of those everyday expenses. The Governor's Blueprint will:

- **Create Universal Access to Healthcare Coverage:** Governor Newsom's Blueprint will make California the first state in the nation to offer universal access to healthcare coverage for all state residents, regardless of immigration status.
- **Confront the cost of child care and education:** The plan invests more than ever before in our students by doubling down on achieving **free universal pre-K**, adding **thousands of child care slots** and increasing access to before, after, and summer school programs.
- **Building More Housing:** The Blueprint will create more housing California desperately needs with **\$2 billion in new grants and tax credits**
- **Growing Small Businesses:** Governor Newsom's plan will invest even more in small businesses - cutting red tape, waiving fees and providing **hundreds of millions in grants and tax breaks to small businesses** suffering from the pandemic.

5. KEEPING OUR STREETS SAFE

Governor Newsom's Blueprint includes his Real Public Safety Plan, which focuses on three key areas to fight and prevent crime:

- **Bolstering law enforcement and local response** to stop and apprehend criminals, including \$255 million in grants to local law enforcement and creating a new Smash and Grab Enforcement Unit to combat organized retail crime and grants for impacted small businesses.
- **More prosecutors to hold perpetrators accountable**, ensuring District Attorneys are effectively and efficiently prosecuting criminals, and creating a new statewide team of investigators and prosecutors to go after perpetrators.
- **Getting guns and drugs off our streets** – creating a new statewide gun buyback program, holding the gun industry accountable with nation-leading legislation, and intercepting drugs at the border.

Focus on Equity

When possible, program design should be developed across departments, including those outside the Agency, implemented in a collaborative manner, and supported by our entire Agency. We will courageously try new approaches to solve our most intractable problems. The unceasing pursuit of innovation, applied thoughtfully, will catalyze our improvement efforts.



We must be better and more active listeners. This will require us to take a step back and proactively listen to the individuals and communities we are serving to better understand their conditions and the things they yearn for. As a result, we will formulate better policies, programs and services that truly meet the needs of the individuals, families and communities we serve.

Actively Listen

Use Data to Drive Action

We must better leverage our data to understand the current conditions in our communities, the impact of our existing programs and the opportunities to improve service delivery. While we have built good systems to amass data, we find ourselves data rich but information poor. Actionable and timely data will help us advance social and economic mobility and improve the health and well-being of children, families and individuals.



We must always think about what each person needs to thrive, always considering the cultural, economic and social factors that impact people's lives. We will integrate shared opportunities to meet individual needs across departments – both within government and across our community partners. Our focus will be on the needs of the people we serve, not on the siloed structures of government and its programs.

See the Whole Person

Put the Person back in Person-Centered

We must re-engage individuals and their communities so that programs are informed and structured to meet the diverse and unique needs of each community and person. Too often, "person-centered" programs stopped being about people and became focused on satisfying a specific funding source or administrative process. We will refocus our programs on the people being served.



Cultivate a Culture of Innovation

We must courageously take new approaches to solve our most intractable problems. The relentless pursuit of innovation, applied thoughtfully, will catalyze our improvement efforts. We will also design programs and services across departments, including those outside CalHHS, in collaborative and partnership.



Deliver on Outcomes

We must ensure that the delivery of our programs and services yield concrete and meaningful results. We will focus our attention and energy on work which will directly improve the lives of all Californians. We will continuously evaluate and adapt our programs to better address our clients' unmet needs while furthering our goal of delivering positive outcomes.





Our North Star

Person Centered. Equity Focused. Data Driven.

Healthy California for All

We envision a *Healthy California for All* where every individual belongs to a strong and thriving community.

Where all our children can play and learn, and where we are confident that we have done all we can to pass to them a state they can lead into the future.

Where older and disabled Californians can live with purpose and dignity, and where they are supported and valued.

Where equity is not just a word or concept but *the* core value.

Where we constantly pursue social and racial justice by not only lifting all boats but especially those boats that need to be lifted more.

Where health care is affordable, accessible, equitable and high-quality so it drives toward improved health.

Where we prioritize prevention and the upstream factors that impact an individual's health and well-being.

Where we are committed to tackling the economic inequalities that force many Californians to live on the street.

Where necessities like housing and childcare are complimented by access to physical and behavioral health services.

Where we see the whole person and where programs and services address the social, cultural and linguistic needs of the individuals they serve.

Where climate threats collide with forward leaning health practices and policies that visibly turn the tide toward community resilience.

And where we see our diversity as a strength, and where we embrace a joint responsibility to take care of one another.

Create an Equitable Pandemic Recovery

- Strengthen California's safety net programs to disrupt the inequities and disparities that fueled the pandemic in order to lift families out of poverty and create economic self-sufficiency.
- Work to achieve a California where race, ethnicity, gender identity, sexual orientation and other forms of social categorization no longer predict a person's or community's health and life outcomes.
- Build new and innovative paths to train and hire culturally competent workers to meet the full diversity of California's health and human services needs.
- Develop a 21st century public health system that builds on a core set of functions that are disease agnostic and support the work of local public health departments.



Build a Healthy California for All



- Ensure all Californians have meaningful and timely access to care by enhancing technological infrastructure, developing new and innovative workforce models and expanding care delivery capacity.
- Promote a whole person orientation to care that is focused on prevention and is delivered in a culturally and linguistically appropriate manner.
- Reduce the rate of growth in health care costs and increase public transparency of the quality of care and equity of health care delivery.
- Build climate resilient communities in which every Californian, regardless of origin or income, has access to high-quality, affordable health care.

Integrate Health and Human Services

- Build consensus on a common set of policies and procedures to govern the exchange of health and human services information among health and social services entities in order to improve health outcomes.
- Recognize and utilize Medi-Cal as a tool to help address many of the complex challenges facing California's most vulnerable residents, including the homeless, those with mental health conditions, children with complex medical conditions, those who are justice-involved and the growing aging population.
- Transform California's mental health and substance use disorder systems by increasing the availability of prevention and outpatient services and treatments, as well as stabilizing and expanding the overall number of community-based placements for individuals who require residential support on their path to greater self-reliance and independence.
- Address the upstream social determinants, including housing and food insecurity, which disproportionately impact communities of color, drive disease and worsen health and economic disparities.



Improve the Lives of the Most Vulnerable

- Reduce homelessness, especially chronic homelessness, by focusing on a “housing first” strategy and building up permanent supportive housing and the support services needed by those we house, including employment support, substance abuse treatment, and mental health treatment as a path out of poverty.
- Provide opportunities for Californians with intellectual and developmental disabilities, regardless of the severity of their disability, to prepare for and participate in competitive integrated employment.
- Move toward paying for outcomes in the developmental services system by implementing rate reforms and developing the capability to adequately track and measure outcomes at the regional center, service provider and consumer level.
- Expand diversion, re-entry and reintegration services so that anyone released from an incarcerated setting can reintegrate into the community seamlessly with access to health and social services.



Advance the Well-being of Children and Youth

- Transform California’s behavioral health system into an innovative ecosystem where all children and youth age 25 and younger have access to a full continuum of services, in ways that are easily accessible and culturally appropriate for children, youth, and their families.
- Improve outcomes for children living in extreme poverty, in foster care and in juvenile justice system by addressing adverse childhood experiences, early childhood and education needs, and improving access to physical health, mental health and social services.
- Promote parental responsibility to enhance the well-being of children by providing child support services to establish parentage and collect child support.
- Ensure the health and well-being of children and youth with complex needs who receive services from multiple and at times fragmented public systems.
- Ensure fewer children encounter the juvenile justice system by building up the network of trauma informed, community-based, culturally appropriate interventions to support these young Californians before such encounters, and for those who have an encounter, to divert them early and often toward community-based interventions and away from institutional interventions.



Build an Age-Friendly State for All

- Mobilize state government, local communities, private organization and philanthropy to harness the state’s innovative spirit, channel resources where they are needed most, and open new opportunities for working together to create inclusive, equitable communities for all Californians of all ages.
- Create more choices for home and community living as we age, including expanded service options, affordable and accessible housing models, health care partnerships with Medi-Cal and Medicare, and support for family and paid caregivers – with easier navigation and care coordination for diverse adults and families.
- Support healthy aging for all, by reducing health inequities and disparities across the lifespan, preventing and addressing isolation as we age, and expanding dementia awareness and geriatric care.
- Protect older and disabled adults from abuse, neglect, and exploitation both at home and in congregate facilities, while ending older adult homelessness and prevent poverty and hunger as we age.



CalHHS

Governor's Budget Highlights

At CalHHS, we strive to *Focus on the Person* being served by our programs. This approach is Person Centered, Equity Focused, and Data Driven.

In order to maintain our collective focus on the person being served, we follow our [guiding principles](#)

Focus on Equity	Actively Listen	Use Data to Drive Action
See the Whole Person	Create a Culture of Innovation	Deliver on Outcomes
	Put the Person Back in Person Centered	

The COVID-19 pandemic has impacted every Californian, with the most significant impacts on our underserved, low income communities. The pandemic has laid bare the inequities in our health care system and in our society overall.

On the other hand, the 2021 Budget Act and the Governor's 2022-23 Budget present a generational opportunity to improve the lives of All Californian's, particularly the most vulnerable amongst us.

The 2021 Budget Act provided us an opportunity to invest in programs and efforts that deepen our focus on the whole person served by our programs while also addressing the inequities in society laid bare by COVID-19. In the 2022-23 Governor's Budget, we propose to build on those efforts, by making investments that target our most vulnerable communities and also address the upstream needs of our communities. As we move forward, we will leverage the multiyear investments made in the 2021 Budget Act and proposed in the Governor's Budget to build up the foundations of a California for All.

The 2021 Budget Act

The 2021 Budget Act provided unprecedented investments to improve the lives of all Californians, with a particular focus on the most vulnerable in the state's communities. The 2021 Budget Act provided the CalHHS with the opportunity to make investments that focus our programs on the whole person – such as beginning CalAIM

implementation and making historic investments in home and community based programs – and to expand our ability to improve equity in California – such as by expanding full scope Medi-Cal to undocumented older adults.

Key investments provided in the 2021 Budget Act include:

- *Implementation of CalAIM* – which is a broad-based reform of the Medi-Cal Program’s delivery system and payment structure, which will move Medi-Cal to a more person-centered approach to improve health outcomes and reduce disparities.
- *Children and Youth Behavioral Health Initiative* - \$2.9 billion over two years and \$430 million ongoing, totaling over \$4 billion the next five years, to transform the behavioral health system for All children in the state, into a system that is prevention-focused where all children and youth are routinely screened, supported, and served for existing and emerging behavioral health needs.
- *Behavioral Health Continuum Infrastructure Programs* - \$2.2 billion in funding for competitive grants for the construction, acquisition, and rehabilitation of facilities and mobile crisis infrastructure to expand the continuum of behavioral health treatment resources.
- *Community Care Expansion Program* - \$805 million in funding for the construction, acquisition, and/or rehabilitation of projects to preserve or expand adult and senior care facilities for individuals experiencing homelessness or at risk of experiencing homelessness.
- *Expansion of Medi-Cal Eligibility to older adults regardless of immigration status* – making all income-eligible California residents over age 50 eligible for full scope Medi-Cal benefits, including In Home Supportive Services. This expansion builds upon prior expansions of Medi-Cal to children and young adults, regardless of their immigration status.
- *Expansion of Home and Community-Based Services* – taking advantage of an opportunity for enhanced federal funding under the federal American Rescue Plan, the budget includes about \$3 billion in funding for a variety of home and community based services programs across several state departments.
- *Expansion of Subsidized Child Care*– the budget provides funding to expand the availability of subsidized child care by over 145,000 slots.
- *Developmental Services Rate Reform* – the budget includes \$90 million in the Current Year, growing to \$1.2 billion per year by 2025-26 for developmental services provider rate increases, including funding for a quality incentive payment program to improve consumer outcomes and service quality.

The Governor’s Budget

The Governor’s 2022-2023 Budget provides the opportunity to commit ourselves to make bold investments to protect our most vulnerable communities – such as providing housing for homeless individuals with serious behavioral health issues – and to make

investments that will address the upstream causes of health and human services needs in communities that have been deeply impacted by COVID-19 – such as building up our public health infrastructure.

The Governor's Budget continues to advance the health and well-being of all Californians by building upon the significant investments made in 2021-22. The proposed investments will improve the state's ability to serve the whole person, and advance the goal that health care, housing, and social needs are considered together, not solely through the lens of separate funding streams or programs. These proposals address the needs of those with serious mental illness, those who are justice-involved, immigrants, children, and aging populations and will improve the lives of California's most vulnerable residents while addressing underlying inequities in our society.

Through these proposals, we have made a commitment to focusing on early intervention and prevention, to address upstream drivers of health and human service needs. Significant investments in our public health system, proposals to reduce childhood poverty, expanded access to programs and services, and investments in support for homeless individuals with behavioral health needs will allow us to make upstream interventions to address peoples' needs before they reach crisis levels.

Building a 21st Century Public Health System

The COVID-19 Pandemic has underscored the need for investment at the California Department of Public Health (CDPH) and at local health jurisdictions to respond to the needs of Californians during public health emergencies. As a result, the 2021-22 Budget included \$300 million ongoing General Fund, beginning in 2022-23, for investments in public health infrastructure.

The Governor's Budget allocates this funding as follows:

- State Operations Funding – The Budget includes \$100 million General Fund annually for CDPH to strengthen statewide public health infrastructure and complement local funding so that state and local governments can collaboratively work together to improve the health of all Californians.
- Local Assistance Funding – The Budget includes \$200 million General Fund annually for local health jurisdictions to enhance their public health infrastructure. The intent is to drive collaboration across counties and leverage resources collectively to gain economies of scale. Additional local funding resources should broadly include Workforce Expansion, Data Collection and Integration, and Community Partnerships.

In addition, to promote additional investment in community-based organizations that are focused on public health efforts, the Administration proposes statutory changes that direct that 25-percent of a non-profit hospital's community benefit dollars go to these efforts, while giving the Department of Health Care Access and Information enforcement authority over these requirements.

Addressing Childhood Poverty

Pass-Through of Child Support Collections For Formerly Assisted Families – under current law, families formerly receiving state assistance (such as CalWORKs) do not receive the full ‘pass-through’ of child support payments collected by the state. The Governor’s Budget would make statutory changes to fully pass through assigned arrears collections to families formerly assisted by CalWORKs as currently permitted by federal law. Passing these funds directly to families may help low-income families reduce the burden of high-cost debt and stabilize their financial position. The estimated annual total pass through to formerly assisted families is \$187 million.

CalWORKs Grant Increase - The Governor’s Budget projects a 7.1-percent increase to CalWORKs Maximum Aid Payment levels, which is estimated to cost \$200.7 million in 2022-23.

Expanding Home Visiting Services – Voluntary home visiting services for children aged 0-3 provide a range of supportive services to pregnant and newly parenting families in California. The Budget provides \$50 million ongoing General Fund for the Department of Public Health to expand the California Home Visiting Program and the California Black Infant Health Program, serving approximately 6,000 additional families over five years.

Individuals with Disabilities Education Act : Part C To B Transitions – When young children receiving Early Intervention Services turn three, they are often eligible to receive school-age special education services from a local education agency. This process of transitioning from early start services (Part C) to school-age services (Part B) is often challenging for children and families. In order to improve early childhood services for children from birth through age five, including children transitioning to special education service at three or entering kindergarten at five who have or are at risk for an intellectual or developmental disability, the Governor’s Budget includes \$65.5 million in 2022-23 and \$82.5 million ongoing for the Department of Developmental Services to reduce regional center caseload ratios to 1:40 for children through age five and promote inclusion in preschool of three and four-year olds served by regional centers. Resources will support preschool efforts to improve accessibility of their programs.

Extend Provider Adverse Childhood Experiences (ACEs) Trainings – The budget includes Estimate includes \$22 million in state Mental Health Services Act funding and an additional \$22 million in federal funding in FY 2022-23 to extend provider ACEs trainings to additional Medi-Cal providers.

Making Health Care Affordable and Expanding Availability of Services for All Californians

Improving the affordability of health coverage and availability of health care will benefit millions of Californians. California has taken many actions over the last several years to improve health care affordability – such as expanding Covered California premium subsidies for the middle class, expanding access to Medi-Cal to children, young adults, and older adults regardless of immigration status, and expanding

coverage for preventive services, such as screening for adverse childhood experiences and for dementia. CalHHS has also convened the Healthy California for All Commission that has explored strategies to unify and simplify health care financing and improve affordability of high quality, accessible, and equitable care for all. To sustain affordable access to health care, the state must also address the underlying cost drivers of health care.

Office of Health Care Affordability – The Administration will move forward with its proposal for an Office of Health Care Affordability, housed within the Department of Health Care Access and Information, to address underlying cost drivers and improve the affordability of health coverage, benefiting millions of working Californians. The Office will be charged with increasing transparency on cost and quality, developing cost targets for the health care industry, enforcing compliance through financial penalties, and improving market oversight of transactions that may adversely impact market competition, prices, quality, access, and the total cost of care.

Reducing The Cost Of Insulin – The insulin market has long epitomized the kinds of market failures that plague the pharmaceutical industry. The Administration will continue to work on plans to remedy the market failure for insulin by spurring the availability of insulins that are priced at a fraction of current market prices.

Expansion Of Medi-Cal To All Income-Eligible Californians – Over the last decade, the Medi-Cal program has significantly expanded to cover children, young adults, and older adults age 50 and over regardless of immigration status. The Budget builds on those expansions to expand full-scope eligibility to all income-eligible adults aged 26 through 49 regardless of immigration status. Beginning no sooner than January 1, 2024, Medi-Cal will be available to all income-eligible Californians and move California to near-universal eligibility for health care coverage.

Reduction of Medi-Cal Premiums – The Budget reduces Medi-Cal premiums to zero for approximately 500,000 women, children, and disabled working adults. Currently, these beneficiaries have income that is marginally above the threshold for Medi-Cal and so they must pay monthly premiums. This proposal will reduce the financial burden for many Californians and minimize the disruption that occurs when families lose coverage and access to preventive services when they cannot afford monthly premiums.

Reproductive Health – To protect the right to safe and accessible reproductive health care services, the Administration will undertake a number of actions to maintain and improve availability of these essential services, such as increasing flexibilities in the Medi-Cal Program, adding coverage for the HPV Vaccine to the Family PACT Program, Investing in the reproductive health care workforce, and investing in the physical and information technology infrastructure of reproductive health care facilities.

[Addressing the Behavioral Health Needs of California's Most Vulnerable](#)

The COVID-19 Pandemic has exacerbated behavioral health needs—both mental health and substance use disorder—and placed significant demands on the existing system of care. Workforce shortages have widened the inequities across the system,

worsened by the COVID-19 Pandemic. Californians across all demographics, but especially youth, communities of color, and LGBTQ individuals, and other disadvantaged Californians are experiencing increased levels of stress, anxiety, depression and isolation. In California, consistent with national trends, overdose deaths have risen as well as suicidal ideation and hospitalization for self-harming behavior.

To meet the behavioral health needs of All Californians, and particularly those most vulnerable such as individuals experiencing homelessness and those who are justice-involved, the Governor's Budget makes substantial new investments in behavioral health programs.

Housing Supports To Individuals With Behavioral Health Needs – While \$5.8 billion for Homekey in the 2021 Budget Act provided an unprecedented investment in long-term housing and treatment solutions for people experiencing unsheltered homelessness who have serious behavioral health conditions, there is a need for immediate bridge solutions as the new units come online.

The Budget includes an additional \$1.5 billion in dedicated resources to address immediate housing and treatment needs. Funding will be administered through DHCS' Behavioral Health Continuum Infrastructure Program and can be used to purchase and install tiny homes and to provide time-limited operational supports in these tiny homes or in other bridge housing settings including existing assisted living settings.

California's state and local governments must improve coordination to better serve people with acute behavioral health challenges and those needing housing, treatment, and services, including medication and family supports. The Administration will develop a strategy that addresses the stabilization and treatment of this extremely vulnerable population of Californians with the most severe and untreated behavioral health conditions. Rather than criminalize the homeless population with behavioral health needs, the strategy will provide community-based care upstream to prevent institutionalization and incarceration.

Felony Incompetent to Stand Trial Waitlist Solutions – California is home to thousands of vulnerable and sick individuals who, because of limited community-based and early intervention treatment, decompensate to a point where engagement and treatment is difficult. For many of these Californians with the most severe behavioral health conditions, they become enter into a cycle of untreated mental illness, homelessness, and incarceration. Criminal defendants who are unable to understand criminal proceedings or assist counsel in their defense are determined by a court to be Incompetent to Stand Trial (IST). If these individuals are charged with a felony, they can be committed to the Department of State Hospitals (DSH) to provide clinical and medical services with the goal of restoring their competency and enabling them to return to court to resume their criminal proceedings.

Informed by the deliberations of the IST Solutions Workgroup, the Budget includes spending of \$93 million General Fund in 2021-22 and \$571 million General Fund in 2022-23 and ongoing to provide for:

- Early Stabilization and Community Care Coordination to provide immediate solutions to support access to treatment for the nearly 1700 individuals currently found IST on felony charges and waiting in jail and to reduce the flow of new incoming referrals.
- Expand Diversion and Community-Based Restoration Capacity to increase IST treatment alternatives provided by investing in the community infrastructure required to support the felony IST population.

Medi-Cal Community-Based Mobile Crisis Services – The Department of Health Care Services will add multi-disciplinary mobile response services for crises related to mental health and substance use disorders as a new Medi-Cal benefit, as soon as January 1, 2023. Providing community-based mobile crisis services will help reduce the impact of untreated behavioral health conditions on emergency departments and psychiatric facilities, by providing a system for triaging and referring people to services in the community.

Opioid Response – in response to the growing problem of increased availability of synthetic opioids and related overdose deaths, the Budget includes \$96 million General Fund in 2022-23 and \$61 million ongoing General Fund to expand access to Medication Assisted Treatment. In addition, the Budget includes one-time \$86 million opioid settlement funds which will be dedicated to a public awareness campaign targeted towards youth opioids education and awareness and fentanyl risk education (\$50 million) and improving the state’s ability to collect and analyze data on opioid overdose trends (\$5 million), provider training on opioid treatment (\$26 million), and distributing naloxone to homeless service providers (\$5 million).

Supporting California's Aging Population

In the 2021 Budget Act, the state made substantial investments to implement the Governor’s Master Plan for Aging and Alzheimer’s Task Force recommendations to prepare for more Californians living longer and to advance inclusive, equitable communities for all ages and abilities. To further the Administration’s goals, the Budget includes additional investments to support our aging population.

Reforming Nursing Facility Financing – Currently, the state provides annual cost-based increases and quality incentive payments to skilled nursing facilities, funded partly by a Quality Assurance Fee equivalent to 6-percent of facility revenues. The resulting revenue draws down additional federal funding to support nursing facility payments. The Budget proposes to reform the funding framework to move from a primarily cost-based methodology to one that incentivizes value and quality. The intent of these reforms is to further enable nursing facilities to invest in quality and patient care while assuring the long-term financial viability of these essential Medi-Cal providers.

Expanding the Alzheimer's Healthy Brain Initiative – the Budget includes \$10 million one-time General Fund to continue support for the existing Alzheimer’s Healthy Brain Initiative grantees in six local health jurisdictions and expand to up to six additional local

health jurisdictions to promote brain health, better care for people with cognitive impairment, increase attention to caregivers, and build public health capacity.

Implementing the Master Plan for Aging – The Governor’s Budget also makes a range of targeted investments to support age, disability, and dementia-friendly communities statewide, including:

- Master Plan for Aging—The Budget includes \$2.1 million to bolster the Master Plan for Aging’s Data Dashboard to drive outcomes and sustain public engagement for statewide initiatives through the Department of Aging, and strengthen civic engagement policies and programs in the California Commission on Aging.
- Health Care Access for Working Disabled People—\$1.5 million General Fund ongoing to reduce Medi-Cal premiums for working adults with disabilities to continue progress on California’s goals to expand access to health care and increase the affordability of home care.
- Intergenerational Volunteering and Community Engagement—The Budget includes funding for various volunteer programs across the state including one-time \$10 million General Fund for programs to engage older adults in volunteer service.
- Inclusive and Equitable Employment—\$7.6 million for an expanded California Leads as an Employer initiative through the California Department of Human Resources to continuously recruit and support a state workforce that reflects all of California, which includes renewed efforts to employ Californians with disabilities.
- Protecting and Empowering At-Risk Aging and Disabled Populations—California is increasing investments in serving the growing number of older and disabled adults with more complex needs, across a range of specialized services, such as to continue the Returning Home Well Program to provide transitional housing to parolees at risk of housing insecurity or homelessness, creation of a new position to coordinate best practices with county Public Conservator agencies serving people with probate conservatorships at the California Department of Aging, and a new position focused on supporting aging individuals with developmental disabilities and their families at the California Department of Developmental Services.

Supplemental Security Income/State Supplementary Payment Increase – The federal SSI program provides a monthly cash benefit to individuals with disabilities, including children, adults, and seniors who meet the program’s income and resource requirements. In California, the SSI payment is augmented with an SSP grant. The Governor’s Budget assumes an additional SSP increase of 24 percent, effective January 1, 2024, which would fully restore SSP monthly payments for both individuals and couples to pre-Great Recession levels.

Building a Workforce for a Healthy California for All

To succeed in implementing the historic investments made in the 2021 Budget Act and proposed in the Governor's Budget, the state will need to make significant investments in our health and human services workforce.

The Budget includes a one-time \$1.7 billion investment over three years in care economy workforce development—across both the Labor and Workforce Development Agency and CalHHS—that will create more innovative and accessible opportunities to recruit, train, hire, and advance an ethnically and culturally inclusive health and human services workforce, with improved diversity, compensation, and health-equity outcomes.

In addition to investments being made by the Labor and Workforce Development Agency, the major CalHHS investments include:

- *California 25x25 Initiative*—\$350 million General Fund to recruit, train, and certify 25,000 new community health workers by 2025, with specialty certifications in areas that include climate health, homelessness, and dementia.
- *High Road Training Partnerships*—\$340 million General Fund for training and career advancement programs for people with barriers to employment, in alignment with the Workforce Council for Healthcare Training priorities.
- *21st Century Nursing Initiative*—\$270 million General Fund to increase the number of registered nurses, licensed vocational nurses, certified nursing assistants, certified nurse midwives, certified medical assistants, family nurse practitioners, and other health professions.
- *California Social Work 2030 Initiative*—\$210 million General Fund to support social work training programs and provide stipends and scholarships for working people to create a new pipeline for diverse social workers who cannot otherwise afford the financial or time investment required to complete full-time programs.
- *Psychiatric Resident Program*—\$120 million General Fund to create training positions for psychiatric residents, psychiatric mental health nurse practitioners, psychology interns/fellows, and psychiatric nurses. Increasing on-site training programs will assist in building the workforce while also serving as an active recruitment pool for advancement within the health and human services workforce, leading to promotional pathways and increased salaries.
- *Multilingual Health Initiatives*—\$60 million General Fund to expand scholarships and loan repayment programs in healthcare and social work for multilingual applicants, with the goal of increasing language and cultural competencies throughout the care workforce.
- *Opioid Treatment*—\$26 million to train providers to build out the substance use disorder (SUD) workforce with a focus on opioid treatment. Funding will be used to increase the number of licensed clinicians, including providers focused on addiction. Funding will also provide supportive employment services to people with SUD issues to transition them into ongoing employment.

Implementing CalAIM

California Advancing and Innovating Medi-Cal (CalAIM) is a framework that encompasses a broad-based delivery system, program, and payment reform across the Medi-Cal program. CalAIM recognizes the opportunity to move California's whole-person care approach to a statewide level, with a clear focus on improving health and reducing health disparities and inequities. Updates to the Department's Section 1115 CalAIM demonstration and Section 1915(b) waiver, along with related contractual and Medi-Cal State Plan changes, will enable California to execute the CalAIM initiative, providing benefits to certain high-need, hard-to-reach populations, with the objective of improving health outcomes for Medi-Cal beneficiaries and other low-income individuals in the state.

In late December 2021, the Centers for Medicare and Medicaid Services (CMS) approved the CalAIM proposal (a few key elements are subject to ongoing discussions with CMS). Approval of CalAIM is a major milestone in the program-wide reform of Medi-Cal. CMS approval allows the state to move forward with these reforms and investments that will deepen Medi-Cal's focus on the most vulnerable members – such as through Enhanced Care Management – while also creating a population health focus that will address the upstream needs of all Medi-Cal enrollees.

The budget continues the investments made in the current year to support the successful implementation of CalAIM. The additional funds to be provided in the Budget Year will particularly assist in the implementation of CalAIM's support for highly vulnerable Medi-Cal enrollees – such as those who are justice-involved, those with complex medical and behavioral health needs, and foster youth.

The Governor's Budget includes these key CalAIM implementation items:

- Justice-involved start-up funds to build on the successful work conducted under Whole Person Care pilots. The Providing Access and Transforming Health (PATH) program will build statewide capacity and expand access to necessary pre-release and post-release services under CalAIM.
- Support for implementation of Enhanced Care Management and Community Supports, including Whole Person Care services and transition to managed care; technical assistance; collaborative planning; and capacity and infrastructure transition, expansion and development funding for providers, community-based organizations, and counties.
- To address the complex medical and behavioral health needs of foster youth, and to build on the Continuum of Care Reforms, the Administration intends to work with stakeholders in the budget year to develop a new Foster Care Model of Care. The Department of Health Care Services and the Department of Social Services will center this effort on establishing an accountability framework across systems, advancing equity, and integrating services and care.

As we move forward, beyond the 2022-23 Budget Year, we will leverage the multiyear investments made in the 2021 Budget Act and proposed in the Governor's Budget to build a California For All. To do so, we will build up our health and human services

workforce and strengthen the foundations of programs that serve All Californians. Key efforts over the next several years that will advance this effort include the implementation of CalAIM, the development of a behavioral health system for all children and youth, the development of a 21st Century public health system, and the build out of a health and human services workforce that will be able to meet the needs of All Californians.

For more information, visit the [California Budget 2022-23 website](#).

HEALTH AND HUMAN SERVICES

The Health and Human Services Agency (CalHHS) oversees departments and state entities that provide health and social services to the most vulnerable and at-risk Californians while providing public health services to all Californians. CalHHS is leading the response to the COVID-19 Pandemic along with the Governor's Office of Emergency Services. The Governor's Budget includes \$217.5 billion (\$64.7 billion General Fund and \$152.7 billion other funds) for all health and human services programs in 2022-23.

The COVID-19 Pandemic continues to have a significant impact on the programs under CalHHS and the Budget reflects updated estimates to support ongoing response efforts, including expanding vaccinations, testing and supporting hospitals.

The 2021 Budget Act provided unprecedented investments to improve the lives of all Californians, with a focus on the state's most vulnerable communities. This included significant investments for the continuum of behavioral health treatment resources, transformation of the system for providing behavioral health services to children and youth, expansion and rehabilitation of adult and senior care facilities, expansions of Medi-Cal eligibility to older adults regardless of immigration status, more home and community-based services, and a commitment to increasing subsidized child care by over 145,000 slots.

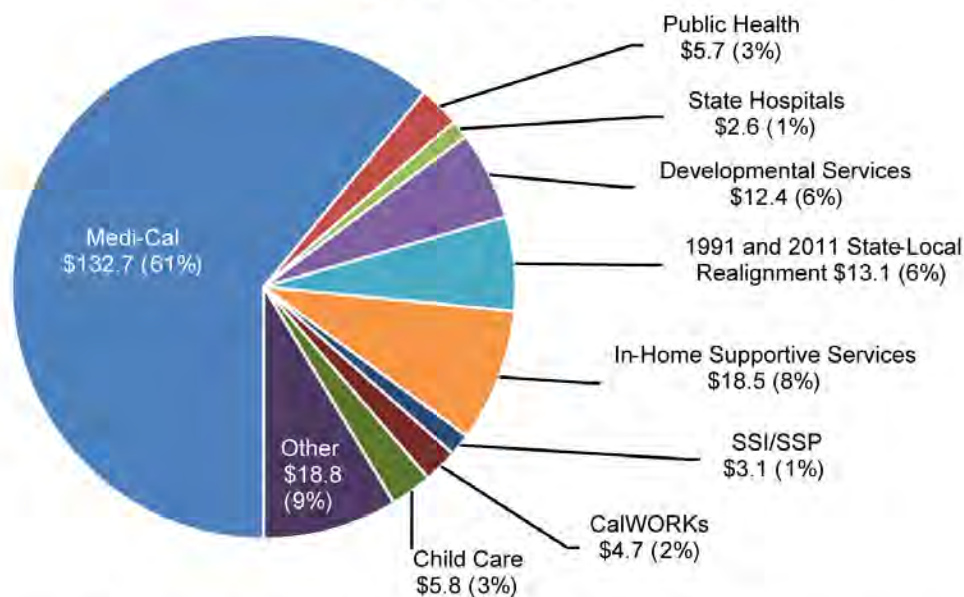
The Budget continues advancing the health and well-being of all Californians by building upon the significant investments made in 2021-22. The proposed investments will improve the state's ability to serve the whole person, and advance the goal that

HEALTH AND HUMAN SERVICES

health care, housing, and social needs are considered together, rather than through the lens of separate funding streams or programs. Budget proposals that address the needs of those with serious mental illness, those who are justice-involved, as well as immigrants, children, and aging populations, will improve the lives of California's most vulnerable residents while addressing underlying inequities in society.

In addition to the substantial investments in health and human services programs described in this chapter, the Budget includes a \$1.5 billion investment in workforce development that will build a well-trained health and human services workforce as an economic driver for low-income communities. See the Labor and Workforce Development Chapter for more details.

Health and Human Services Proposed 2022 -23 Funding ^{1/}
All Funds
 (Dollars in Billions)



^{1/}Totals \$217.5 billion for support, local assistance, and capital outlay. This figure includes reimbursements of \$20.3 billion and excludes \$2,520,000 in Proposition 98 funding in the Department of Developmental Services and Department of Social Services budgets and county funds that do not flow through the state budget.
 Note: Numbers may not add due to rounding.

Major Health and Human Services Program Caseloads

	2021-22 Revised	2022-23 Estimate	Change
Medi-Cal	14,608,700	14,178,200	-430,500
California Children's Services (CCS) ^{1/}	9,311	11,678	2,367
CalWORKs	354,883	398,561	43,678
CalFresh	2,724,954	2,854,321	129,367
SSI/SSP (support for aged, blind, and disabled)	1,137,933	1,109,436	-28,497
Child Welfare Services ^{2/}	104,666	103,108	-1,558
Foster Care	53,083	52,912	-171
Adoption Assistance	86,326	86,329	3
In-Home Supportive Services	583,083	598,835	15,752
Regional Centers	386,431	407,634	21,203
State Hospitals ^{3/}	6,731	7,141	410
Developmental Centers ^{4/}	322	322	0
Vocational Rehabilitation	110,557	110,557	0

^{1/} Represents unduplicated quarterly caseload in the CCS Program. Does not include Medi-Cal CCS beneficiaries.

^{2/} Represents Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement service areas on a monthly basis. Due to transfers between each service area, cases may be reflected in more than one service area.

^{3/} Represents the year-end population at State Hospitals, county Jail-Based Competency Treatment programs, and Kern Admission, Evaluation and Stabilization center.

^{4/} Represents the year-end population.

HEALTH CARE AFFORDABILITY AND EXPANDING AVAILABILITY OF SERVICES FOR ALL CALIFORNIANS

Improving the affordability of health coverage and availability of health care will benefit millions of Californians. The State has taken many actions over the last several years to improve health care affordability—such as expanding Covered California premium subsidies for the middle class; expanding access to Medi-Cal to children, young adults, and older adults regardless of immigration status; and expanding coverage for preventive services, such as screening for adverse childhood experiences and for dementia. CalHHS has also convened the Healthy California for All Commission, which is exploring strategies to unify and simplify health care financing and improve the affordability of high quality, accessible, and equitable care for all. To sustain affordable access to health care, the state must also address the underlying cost drivers of health care.

OFFICE OF HEALTH CARE AFFORDABILITY

The Administration will move forward to establish an Office of Health Care Affordability, housed within the Department of Health Care Access and Information, to address underlying cost drivers and improve the affordability of health coverage, benefiting millions of working Californians. The Office will be charged with increasing transparency on cost and quality, developing cost targets for the health care industry, enforcing compliance through financial penalties, and improving market oversight of transactions that may adversely impact market competition, prices, quality, access, and the total cost of care. In addition to lowering the rate of cost growth, the Office will promote health care workforce stability and innovation, report on the quality of care and equity in services on the entire health care system, advance payment models that reward high-quality, cost-efficient care, and promote investments in primary care and behavioral health. The Budget reappropriates funding for the Office that was originally included in the 2021 Budget Act and proposes statutory changes for its establishment.

COVERED CALIFORNIA

The 2019 Budget Act authorized \$1.5 billion for a state-supported premium subsidy at Covered California to provide additional subsidies to low-income consumers and create new subsidies for middle-income consumers who were not eligible for federal subsidies at the time. Because the federal American Rescue Plan Act provides significantly expanded federal subsidies through 2022, they have taken the place of the state subsidies, resulting in savings to the state. As required by Chapter 21, Statutes of 2021 (AB 128) and Chapter 143, Statutes of 2021 (AB 133), \$333.4 million from the General Fund that would have been used for state subsidies was deposited into a reserve fund to be used for future affordability programs. Covered California has developed a report (as required by AB 133) on options to reduce out-of-pocket expenses for consumers. The Administration will work with the Legislature, Covered California, and stakeholders on options to further improve affordability and access to health care coverage, while considering the role that potential federal legislation may play in determining the ongoing level of federal subsidies available through Covered California.

REDUCING THE COST OF INSULIN

The insulin market has long epitomized the high cost in the pharmaceutical industry. The Administration will continue to work on plans to increase the availability of insulin that is

priced at a fraction of current market prices, which often exceed \$300 per vial. A potential partnership with a contract manufacturer of insulin could position the state to find drug affordability solutions as it lays the groundwork for future collaborations on other high-priority drugs, securing more consistent and reliable supply chains, and advancing a Healthy California for All where cost is not a barrier to essential medicines.

EXPANSION OF MEDI-CAL TO ALL INCOME-ELIGIBLE CALIFORNIANS

Over the last decade, the Medi-Cal program has significantly expanded and changed, due in large part to the implementation of the federal Patient Protection and Affordable Care Act and California's expansions of Medi-Cal coverage to children, young adults, and older adults age 50 and over regardless of immigration status. The Budget builds on those expansions and includes \$819.3 million (\$613.5 million General Fund) in 2023-24 and \$2.7 billion (\$2.2 billion General Fund) annually at full implementation, inclusive of In-Home Supportive Services (IHSS) costs, to expand full-scope eligibility to all income-eligible adults aged 26 through 49 regardless of immigration status. Beginning no sooner than January 1, 2024, Medi-Cal will be available to all income-eligible Californians.

REPRODUCTIVE HEALTH

To protect the right to safe and accessible reproductive health care services, the Administration will undertake a number of actions to maintain and improve availability of these essential services.

- **Increasing Flexibilities**—The Medi-Cal program provides comprehensive family planning and reproductive health services. To increase flexibility for Medi-Cal providers to provide clinically appropriate medication abortion services, the Department of Health Care Services (DHCS) will modify its existing billing requirements to remove requirements for in-person follow up visits and ultrasounds, if not clinically indicated.
- **Family Planning, Access, Care and Treatment (PACT) HPV Vaccine Coverage**—The Budget includes \$8 million (\$4.6 million General Fund) in 2022-23 and ongoing to add the human papillomavirus vaccine as a covered benefit under the Family PACT program, effective July 1, 2022.
- **Clinical Infrastructure**—To support California's clinical infrastructure of reproductive health care services, the Budget includes one-time funding of \$20 million General

Fund within the Department of Health Care Access and Information to provide scholarships and loan repayments to a variety of health care provider types that commit to providing reproductive health care services.

- **Capital Infrastructure**—The Budget includes one-time funding of \$20 million in grant funding to the Department of Health Care Access and Information to assist reproductive health care facilities in securing their physical and information technology infrastructure and to enhance facility security.
- **Covered California Subsidies**—The Budget includes \$20 million General Fund in 2022-23 for Covered California to support the One-Dollar Premium Subsidy program which subsidizes the cost of Covered California consumers for health plans due to federal policy concerning abortion coverage.

The Administration will work with the Legislature to reduce barriers to accessing abortion and abortion related services through managed care plans.

ADDRESSING THE BEHAVIORAL HEALTH NEEDS OF CALIFORNIA'S MOST VULNERABLE

The COVID-19 Pandemic has exacerbated behavioral health challenges—mental health and substance use disorder—and placed significant demands on the existing system of care. Workforce shortages have widened the inequities across the system, worsened by the pandemic. In California, consistent with trends in the rest of the nation, overdose deaths have risen as well as suicidal ideation and hospitalization for self-harming behavior. In addition to the new proposals described below the state is also implementing the California Advancing and Innovation Medi-Cal waiver that will further expand behavioral health services.

BEHAVIORAL HEALTH CRISIS CARE CONTINUUM

The Administration's vision to transform the behavioral health system resulted in significant investments in the 2021 Budget Act that support generational change to reimagine the children and youth behavioral health system, investments in facilities, and investments in Medi-Cal to increase timely access to care using a "no wrong door" approach (whereby a beneficiary can enroll in Medi-Cal in a number of different places) for mental health and substance use disorder services.

In 2022, CalHHS will develop a plan to support connections between prevention efforts like hotlines and peer support services, 9-8-8 mental health crisis call centers, and mobile crisis response at the local level. The Budget includes \$7.5 million General Fund (\$6 million ongoing) for the California Governor's Office of Emergency Services to advance implementation of the 9-8-8 call system and support call handling equipment so existing crisis hotline centers have the needed resources to process additional 9-8-8 calls and coordinate and transfer calls with no loss of information between the 9-8-8 and 911 systems. See the Emergency Response Chapter for more details.

In addition, the Budget includes \$1.5 billion General Fund over two years for additional housing supports to those with behavioral health needs, as well as \$1.7 billion in Care Economy Workforce investments, including funding to recruit and train 25,000 new community health workers as well as additional psychiatric providers. (See the Housing and Homelessness and Labor and Workforce Development Chapters for more details.) The Budget also includes \$10 million to administer a competitive grant program to prevent and treat depression, as part of the California Initiative to Advance Precision Medicine. See the General Government and Statewide Issues Chapter for more details.

FELONY INCOMPETENT TO STAND TRIAL WAITLIST SOLUTIONS

Like many states, California is home to thousands of vulnerable and ill individuals who, as a result of limited community-based and early intervention treatment, decompensate to a point where engagement and treatment is difficult. Many of these Californians with the most severe behavioral health conditions, become fixed in a cycle of untreated mental illness, homelessness, and incarceration. Criminal defendants who are unable to understand criminal proceedings or assist counsel in their defense are determined by a court to be Incompetent to Stand Trial (IST). If charged with a felony, they can be committed to the Department of State Hospitals (DSH) to provide clinical and medical services with the goal of restoring their competency and enabling them to return to court to resume their criminal proceedings. Although this budget proposal and recent prior budget acts make significant investments that will build up behavioral health infrastructure in communities, a current lack of community behavioral health services has led to a rapidly growing number of individuals found IST and referred to DSH.

In June 2021, an appellate court affirmed the order in *Stiavetti v. Clendenin* requiring DSH to commence substantive competency restoration services for all ISTs committed to DSH within 28 days of receipt of the commitment packet from the court. Court orders and penalties regarding ISTs could cost California as much as one billion dollars

annually based on the State of Washington's experience. Despite increasing bed capacity, decreasing the average length of stay, and implementing county-based treatment programs, the increasing number of county IST referrals has resulted in a large waitlist and long wait times for defendants pending placement to DSH. Furthermore, the impacts of the COVID-19 Pandemic and necessary infection control measures put in place in DSH facilities resulted in slower admissions and reduced capacity for the treatment of felony ISTs at DSH. In the fall of 2021, DSH convened an IST Workgroup to identify actionable solutions to address the increasing number of individuals with serious mental illness who are deemed IST on felony charges.

Informed by the deliberations of the Workgroup, the Budget reflects spending of \$93 million General Fund in 2021-22 (including funds previously appropriated for Workgroup solutions and redirected funds) and \$571 million General Fund in 2022-23 and ongoing (including funds previously appropriated for Workgroup solutions, redirected funds and new funding). These funds will provide for:

- **Early Stabilization and Community Care Coordination** to provide immediate solutions to support access to treatment for the nearly 1,700 individuals currently found IST on felony charges and waiting in jail, and to reduce the flow of new incoming referrals. This includes funding for:
 - Early access to medication stabilization teams to encourage substantive treatment in jail settings,
 - Statewide funding for medication support, and
 - DSH case management teams to coordinate IST care with counties and other community providers.
- **Expand Diversion and Community-Based Restoration Capacity** to increase IST treatment alternatives by investing in the community infrastructure required to support the felony IST population. This includes funding for:
 - Infrastructure to increase the number of community residential beds dedicated to DSH Diversion and Community-Based Restoration programs,
 - Augmented funding for counties to expand DSH Diversion and Community-Based Restoration,
 - Supporting county partnerships for entities impacted by felony IST community placements, and
 - Workforce development support for counties and community providers.

These investments support the goal of providing care in the least restrictive, community-based settings while maintaining public safety. In order to encourage the expansion of community care that does not create unintended incentives that drive additional IST referrals, the state will implement a growth cap on IST referrals that will include a county cost sharing methodology if the growth cap is exceeded.

The ability of the state to address the IST waitlist is directly impacted by the Lanterman Petris Short (LPS) Conservatorship census at DSH facilities exceeding current contracted levels with counties and LPS patients being held longer than their treatment plan requires. Welfare and Institutions Code section 4147, which established the IST Solutions Workgroup, provides that if insufficient progress is made in addressing the waitlist, CalHHS may discontinue the admission of new LPS patients, establish LPS reduction targets for counties, and charge counties that do not achieve reductions 150 percent of the current bed rate for LPS patients.

The coordinated behavioral health investments made as part of the 2021 Budget Act and the Budget will support county efforts to serve individuals at risk of becoming IST upstream, before they become involved in the criminal justice system—including investments in the Behavioral Health Continuum Infrastructure Program and the proposed \$1.5 billion General Fund over two years in housing options for those with behavioral health conditions.

MEDI-CAL COMMUNITY-BASED MOBILE CRISIS SERVICES

The American Rescue Plan Act of 2021 authorizes 85-percent federal matching funds for a Medicaid mobile crisis response services benefit, available for 12 quarters during a five-year period starting April 1, 2022. DHCS will add multi-disciplinary mobile response services for crises related to mental health and substance use disorders as a new Medi-Cal benefit, as soon as January 1, 2023. Providing community-based mobile crisis services will help reduce the impact of untreated behavioral health conditions on emergency departments and psychiatric facilities, by providing a system for triaging and referring people to services in the community. Over the five-year period authorized by the Act, total costs of this new benefit are projected to be \$1.4 billion (\$335 million General Fund). This benefit builds on the \$205 million and other funds the 2021 Budget Act provided to counties for infrastructure development in preparation for the implementation of the mobile crisis benefit.

OPIOID RESPONSE

Deaths related to synthetic opioids and psychostimulants with abuse potential have increased, while prescription opioid-related overdoses have decreased over time due to successful interventions addressing prescribing patterns. Illicit synthetic opioids (primarily fentanyl and fentanyl analogs) and psychostimulants with abuse potential (such as methamphetamine and cocaine) have become increasingly available in the drug supply.

In response to this growing problem, the Budget includes \$96 million General Fund in 2022-23 and \$61 million ongoing General Fund for the Medication Assisted Treatment (MAT) Expansion Project. Additional MAT resources would be targeted towards expanding the Naloxone Distribution Project, supporting 100 new MAT access points statewide, expanding MAT in county jails, and increasing MAT services within state-licensed facilities.

In addition, the Budget includes one-time \$86 million opioid settlement funds which will be dedicated to a public awareness campaign targeted towards youth opioids education and awareness and fentanyl risk education (\$50 million) and improving the state's ability to collect and analyze data on opioid overdose trends (\$5 million) for the Department of Public Health, provider training on opioid treatment (\$26 million) for the Department of Health Care Access and Information, and distributing naloxone to homeless service providers (\$5 million) for the Department of Health Care Services.

SUPPORT FOR CALIFORNIA'S AGING POPULATION

In the 2021 Budget Act, the state made substantial investments in response to the Governor's Master Plan for Aging and Alzheimer's Task Force recommendations to prepare for more Californians living longer and to advance inclusive, equitable communities for all ages and abilities. By 2030, the population of Californians over age 60 is projected to be greater than under 18 for the first time ever, and record numbers of people will live to be 100. This shift in California's population is changing family life, communities and the economy, with new opportunities and challenges. To further the Administration's goals, the Budget includes additional investments to support the state's aging population.

REFORMING NURSING FACILITY FINANCING

Currently, the state provides annual cost-based increases and quality incentive payments to skilled nursing facilities, funded partly by a Quality Assurance Fee equivalent to 6-percent of facility revenues. The resulting revenue draws down additional federal funding to support nursing facility payments. The existing framework, authorized initially in 2004 and last extended in 2020, sunsets on December 31, 2022. The Budget proposes to reform the funding framework to move from a primarily cost-based methodology to one that incentivizes value and quality. The intent of these reforms is to further enable nursing facilities to invest in quality and patient care while assuring the long-term financial viability of these essential Medi-Cal providers.

EXPANDING THE ALZHEIMER'S HEALTHY BRAIN INITIATIVE

The Budget includes \$10 million one-time General Fund to continue support for the existing Alzheimer's Healthy Brain Initiative grantees in six local health jurisdictions and expand to up to six additional local health jurisdictions to support activities consistent with the U.S. Centers for Disease Control and Prevention and Alzheimer's Association Healthy Brain Initiative State and Local Public Health Partnership to Address Dementia: The 2018-2023 Road Map, a public-private partnership to promote brain health, better care for people with cognitive impairment, increase attention to caregivers, and build public health capacity.

IMPLEMENTING THE MASTER PLAN FOR AGING

The Budget also makes a range of targeted investments to propel age-, disability-, and dementia-friendly communities statewide, including:

- **Master Plan for Aging**—The Budget includes \$2.1 million (\$1.8 million General Fund) to bolster the Master Plan for Aging's Data Dashboard to drive outcomes and sustain public engagement for statewide initiatives through the Department of Aging, and strengthen civic engagement policies and programs in the California Commission on Aging.
- **Health Care Access for Working Disabled People**—\$1.5 million General Fund ongoing to reduce Medi-Cal premiums for working adults with disabilities to continue progress on California's goals to expand access to health care and increase the affordability of home care.

- **Intergenerational Volunteering and Community Engagement**—The Budget includes funding for various volunteer programs across the state including one-time \$10 million General Fund for programs to engage older adults in volunteer service. See the General Government and Statewide Issues Chapter for more details.
- **Inclusive and Equitable Employment**—\$7.6 million for an expanded California Leads as an Employer initiative through the California Department of Human Resources to continuously recruit and support a state workforce that reflects all of California, which includes renewed efforts to employ Californians with disabilities. See the General Government and Statewide Issues Chapter, Transforming Government Operations Section for more details.
- **Protecting and Empowering At-Risk Aging and Disabled Populations**—California is increasing investments in serving the growing number of older and disabled adults with more complex needs, across a range of specialized services. The Budget includes the following:
 - \$10.6 million General Fund annually for three years to continue the Returning Home Well Program to provide transitional housing to parolees at risk of housing insecurity or homelessness. Approximately 25 percent of the parole population is 50 years or older.
 - A new position to coordinate best practices with county Public Conservator agencies serving people with probate conservatorships at the California Department of Aging.
 - A new position focused on supporting aging individuals with developmental disabilities and their families at the California Department of Developmental Services.

DEPARTMENT OF HEALTH CARE SERVICES

Medi-Cal, California's Medicaid program, is administered by the Department of Health Care Services (DHCS). Medi-Cal is a public health care program that provides comprehensive health care services at no or low cost for low-income individuals. The federal government mandates that a range of basic services be included in the program and the state provides additional optional benefits. The Department also oversees county-operated community mental health and substance use disorder programs, the California Children's Services and the Primary and Rural Health Programs.

The Medi-Cal budget is \$123.8 billion (\$26.8 billion General Fund) in 2021-22 and \$132.7 billion (\$34.9 billion General Fund) in 2022-23. The Governor's Budget assumes that caseload will increase by approximately 8.3 percent from 2020-21 to 2021-22 and decrease by 3 percent from 2021-22 to 2022-23. Medi-Cal is projected to cover approximately 14.2 million Californians in 2022-23, over one-third of the state's population.

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

CalAIM is a framework that encompasses a broad-based delivery system, program, and payment reform across the Medi-Cal program. CalAIM recognizes the opportunity to move the whole-person care approach that integrates health care and other social determinants of health, to a statewide level, with a clear focus on improving health and reducing health disparities and inequities, including improving and expanding behavioral health care. Updates to the Department's Section 1115 CalAIM demonstration and Section 1915(b) waiver (which the federal government recently approved), along with related contractual and Medi-Cal State Plan changes, will enable California to execute the CalAIM initiative, providing benefits to certain high-need, hard-to-reach populations, with the objective of improving health outcomes for Medi-Cal beneficiaries and other low-income individuals in the state.

The Budget includes \$1.2 billion (\$435.5 million General Fund) in 2021-22, \$2.8 billion (\$982.6 million General Fund) in 2022-23, \$2.4 billion (\$876.4 million General Fund) in 2023-24, and \$1.6 billion (\$500 million General Fund) in 2024-25 for CalAIM. CalAIM initiatives being implemented in 2022-23 include mandatory enrollment into managed care of beneficiaries eligible for both Medi-Cal and Medicare; the requirement that all managed care plans cover long-term care; the provision of a targeted set of Medicaid services to eligible justice-involved populations prior to release; and the Providing Access and Transforming Health (PATH) initiative to further the successful implementation of CalAIM.

Incarcerated individuals leaving correctional facilities are at high-risk of poor outcomes due to high rates of mental illness, substance use disorders, complex medical conditions, and potential social needs such as housing insecurity, unemployment, and inadequate social connections. CalAIM proposes to improve outcomes for this population by mandating a county pre-release Medi-Cal application process for incarcerated individuals, allowing Medi-Cal reimbursement for services in the 90-day time period prior to release, and to encourage a facilitated referral and linkage ("warm

hand-off") to behavioral health services, both to providers in managed care networks and to county behavioral health departments.

PATH includes the following programs and initiatives:

- Justice-involved start-up funds to build on the successful work conducted under Whole Person Care pilots. This PATH program will build statewide capacity and expand access to necessary pre-release and post-release services under CalAIM.
- Support for implementation of Enhanced Care Management and Community Supports, including Whole Person Care services and transition to managed care; technical assistance; collaborative planning; and capacity and infrastructure transition, expansion, and development funding for providers, community-based organizations, and counties.

An additional goal of CalAIM is to develop a new Foster Care Model of Care. To address the complex medical and behavioral health needs of foster youth, and to build on the Continuum of Care Reforms, the Administration intends to work with stakeholders in the budget year to develop a new model of care. DHCS and the Department of Social Services will center this effort on establishing an accountability framework across systems, advancing equity, and integrating services and care.

PROPOSITION 56 PROVIDER PAYMENTS

Proposition 56 funds various supplemental payment programs including the Family Planning, Access, Care and Treatment program, women's health services, dental and physician services, developmental and trauma screenings, non-emergency medical transportation, and others. Proposition 56 revenues continue to decline as the rate of tobacco use declines. In 2022-23, Medi-Cal supplemental payments funded by Proposition 56 are projected to exceed revenues by \$176 million. To maintain the enhanced level of reimbursement, the Budget includes \$176 million General Fund to support reduced Proposition 56 revenue.

ELIMINATION OF CERTAIN AB 97 PROVIDER RATE REDUCTIONS

AB 97 (Chapter 3, Statutes of 2011) required DHCS to reduce most Medi-Cal provider payments by 10 percent, with limited exceptions. Since that time, certain AB 97 provider payment reductions have been rescinded. The Budget proposes to rescind the AB 97 provider rate reductions for eight provider types based on COVID-19 Pandemic impacts

and the Department's quality and equity goals—nurses of all types, alternative birthing centers, audiologists and hearing aid dispensers, respiratory care providers, select durable medical equipment providers, chronic dialysis clinics, non-emergency medical transportation providers, and emergency medical air transportation providers. The Budget includes fee-for-service costs of \$20.2 million (\$9 million General Fund) in 2022-23 and \$24 million (\$10.7 million General Fund) annually thereafter for elimination of these rate reductions.

MEDI-CAL PROVIDER EQUITY PAYMENTS

During the COVID-19 Public Health Emergency, there has been a significant decline in utilization of preventive care and routine care for chronic conditions. In addition, the disparate impacts of COVID-19 on communities of color and other disadvantaged Californians underscore the existing disparities in our health care system. To promote patient-centered models of care, the Budget includes one-time \$400 million (\$200 million General Fund) for provider payments focused on advancing equity and improving quality in children's preventive, maternity, and integrated behavioral health care.

PUBLIC HOSPITAL FINANCING REFORM

To further the standardization of the Medi-Cal program and move towards a more streamlined financing system, the Administration proposes to work with the public hospital systems in 2022-23 to reform Medi-Cal payments for public hospitals. The goal of these payment reforms is to drive system transformation to provide person-centered care, reduce administrative burden, and focus on integration, quality, outcomes, and value.

Other Significant Adjustments:

- **2021-22 Budget**—The Budget reflects lower Medi-Cal expenditures of approximately \$1.1 billion General Fund in 2021-22 compared with the 2021 Budget Act. The decrease is due primarily to projected savings associated with continued enhanced FMAP through the end of the fiscal year versus the assumed calendar year, and shifts in funding for the Behavioral Health Continuum Infrastructure Program and Children and Youth Behavioral Health Initiative. These reduced General Fund costs are partially offset by increased costs associated with COVID-19 caseload and state-only claiming adjustments.

- **Year-Over-Year**—The Budget projects Medi-Cal expenditures of \$34.9 billion General Fund in 2022-23, an increase of \$8 billion General Fund compared with the revised 2021-22 expenditures. A majority of the increase is attributable to enhanced FMAP assumed to no longer be available in 2022-23, other COVID-19 related impacts, funding shifts and second year funding for the Behavioral Health Continuum Infrastructure Program and the Children and Youth Behavioral Health Initiative, funding for housing supports for those with behavioral health needs, and state-only claiming adjustments.
- **Medi-Cal Caseload Impacts**—The Budget projects an average monthly caseload of 14.6 million beneficiaries in 2021-22 and 14.2 million in 2022-23, and includes \$10.5 billion total funds (\$2.9 billion General Fund) in 2021-22 and \$10 billion total funds (\$2.8 billion General Fund) in 2022-23 for caseload attributable to the COVID-19 Pandemic. Caseload is projected to peak at 15.2 million in July 2022, driven by the assumed federal continuous coverage requirement related to the COVID-19 Public Health Emergency.
- **Additional COVID-19 Impacts**—The Budget includes costs of \$3.1 billion total funds (\$2.9 billion General Fund savings) in 2021-22 and \$1.1 billion total funds (\$498.6 million General Fund savings) in 2022-23 for COVID-19 impacts (excluding caseload), such as enhanced FMAP savings, COVID-19 testing in schools, and federal waiver flexibilities.
- **State-Only Claiming Adjustment**—The Budget includes \$728.3 million General Fund in 2021-22 and \$1.5 billion General Fund in 2022-23 for retroactive and ongoing dental, pharmacy, managed care, and behavioral health costs associated with state-only populations.
- **Medi-Cal for Older Adults Regardless of Immigration Status**—The Budget includes \$54 million (\$43.1 million General Fund) in 2021-22 and \$660.9 million (\$567.1 million General Fund) in 2022-23 for the full year cost of expanding full-scope Medi-Cal to older adults age 50 and older regardless of immigration status effective May 1, 2022 (inclusive of IHSS costs). This policy change was included in the 2021 Budget Act.
- **Medi-Cal Assets for Older and Disabled Adults**—The Budget includes \$200.7 million (\$93.4 million General Fund) in 2022-23 to phase in the elimination of the Medi-Cal asset limit no sooner than January 1, 2022 (inclusive of IHSS costs). The asset limit will be fully eliminated no sooner than January 1, 2024 with an annual cost of \$434.7 million (\$201.3 million General Fund) ongoing. This policy change was included in the 2021 Budget Act.

- **Extension of Adverse Childhood Experiences (ACES) Provider Training**—The Budget includes one-time \$135.1 million (\$67.6 million Mental Health Services Fund, remainder is federal funds), over a three-year period to extend Medi-Cal provider training for ACEs screenings.
- **County Eligibility Redeterminations Funding**—The Budget includes \$73 million total funds (\$36.5 million General Fund) in each of 2021-22 and 2022-23 for counties to resume annual redeterminations of Medi-Cal beneficiaries.
- **Indian Health Program Grant Restoration**—The Budget includes one-time \$12 million General Fund to restore grant funding for Tribal Health Programs, which provide health care services to American Indian populations, both on tribal land and in urban areas, and operate in designated Health Professional Shortage Areas. This funding will promote the retention of the health care workforce that serves these programs and decrease the health disparities experienced by American Indians.
- **Reduction of Medi-Cal Premiums**—To increase access to health care services, the Administration proposes to reduce the financial burden of paying for health care coverage for approximately 500,000 Medi-Cal enrollees who pay monthly premiums for coverage. The Budget includes \$53.2 million (\$18.9 million General Fund) in 2022-23 and \$89 million (\$31 million General Fund) annually to reduce premiums for beneficiaries, including pregnant women, children, and disabled working adults, whose income is marginally above the threshold for no cost Medi-Cal. See the Early Childhood Chapter for more details.
- **Sunset of Child Health and Disability Prevention Program**—The Administration proposes to sunset the Child Health and Disability Prevention Program (CHDP) effective July 1, 2023 to advance CalAIM's goal of streamlining the Medi-Cal program. As part of this proposal, DHCS will implement the Children's Presumptive Eligibility Program to replace the CHDP Gateway to allow applicable Medi-Cal providers to enroll children into Medi-Cal through the presumptive eligibility process.
- **Dental Managed Care**—The Administration proposes to extend dental managed care contracts and reprocure new contracts no sooner than January 1, 2024.

DEPARTMENT OF SOCIAL SERVICES

The Department of Social Services (DSS) serves, aids, and protects needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence. The Department's major programs include CalWORKs, CalFresh, In-Home Supportive Services (IHSS),

Supplemental Security Income/State Supplementary Payment (SSI/SSP), Child Welfare Services, Community Care Licensing, Disability Determination Services, and child care and nutrition. The Budget includes \$40.7 billion (\$16.1 billion General Fund) for DSS programs in 2022-23.

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS

The CalWORKs program, California's version of the federal Temporary Assistance for Needy Families (TANF) program, provides temporary cash assistance to low-income families with children to meet basic needs. It also provides welfare-to-work services so that families may become self-sufficient. Eligibility requirements and benefit levels are established by the state. Counties have flexibility in program design, services, and funding to meet local needs.

Total TANF expenditures are \$8.5 billion (state, local, and federal funds) in 2022-23. The amount budgeted includes \$6.6 billion for CalWORKs program expenditures and \$2 billion in other programs. Other programs include expenditures for Child Welfare Services, Foster Care, Department of Developmental Services programs, the Statewide Automated Welfare System, California Community Colleges Child Care and Education Services, Cal Grants, and the Department of Child Support Services. The average monthly CalWORKs caseload is estimated to be 398,000 families in 2022-23.

Significant Adjustment:

- **CalWORKs Grant Increase**—The Budget projects a 7.1-percent increase to CalWORKs Maximum Aid Payment levels. See the Early Childhood Chapter for more details.

IN-HOME SUPPORTIVE SERVICES

The IHSS program provides domestic and related services such as housework, meal preparation, and personal care services to eligible low-income individuals with disabilities, including children, adults, and seniors. These services are provided to assist individuals to remain safely in their homes and prevent more costly institutionalization. The Budget includes \$18.5 billion (\$6.5 billion General Fund) for the IHSS program in 2022-23. Average monthly caseload in this program is estimated to be 599,000 recipients in 2022-23. Due to the \$15-per-hour state minimum wage, effective January 1, 2022, the Governor's Budget includes \$192 million General Fund in 2021-22

and \$399 million in 2022-23 to reflect increased minimum wage costs in the IHSS program.

Significant Adjustment:

- **IHSS Permanent Back-up Provider System**—The Budget includes \$24.8 million (\$11.2 million General Fund) ongoing to establish a permanent back-up provider system for IHSS recipients to avoid disruptions to caregiving due to an immediate need or emergencies.

SUPPLEMENTAL SECURITY INCOME (SSI)/STATE SUPPLEMENTARY PAYMENT (SSP)

The federal SSI program provides a monthly cash benefit to individuals with disabilities, including children, adults, and seniors who meet the program's income and resource requirements. In California, the SSI payment is augmented with an SSP grant. These cash grants help recipients meet their basic needs and living expenses. The federal Social Security Administration administers the SSI/SSP program, making eligibility determinations, computing grants, and issuing combined monthly checks to recipients. The state-only Cash Assistance Program for Immigrants (CAPI) provides monthly cash benefits to aged, blind, and disabled individuals who are ineligible for SSI/SSP due solely to their immigration status.

The Budget includes \$3.1 billion General Fund in 2022-23 for the SSI/SSP program. The average monthly caseload in this program is estimated to be 1.1 million recipients in 2022-23. A 5.9-percent federal SSI cost-of-living adjustment and 24-percent SSP increase took effect on January 1, 2022, bringing the maximum SSI/SSP grant levels to \$1,040 per month for individuals and \$1,766 per month for couples. CAPI benefits are equivalent to SSI/SSP benefits.

Significant Adjustment:

- **SSP Increase**—The Budget assumes an additional SSP increase of 24 percent, effective January 1, 2024, resulting in an estimated \$296 million General Fund in 2023-24 and \$593 million ongoing, and would fully restore SSP monthly payments for both individuals and couples to pre-Great Recession levels. The increase is projected to bring maximum SSI/SSP grant levels to \$1,123 per month for individuals and \$1,940 per month for couples in 2024.

CHILDREN'S PROGRAMS

Child Welfare Services include family support and maltreatment prevention services, child protective services, foster care services, and adoptions. California's child welfare system provides a continuum of services to children who are either at risk of or have suffered abuse and neglect. Program success is measured in terms of improving the safety, permanence, and well-being of children and families served. The Budget includes \$665.8 million General Fund in 2022-23 for services to children and families in these programs. When federal and 1991 and 2011 Realignment funds are included, total funding for children's programs is in excess of \$8.5 billion in 2022-23.

Significant Adjustments:

- **Former Foster Youth Tax Credit**—The Budget proposes a refundable \$1,000 tax credit for young adults aged 18 through 25 who were former foster youth at age 13 or older. See the Revenue Estimates Chapter for more details.
- **Foster Youth Independence Pilot Program**—The Budget includes \$1 million one-time General Fund, available over two years, for county child welfare agencies to provide case management and support services for former foster youth utilizing federal housing choice vouchers in the Foster Youth Independence Pilot Program.
- **Family Finding and Engagement**—The Budget includes \$1 million (\$750,000 General Fund) ongoing for the Department to provide additional technical assistance and training to counties in meeting the need for children in foster care and unaccompanied minors to be connected to permanent family.
- **Resource Family Approval (RFA) Applications**—The Budget includes \$6.1 million (\$4.4 million General Fund) one-time, available over three years, for county child welfare agencies to address RFA applications that have pending or probationary approval for more than 90 days.
- **Helpline for California Parents and Youth**—The Budget includes \$4.7 million one-time General Fund, available over three years, to continue operation of a helpline for parents and youth. The helpline is a statewide triage and support system, established during the COVID-19 Pandemic, that helps deliver services to children, families, and caregivers by phone and online.

CHILD CARE

The Budget continues to support historic investments in child care and development programs included in the 2021 Budget Act. Child care and nutrition programs were transferred from the Department of Education to DSS, effective July 1, 2021, and the Administration will continue to build on key recommendations from the Master Plan for Early Learning and Care to transform the state's child care system. See the Early Childhood Chapter for more details.

Other Significant Adjustments:

- **California Food Assistance Program (CFAP) Expansion**—The Budget includes \$35.2 million General Fund for planning purposes, increasing to \$113.4 million General Fund annually in 2025-26, to expand the CFAP program to Californians age 55 and older regardless of immigration status, based on statute included with the 2021 Budget Act.
- **Food Bank Resources**—The Budget includes \$50 million one-time General Fund for the CalFood program to mitigate increases in food needs among low-income and food-insecure populations throughout the state.
- **Pass-Through of Child Support Collections for Formerly Assisted Families**—Under current law, families formerly receiving state assistance (such as CalWORKs) do not receive the full "pass-through" of child support payments collected by the state. The Budget would waive the state's share of recoupment, resulting in a total estimated pass-through to formerly assisted families of \$187 million annually. See the Early Childhood Chapter for more details.

DEPARTMENT OF DEVELOPMENTAL SERVICES

The Department of Developmental Services (DDS) provides individuals with intellectual and developmental disabilities a variety of services, as an entitlement, that allow them to live and work independently or in supported environments. This Budget builds on historic DDS investments made in the 2021 Budget Act, including an estimated \$1.2 billion General Fund by 2025-26 to fully implement service provider rate reform, and prioritizes system stability, workforce development, service access and equity, and outcome-based initiatives that are grounded in person-centered principles. The Budget includes \$12.4 billion (\$7.5 billion General Fund) and estimates that approximately 408,000 individuals will receive services by the end of 2022-23.

Significant Adjustments:

- **Early Start: Part C to B Transitions**—\$65.5 million (\$45.1 million General Fund) to strengthen the transition process for three-year-old children with intellectual and/or developmental disabilities moving from the Early Start program (Part C of the federal Individuals with Disabilities Education Act (IDEA)) to special education (Part B of IDEA). This funding supports service coordinator-to-child caseload ratios, supports to preschools to increase inclusion of children served by regional centers, establishment of IDEA specialists at each regional center, and resources to facilitate interagency coordination. See the Early Childhood Chapter for more details.
- **Communications Assessments for Individuals Who Are Deaf+**—\$15 million (\$9 million General Fund) one-time funding to support communication assessments that will be used in developing individual program plans to improve services for individuals with intellectual and developmental disabilities who are deaf (Deaf+).
- **Work Activity Programs: New Service Model**—\$8.3 million (\$5 million General Fund) to establish a service model pilot program focused on expanding employment opportunities for individuals with intellectual and/or developmental disabilities who are currently served through Work Activity Programs or are recent high school graduates.

DEPARTMENT OF PUBLIC HEALTH

The Department of Public Health (DPH) is charged with protecting and promoting the health and well-being of the people of California. The Budget includes \$5.7 billion (\$1.7 billion General Fund) in 2022-23 for the Department.

The COVID-19 Pandemic is the largest and most pervasive public health emergency in recent history. During recent decades, California has addressed smaller-scale outbreaks and threats, such as H1N1 influenza, Zika, Ebola, West Nile Virus, Measles, and Valley Fever. While each of these has led DPH to modify and refine its preparedness planning, the magnitude of the COVID-19 Pandemic has been unprecedented. No part of the state—whether by geography, by ethnicity, or by age—has been untouched.

During the COVID-19 Pandemic, federal support—including Federal Emergency Management Agency (FEMA) public assistance, Coronavirus Relief Funds, and various federal grants—has increased spending on public health response efforts by billions of dollars. In addition, the recently enacted American Rescue Plan Act of 2021 provides over \$1 billion to state and local public health efforts.

The chart below details approximately \$5 billion in selected federal grants that have flowed to the state and local governments to address critical public health needs. Local governments, who are key partners in these efforts, have received nearly \$2.8 billion in direct support from three of the largest grant awards. These funds generally are available over multiple fiscal years.

Selected Federal Public Health Grants Since March 2020

Grant	Recipient	Award Amount (In Millions)
Epidemiology and Laboratory Capacity Grants	State	\$213
Epidemiology and Laboratory Capacity Grants, Local Share	Los Angeles County	\$291
Epidemiology and Laboratory Capacity Grants, Local Share	State Allocation to Local	\$286
Epidemiology and Laboratory Capacity Grants	State	\$509
Epidemiology and Laboratory Capacity Grants	Los Angeles County	\$578
Epidemiology and Laboratory Capacity Grants	State Allocation to Local	\$1,188
Vaccine Preparedness Grants	State	\$179
Vaccine Preparedness Grants	State Allocation to Local	\$179
School Testing Grants	Los Angeles County	\$302
	TOTAL STATE	\$900
	TOTAL LOCAL (INCLUDING LA)	\$2,823
	TOTAL	\$3,723
Other Health-Related American Rescue Plan Act Grants		
Grant	Recipient	Award Amount (In Millions)
School Testing Grants	State	\$888
Vaccine Preparedness Grants	State	\$179
Vaccine Preparedness Grants	State Allocation to Local	\$179
	GRAND TOTAL	\$4,968

COVID-19 BUDGET ESTIMATE

Since the 2021 Budget Act was finalized there have been significant developments in the COVID-19 Pandemic, including new variants, Delta and Omicron, expanded vaccine approvals for children and youth, and boosters for the adult population. To continue the state's efforts through the Spring, the Budget reflects an additional \$1.2 billion for COVID-19 related expenditures including resources for testing and laboratory functions, vaccinations, contact tracing, medical surge staffing and state operations support. The Administration proposes early action to continue these efforts. Increased costs in 2021-22 reflect additional costs in all expenditure categories related to the continued COVID-19 response. The Budget reflects \$1.2 billion in projected costs in 2022-23 across the same expenditure categories.

The Administration will continuously evaluate DPH and local government spending of various federal COVID-19 grants. To the extent that federal resources, including prior

year unspent carryover funds, go unspent or are unlikely to be expended during the federal grant timeframe, DPH may reallocate these resources to meet the entire budget year need. See the Pandemic Response and Federal Assistance Chapter for more information.

FURTHER ENHANCING PUBLIC HEALTH AND SOCIAL DETERMINANTS OF HEALTH

The COVID-19 Pandemic has underscored the need for investment at DPH and at local health jurisdictions (LHJs) to respond to the needs of Californians during public health emergencies. As a result, the 2021 Budget Act included \$300 million ongoing General Fund, beginning in 2022-23, for investments in public health infrastructure. To determine where resources are needed most critically, DPH convened the Future of Public Health Workgroup. The Workgroup brought together local health executives, health officers, administrators, and administration leadership to provide an assessment of current and future trends, to consider public health system initiatives that might be needed to address recent challenges, and to prepare the state of California and its residents for a healthier future.

The Workgroup's extensive review informed the DPH state operations and local assistance spending plans.

STATE OPERATIONS FUNDING

The Budget includes \$100 million General Fund annually for DPH to strengthen statewide public health infrastructure and complement local funding so that state and local governments can collaboratively work together to improve the health of all Californians. Key investment areas include:

- Establishing an Office of Policy and Planning to conduct strategic planning and execution to address current and emerging threats to public health.
- Increasing resources for emergency preparedness by building on the all-hazards approach to improve capability.
- Increasing resources to support the expansion of the health care workforce to create sufficient capacity and upskill the current workforce to meet the new demands on the system.
- Enhancing communication and public education to effectively disseminate communications across a variety of channels, as well as to combat disinformation.

- Directing efforts towards community health improvement/population health management to improve physical and mental health by addressing health behaviors and a broad range of health factors, reducing health disparities, and focusing on community-wide prevention and resiliency.
- Supporting an overarching goal of creating an organizational culture that is centered on health equity, accountability and continuous quality improvement, with a focus on establishing clear and quantifiable performance targets for these public health initiatives.

The information technology (IT) and data systems created and modified during the pandemic are key components underpinning the public health infrastructure investments noted above. These IT systems are critical and essential for DPH and LHJs to effectively track and gather data on COVID-19 and other infectious diseases, perform contact tracing to minimize disease spread, efficiently administer life-saving vaccines, rapidly perform COVID-19 tests, and deploy personnel in all areas of the pandemic response.

In addition to the \$300 million spending plan for LHJs and DPH, the Budget includes \$235.2 million to maintain and operate those technology and data platforms and applications in 2022-23, both for the ongoing COVID-19 response and other potential disease outbreaks.

LOCAL ASSISTANCE FUNDING

The Budget includes \$200 million General Fund annually for LHJs to enhance their public health infrastructure. The intent is to drive collaboration across counties and leverage resources collectively in order to gain economies of scale. LHJs will receive a minimum base allocation of \$350,000, which is based on an LHJs' population-based share (50 percent), Race Ethnicity index (25 percent) and the Poverty Index (25 percent). DPH has collaborated with local partners to develop key metrics, minimum requirements for use of the funds, and reporting requirements. While LHJs may have more individualized investment areas of focus to meet their local community needs, additional resources should broadly include the following elements:

- **Workforce Expansion**—To strengthen local public health department staffing and to fortify priority areas identified during the pandemic.
- **Data Collection and Integration**—To standardize the collection and integration of data to develop actionable information that can guide local decision-making.

- **Community Partnerships**—To expand local partnerships with health care delivery systems and community-based organizations, including faith-based organizations, in order to marshal all resources to drive system change.

DIRECTING NON-PROFIT HOSPITAL COMMUNITY BENEFIT FUNDING TO COMMUNITY-BASED ORGANIZATIONS

State and federal community benefit laws require non-profit hospitals, which are exempt from most federal, state, and local taxes, to provide community benefits. Non-profit hospitals create Community Benefit Plans, which provide a description of the activities that the hospital has undertaken in order to address identified community needs within its mission and financial capacity. Current law does not prescribe a required level of community benefit to be provided by non-profit hospitals or direct how community benefits should be allocated.

Community-based organizations play a key role in addressing the social determinants of health and may be based in a sector other than health (including housing security, food security, economic stability, schools and childcare, community violence and hate crimes, youth criminal justice, transportation, environment and environmental justice, and community capacity building) which bring additional skills, perspectives, and community connections to public health interventions. The state intends to leverage this expertise to advance equity and reduce disparities in health outcomes.

To promote additional investment in community-based organizations that are focused on public health efforts, the Administration proposes to require non-profit hospitals demonstrate how they are making investments in local health efforts, specifically community-based organizations that address the social determinants of health. Additionally, the Administration proposes statutory changes that direct that 25-percent of a non-profit hospital's community benefit dollars go to these efforts, while giving the Department of Health Care Access and Information enforcement authority over these requirements.

MIGRATION AND BORDER COMMUNITIES

Since 2019, California has supported temporary shelter and support services for migrants and asylum seekers released from federal immigration custody in border communities. The state has expanded humanitarian efforts and support to border communities through testing, temporary shelter, vaccines and coordination for safe onward travel as migrants continue with their immigration proceedings in the United States. In April 2021,

\$360 million General Fund was provided from the Disaster Response Emergency Operations Account to Public Health to administer emergency response activities at the border, including but not limited to sheltering migrants, testing, and isolation/quarantine services. The Budget provides \$74 million General Fund to DPH to support continued COVID-19 Pandemic response and humanitarian efforts for newly arrived migrants and local border communities. See the General Government and Statewide Issues Chapter for more details.

CLIMATE CHANGE IMPACTS ON PUBLIC HEALTH

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 who are homeless or 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.

The Budget includes three initiatives in CalHHS departments to combat impacts of climate change:

- **Climate and Health Resilience Planning Grant Program**—\$25 million one-time General Fund for a grant program to bolster the actions of LHJs to more effectively mount responses to climate change-imposed health risks. Grant funds would be used for LHJs to coordinate with organizations (community-based organizations, faith-based organizations, non-profit organizations, and local governments) to develop regional Climate and Health Resilience Plans.
- **Establish a Climate and Health Surveillance Program**—\$10 million ongoing General Fund to establish a surveillance program to link public health and health care data sources, in order to create real-time notification for local public health jurisdictions, providers, and patients for emerging or intensified climate-sensitive diseases.
- **Community Health Workers**—\$350 million General Fund to recruit, train, and certify 25,000 new community health workers by 2025 in areas such as climate health, homelessness, and dementia to meet the goal of a more ethnically and culturally inclusive workforce by 2025. See the Labor and Workforce Development Chapter for more details.

See the Climate Change Chapter for more information on the Administration's initiatives to combat climate change.

OTHER PUBLIC HEALTH

Significant Adjustments:

- **Expanding Home Visiting Services**—\$50 million ongoing General Fund to expand the California Home Visiting Program and the California Black Infant Health Program. See the Early Childhood Chapter for more details.
- **Early Literacy**—\$10 million General Fund to expand early literacy efforts by providing multilingual books to young children and early literacy programming for families with young children. See the Early Childhood Chapter for more details.
- **Public Health IT Systems**—130 positions and \$235.2 million General Fund in 2022-23, 140 positions and \$156.1 million General Fund in 2023-24, and 140 positions and \$61.8 million General Fund in 2024-25 and ongoing to DPH to maintain and operate IT platforms and applications stood up during the COVID-19 Pandemic and that are required to support public health services statewide.

DEPARTMENT OF STATE HOSPITALS

The Department of State Hospitals (DSH) administers the state mental health hospital system, the Forensic Conditional Release Program, the Sex Offender Commitment Program, and the evaluation and treatment of judicially and civilly committed patients. The Budget includes \$2.6 billion (\$2.4 billion General Fund) in 2022-23 for support of the Department. The patient population is expected to reach 8,064 by the end of 2022-23, including patients receiving competency treatment in jail-based settings and community-based settings.

Significant Adjustments:

- **Incompetent to Stand Trial Solutions Workgroup**—The Budget includes statutory language authorizing the Department of Finance to augment DSH's budget by an additional \$350 million General Fund, building on the \$175 million already available in 2022-23 authorized by the 2021 Budget Act for the purposes of implementing solutions identified by the Incompetent to Stand Trial (IST) Workgroup to address the IST patient waitlist. See Felony Incompetent to Stand Trial Waitlist Solutions section above for more information.
- **Electronic Health Records (EHR) Phase 3**—The Budget includes \$2.4 million General Fund in 2022-23, \$19.8 million General Fund in 2023-24, \$20.8 million General Fund in

2024-25 and \$8.2 million General Fund in 2025-26 and ongoing to prepare for and support operation of the enterprise Continuum EHR project.

- **COVID-19 Impacts**—The Budget includes \$64.6 million General Fund in 2022-23 related to direct response costs to continue responding to and mitigating the impacts of the COVID-19 Pandemic.

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION

The Budget includes an additional \$310.5 million General Fund in 2022-23 for the Department of Health Care Access and Information (HCAI). HCAI collects data and disseminates information about California's healthcare infrastructure and publishes information about healthcare outcomes; promotes an improved healthcare workforce with loan and scholarship programs; monitors the construction, renovation, and seismic safety of hospitals and skilled nursing facilities; and provides loan insurance to assist the capital needs of California's non-profit healthcare facilities.

Significant Adjustments:

- **Care Economy: Workforce for a Healthy California for All**—\$1 billion one-time General Fund over three years to HCAI to strengthen and expand the state's health and human services workforce. See the Labor and Workforce Development Chapter for more information.
- **Clinical Infrastructure: Reproductive Health Care**—\$20 million one-time General Fund to provide scholarships and loan repayments to a variety of health care provider types that commit to providing reproductive health care services. See the Reproductive Health section above and the Labor and Workforce Development Chapter for more details.
- **Capital Infrastructure: Reproductive Health Care**—\$20 million one-time General Fund to assist reproductive health care facilities in securing their physical and information technology infrastructure and to enhance facility security. For more detail, see the Reproductive Health section above.
- **Office of Health Care Affordability**—Reappropriation of \$30 million General Fund for HCAI to create the Office of Health Care Affordability, which was originally included in the 2021 Budget Act. See the Health Care Affordability section above for more information.

- **Community Benefit Funding for Community-Based Organizations (CBOs)**—The Administration proposes statutory changes to direct 25 percent of non-profit hospitals' community benefit dollars to CBOs and gives HCAI enforcement authority over these requirements. See the Directing Non-Profit Hospital Community Benefit Funding to Community-Based Organizations section above for more detail.

1991 AND 2011 REALIGNMENT

Realignment shifted administrative and fiscal responsibility to counties for a variety of programs, along with a dedicated source of funding. 1991 Realignment provides funding for social and health programs and 2011 Realignment provides funding for local public safety programs. Additionally, both 1991 and 2011 Realignment provide funding for mental health and child welfare programs. The programs for 1991 and 2011 Realignment are funded through two sources: state sales tax and vehicle license fees. These fund sources are projected to increase by 6.4 percent from 2020-21 to 2021-22 and by 3.9 percent from 2021-22 to 2022-23.

1991 Realignment Estimate at 2022 Governor's Budget

(Dollars in Thousands)

Amount	2020-21 State Fiscal Year						Totals
	CalWORKs MOE	Health	Social Services	Mental Health	Family Support	Child Poverty	
Base Funding							
Sales Tax Account	\$742,048	\$2,860	\$2,296,188	\$-	\$440,789	\$102,919	\$3,584,804
Vehicle License Fee Account	363,383	1,017,203	216,223	-	185,798	290,884	2,073,493
Subtotal Base	\$1,105,432	\$1,020,063	\$2,512,411	\$-	\$626,588	\$393,803	\$5,658,297
Growth Funding							
Sales Tax Growth Account:	\$10,839	\$62,193	\$113,784	\$115,314	\$-	\$148,661	\$450,791
Caseload Subaccount	-	-	(113,784)	-	-	-	(113,784)
General Growth Subaccount	(10,839)	(62,193)	-	(115,314)	-	(148,661)	(337,007)
Vehicle License Fee Growth Account	4,280	53,748	-	104,743	-	128,475	291,246
Subtotal Growth	\$15,119	\$115,941	\$113,784	\$220,057	\$-	\$277,136	\$742,037
Total Realignment 2020-21^{1/}	\$1,120,551	\$1,136,005	\$2,626,195	\$220,057	\$626,588	\$670,939	\$6,400,334
Change From 2021 Enactment	\$-	\$26,047	\$4,196	\$93,894	\$20,242	\$110,646	\$255,024
2021-22 State Fiscal Year							
Base Funding							
Sales Tax Account	\$752,888	\$85,621	\$2,409,972	\$115,314	\$420,222	\$251,580	\$4,035,595
Vehicle License Fee Account	367,663	1,053,168	212,632	96,898	182,713	412,396	2,325,471
Subtotal Base	\$1,120,551	\$1,138,789	\$2,622,604	\$212,212	\$602,934	\$663,976	\$6,361,066
Growth Funding							
Sales Tax Growth Account:	\$-	\$44,618	\$125,329	\$90,504	\$-	\$106,652	\$367,103
Caseload Subaccount	-	-	(125,329)	-	-	-	(125,329)
General Growth Subaccount	-	(44,618)	-	(90,504)	-	(106,652)	(241,774)
Vehicle License Fee Growth Account	-	-	-	-	-	-	-
Subtotal Growth	\$-	\$44,618	\$125,329	\$90,504	\$-	\$106,652	\$367,103
Total Realignment 2021-22^{1/}	\$1,120,551	\$1,183,407	\$2,747,933	\$302,716	\$602,934	\$770,627	\$6,728,169
Change From 2021 Enactment	\$-	\$47,598	(19,354)	\$131,035	\$-	\$156,695	\$315,975
2022-23 State Fiscal Year							
Base Funding							
Sales Tax Account	\$752,888	\$137,542	\$2,535,301	\$205,818	\$412,919	\$358,231	\$4,402,698
Vehicle License Fee Account	367,663	1,053,168	212,632	96,898	182,713	412,396	2,325,471
Subtotal Base	\$1,120,551	\$1,190,710	\$2,747,933	\$302,716	\$595,631	\$770,627	\$6,728,169
Growth Funding							
Sales Tax Growth Account:	\$-	\$16,465	\$75,530	\$33,398	\$-	\$39,356	\$164,749
Caseload Subaccount	-	-	(75,530)	-	-	-	(75,530)
General Growth Subaccount	-	(16,465)	-	(33,398)	-	(39,356)	(89,219)
Vehicle License Fee Growth Account	-	13,354	-	27,088	-	31,921	72,363
Subtotal Growth	\$-	\$29,819	\$75,530	\$60,485	\$-	\$71,277	\$237,112
Total Realignment 2022-23^{1/}	\$1,120,551	\$1,220,529	\$2,823,463	\$363,202	\$595,631	\$841,905	\$6,965,281

^{1/} Excludes \$14 million in Vehicle License Collection Account moneys not derived from realignment revenue sources.

2011 Realignment Estimate at 2022 Governor's Budget

(Dollars in Millions)

	2020-21		2021-22		2022-23	
	2020-21	Growth	2021-22	Growth	2022-23	Growth
Law Enforcement Services	\$2,633.8		\$2,936.5		\$3,160.0	
Trial Court Security Subaccount	567.0	30.3	597.3	22.4	619.6	13.5
Enhancing Law Enforcement Activities Subaccount	489.9	242.4	489.9	268.0	489.9	297.3
Community Corrections Subaccount	1,366.0	227.0	1,593.0	167.7	1,760.6	101.5
District Attorney and Public Defender Subaccount	41.6	15.1	56.7	11.2	67.9	6.8
Juvenile Justice Subaccount	169.4	30.3	199.6	22.4	222.0	13.5
Youthful Offender Block Grant Special Account	(160.0)	-	(188.6)	-	(209.7)	-
Juvenile Reentry Grant Special Account	(9.3)	-	(11.0)	-	(12.3)	-
Growth, Law Enforcement Services		545.0		491.6		432.5
Mental Health	1,120.6	28.1	1,120.6	20.8	1,120.6	12.6
Support Services	3,885.6		4,419.5		4,814.0	
Protective Services Subaccount	2,397.2	252.9	2,650.1	186.8	2,837.0	113.0
Behavioral Health Subaccount	1,488.4	281.0	1,769.4	207.6	1,977.0	125.6
Women and Children's Residential Treatment Services	(5.1)		(5.1)		(5.1)	
Growth, Support Services		562.1		415.2		251.2
Account Total and Growth	\$8,747.0		\$9,383.4		\$9,778.3	
Revenue						
1.0625% Sales Tax	8,002.7		8,612.5		8,985.1	
General Fund Backfill	12.0		12.9		6.0	
Motor Vehicle License Fee	732.3		757.9		787.2	
Revenue Total	\$8,747.0		\$9,383.4		\$9,778.3	

This chart reflects estimates of the 2011 Realignment subaccount and growth allocations based on current revenue forecasts and in accordance with the formulas outlined in Chapter 40, Statutes of 2012 (SB 1020).

HOUSING AND HOMELESSNESS

HOUSING

California's housing shortage is one of the most daunting challenges facing the state. To address this need, the 2021 Budget Act supported affordable housing production and also provided relief for struggling renters and homeowners affected by the pandemic. The state rapidly launched a federally funded emergency rental assistance program for more than 100,000 low-income households. Additionally, the state deployed new programs for homeowner forbearance relief, housing counseling, expanded local and regional planning grants to prepare for the upcoming Regional Housing Needs Allocation (RHNA) cycle, and provided additional resources to build and preserve affordable housing.

RECENT ACTIONS AND INVESTMENTS

Through the RHNA process, the state is setting ambitious housing targets for every region in the state. In early 2022, the Department of Housing and Community Development (HCD) plans to release the Statewide Housing Plan identifying the number of new units local governments are required to build between now and 2030, which is based on these RHNA targets.

In order to increase housing options, every community must continue to remove barriers and follow new land-use laws. So California stays on track to meet its housing goals, the state will remain focused on accountability—first by stepping in with technical

assistance to local governments, and then with enforcement measures. The goal is to ensure local governments are planning and permitting the housing needed to meet their legally-required targets.

In anticipation of these increased housing targets, the 2021 Budget Act included a \$10.3 billion housing package, providing significant resources to: increase mixed-income construction loans and infill infrastructure grants, provide local government planning grants and continued technical assistance, establish new programs for innovative housing development on state excess lands, provide down payment assistance for first-time homebuyers, assist with foreclosure prevention, provide preservation loans and grants, and provide developer loans for affordable housing acquisition and preservation. The 2021 Budget also included statutory changes to bolster production through the RHNA process. In addition to the housing investments noted above, the state has also provided funding for homeowners mortgage counseling, mortgage assistance, and renter legal aid.

The state also leveraged federal funds to make one-time investments to further plan, produce, and preserve the state's long-term affordable housing stock. This included: expanded grants to finance accessory dwelling unit construction, loans and grants to preserve affordable housing units at risk of converting to market-rate housing, funding to help shovel-ready projects proceed to construction in lieu of waiting for state tax credits, brownfield remediation and local matching grants to scale up excess lands development, and regional grants to facilitate transformative smart housing development.

EQUITABLE HOUSING PRODUCTION AND CLIMATE RESILIENCY

California's housing and climate goals must be intertwined. The state is committed to developing and preserving housing in areas closer to neighborhood-serving amenities. Building housing in these locations supports the reduction of greenhouse gas (GHG) emissions and reduces the exposure of low-income Californians to the impacts of climate change.

Currently, California lacks enough affordable housing options near the places where most Californians need to be every day—jobs, schools, and services. This lack of housing results in both economic and societal costs, including longer commutes, fewer opportunities for alternative forms of transportation like walking and bicycling, and higher GHG emissions. Building housing within or adjacent to existing communities and the infrastructure that supports them will help lower-income households that were

struggling even before the pandemic. The state also remains focused on affordability and reducing segregation.

Overall, this approach also protects the state's natural and working lands, and reduces exposure to hazards that are often present in the wildland-urban interface, such as wildfire, flooding, and other climate-related impacts.

PARTNERSHIPS WITH LOCAL GOVERNMENTS

If California is to be successful in building more downtown-oriented housing, local governments will need to continue partnering on solutions. Too often, it is the infill development proposals that are not successful in the local approval process. The result is that the state does not achieve the greenhouse gas reductions needed to meet climate goals, and housing development is pushed out to areas further from jobs and services, which exacerbates climate problems.

In partnership with local governments, the Administration will work to identify land across California that is well situated for diverse, new downtown-oriented housing types—from single family to large multi-story buildings—most of which could take advantage of existing or forthcoming infill housing funding and/or streamlining in these areas. Areas for accelerated development will be identified throughout the state near downtowns and main streets in urban, suburban, and rural communities.

Over the past several years, dozens of state laws and funding programs have been passed, providing tools for local governments to expedite housing development, especially in areas within or adjacent to existing urbanized areas. These tools can reduce the time it takes to permit and build housing, which helps reduce the cost of development and can encourage building in places that are near the types of amenities that support household affordability and healthy communities. The Administration will look for additional streamlining opportunities to support housing development in places that are close to jobs, schools, transit, services, and other daily destinations.

Identifying these locations will help cities and counties plan for and reach their legally mandated housing and climate goals. State housing programs already focus on proximity to transit and amenities as a means to increase affordable housing supply. The Budget builds on those successes by providing that all 58 counties have a pathway to achieve their housing and climate goals.

HOUSING AS A CLIMATE STRATEGY

To continue the momentum of previous investments and foster a comprehensive and integrated climate and housing planning framework, the Budget proposes \$1 billion one-time General Fund over two years, primarily focused on accelerated development in downtown-oriented areas across California. This investment will foster targeted development in infill areas and create sustainable and affordable housing, as well as fund state tax credit and bond financing programs, as follows:

- **Infill Infrastructure Grant Program**—\$500 million one-time General Fund (\$225 million in 2022-23, and \$275 million in 2023-24) for the Infill Infrastructure Grant program, which prioritizes prime infill parcels in downtown-oriented areas and brownfields.
- **Affordable Housing and Sustainable Communities**—\$300 million one-time General Fund (\$75 million in 2022-23, and \$225 million in 2023-24) for the Affordable Housing and Sustainable Communities program to support land-use, housing, transportation, and land preservation projects for infill and compact development that reduce greenhouse gas emissions. This supplements the existing annual Cap and Trade auction proceeds available for this program.
- **State Excess Sites Development**—\$100 million one-time General Fund (\$25 million in 2022-23, and \$75 million in 2023-24) to expand affordable housing development and adaptive reuse opportunities on state excess land sites. This will leverage state land as an asset to expedite housing opportunities by offering low-cost, long-term ground leases in exchange for affordable and mixed-income housing.
- **Adaptive Reuse**—\$100 million one-time General Fund (\$50 million in 2022-23, and \$50 million in 2023-24) for adaptive reuse incentive grants. These grants will help remove cost impediments to adaptive reuse (e.g., structural improvements, plumbing/electrical design, exiting) and help accelerate residential conversions, with a priority on projects located in downtown-oriented areas. These per-unit grants will be paired with other HCD awards to remove impediments in delivering adaptive reuse projects.

INCREASING AFFORDABLE HOUSING OPTIONS

In addition to another allocation of \$500 million in Low-Income Housing Tax Credits, the Budget also includes an additional \$500 million one-time General Fund over two years to increase affordable housing options and help local governments meet their RHNA goals, as follows:

- **Mixed-Income Housing**—\$200 million one-time General Fund (\$50 million in 2022-23, and \$150 million in 2023-24) for the California Housing Finance Agency to provide loans to developers for mixed-income rental housing, specifically for households with incomes between 30 percent and 120 percent of the Area Median Income.
- **Portfolio Reinvestment Program**—\$200 million one-time General Fund (\$50 million in 2022-23, and \$150 million in 2023-24) for the Portfolio Reinvestment Program to further preserve targeted units in downtown-oriented areas and continue increasing the state's affordable housing stock.
- **Mobilehome Park Rehabilitation and Resident Ownership Program**—\$100 million one-time General Fund (\$25 million in 2022-23, and \$75 million in 2023-24) for HCD's Mobilehome Park Rehabilitation and Resident Ownership Program. These funds will finance the preservation and development of affordable mobilehome parks, assisting one of the communities disproportionately and negatively impacted by the state's affordability and climate challenges.

HOMELESSNESS

The 2021 Budget Act included a historic \$12 billion over two years to address homelessness—creating new units and treatment beds for individuals exiting homelessness and supporting local government efforts. These investments expanded the work accomplished through Project Roomkey and Homekey, which provided shelter to avoid COVID-19 exposure for over 50,000 homeless Californians and created 6,000 new homes for Californians exiting homelessness. The 2021 Budget Act expanded the Homekey effort to include the Behavioral Health Continuum Infrastructure Program and Community Care Expansion, which will provide additional homes and treatment beds when fully implemented over the next several years. The Budget reflects \$5.8 billion for 2022-23 included in the 2021 Budget Act.

While long-term housing solutions are being rapidly deployed through Homekey and other programs, the resources in the Budget are focused on the immediate need to quickly rehouse unsheltered individuals as new units come online. The Budget proposes an additional \$2 billion over the next two years to expand access to housing for vulnerable populations with complex behavioral health conditions and people living in encampments and complements the funding included in the 2021 Budget.

HOUSING SUPPORTS TO INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS

Many Californians experiencing homelessness also have a serious mental illness. While \$5.8 billion for Homekey in the 2021 Budget Act provided an unprecedented investment in long-term housing and treatment solutions for people experiencing unsheltered homelessness who have serious behavioral health conditions, there is a need for immediate bridge solutions as these new units come online.

The Budget includes an additional \$1.5 billion General Fund over two years in dedicated resources to address immediate housing and treatment needs. Funding will be administered through DHCS' Behavioral Health Continuum Infrastructure Program and can be used to purchase and install tiny homes and to provide time-limited operational supports in these tiny homes or in other bridge housing settings including existing assisted living settings.

County governments and Medi-Cal managed care must improve coordination to better serve people with acute behavioral health challenges and those needing housing, treatment, and services, including medication, peer and family supports. Strategies within the recently approved California Advancing and Innovating Medi-Cal (CalAIM) federal waiver will help with this, including coordinating pre-release and post release services for incarcerated individuals. The Budget also proposes a new multi-disciplinary mobile crisis services benefit to Medi-Cal.

The Administration will also develop a strategy that addresses the stabilization and treatment of this extremely vulnerable population of Californians with the most severe and untreated behavioral health conditions. The strategy will provide community-based care aimed at preventing institutionalization and incarceration. In designing effective and sustainable treatment programs for these individuals, a connection to safe and supportive housing is a critical priority.

A lack of community behavioral health services has also led to a rapidly growing number of individuals found Incompetent to Stand Trial (IST). Informed by the deliberations of the IST Workgroup, the Budget includes spending of \$93 million General Fund in 2021-22 and \$571 million General Fund ongoing. These funds will support both early stabilization and community care coordination and the expansion of diversion and community-based restoration capacity. For more information, see the Health and Human Services Chapter.

ENCAMPMENTS AND UNSHELTERED SETTINGS

The Budget prioritizes funding to reduce the number of people who live in public spaces not intended for human habitation in communities throughout the state, including under or along freeway overpasses and vacant lots.

Building on the \$50 million of Encampment Resolution Grants to local jurisdictions that will be awarded in Spring 2022, the Budget includes an additional \$500 million one-time General Fund to deploy a substantially expanded program for jurisdictions to invest in short- and long-term rehousing strategies for people experiencing homelessness in encampments around the state.

TRANSITIONAL HOUSING FOR JUSTICE INVOLVED INDIVIDUALS

The Budget includes \$10.6 million General Fund annually for three years to continue the Returning Home Well Program, which provides transitional housing services to individuals who would otherwise be at risk of being unhoused at the time of their release. This program, initiated during the COVID-19 Pandemic, has served nearly 5,300 individuals to date. For more information, see the Criminal Justice Chapter.

STRENGTHENING ACCOUNTABILITY FOR IMPACT

The California Interagency Council on Homelessness (Cal-ICH), formerly named the Homeless Coordinating and Financing Council, is responsible for advancing California's coordinated response to the homelessness crisis and for holding local jurisdictions accountable for effectively expending state homelessness resources. Cal-ICH is comprised of directors and agency secretaries from various state departments. The Secretary of the Business, Consumer Services and Housing Agency and the Secretary of the California Health and Human Services Agency serve as co-chairs of Cal-ICH. Leadership from these two agencies is responsible for implementing cohesive, integrated approaches to administering state resources through existing programs and budget investments.

Local governments are required to submit local homeless action plans to Cal-ICH as a condition of receiving funding through the Homeless Housing and Assistance Program. This \$2 billion one-time General Fund, multi-year, flexible grant program is available to counties, large cities, and Continuums of Care. Cal-ICH will work with local grantees on their accountability plans so that local governments begin taking immediate steps towards implementation.

TOTAL HOUSING AND HOMELESSNESS INVESTMENTS

The Budget reflects the Administration's commitment to equitably build more affordable housing for Californians and expand access to housing for vulnerable populations, including individuals with complex behavioral health conditions and people living in unsheltered settings. In total, the Budget includes \$9 billion for housing resources and \$8 billion for homelessness resources in 2022-23, as detailed below.

2022-23 Affordable Housing Funding at Governor's Budget
(Dollars in Millions)

Department	Program	Total Funding
Department of Housing and Community Development ^{1/}	Veterans and Affordable Housing Bond Act Programs (Prop 1)	\$431.9
	No Place Like Home Program	\$400.0
	Building Homes and Jobs Fund Programs (SB 2)	\$233.8
	Federal Funded Programs for Housing	\$228.0 ^{2/}
	Infill Infrastructure Grant Program	\$225.0 ^{3/}
	Veterans Housing and Homelessness Prevention	\$75.0
	Affordable Housing and Sustainable Communities Program (General Fund)	\$75.0 ^{3/}
	Adaptive Reuse	\$50.0 ^{3/}
	Portfolio Reinvestment Program (Preservation) (General Fund)	\$50.0 ^{3/}
	Various	\$13.0
	State Excess Sites (General Fund)	\$25.0 ^{3/}
	Mobilehome Park Rehabilitation and Resident Ownership Program (General Fund)	\$25.0 ^{3/}
	Office of Migrant Services	\$5.6
California Housing Finance Agency ^{4/}	Single Family First Mortgage Lending	\$2,500.0
	Homeowner Assistance Fund (American Rescue Plan Act)	\$1,055.0
	Multifamily Conduit Lending	\$1,300.0
	Multifamily Permanent Lending	\$350.0
	Single Family Down Payment Assistance/Homebuyer Assistance	\$140.0 ^{5/}
	Mixed-Income Housing Program	\$93.4 ^{3/}
Tax Credit Allocation Committee	Low Income Housing Tax Credits (State)	\$606.6 ^{6/}
	Low Income Housing Tax Credits (Federal)	\$458.6 ^{7/}
	Farmworker Housing Assistance Tax Credits	\$4.6
Strategic Growth Council	Affordable Housing and Sustainable Communities (GGRF)	\$389.0 ^{8/}
Department of Veterans Affairs	CalVet Farm and Home Loan Program (Prop 1)	\$150.0
Judicial Council	Legal Assistance for Renters and Homeowners	\$40.0
Office of Emergency Services	Domestic Violence Housing First Program	\$23.0
	Transitional Housing Program	\$17.0
	Specialized Emergency Housing	\$10.0
	Domestic Violence Assistance, Equality in Prevention and Services, Human Trafficking Victim Assistance, North American Domestic Violence and Sexual Assault	- ^{9/}
California Department of Corrections and Rehabilitation	Returning Home Well	\$10.6
	Specialized Treatment of Optimized Programming, Parolee Service Center, Day Reporting Center, Female Offender Treatment and Employment Program, Proposition 47 Grant Program	- ^{9/}
Department of Public Health	Housing Opportunities for Persons with AIDS (HOPWA)	\$5.0
	Housing Plus Program	\$1.0
	HIV Care Program	- ^{9/}
California Community Colleges		^{10/}
California State University	Higher Education Student Housing Grant Program	\$750.0
University of California		
Total		\$8,991.1

^{1/} Notwithstanding multiyear or continuous appropriations, these estimates depict HCD's appropriations for the 2022-23 Governor's Budget.

^{2/} This amount reflects programs that receive federal funds, such as the Community Development Block Grant program.

^{3/} Note the Governor's Budget proposes an outyear appropriation for this program in 2023-24.

^{4/} CalHFA is self-supporting and its single family and conduit lending programs do not rely on the state General Fund. Funding estimates are based on lending activities from 2020-21, market demand for homeownership, available program resources, volume cap allocation, and multifamily lending pipeline projections.

^{5/} This program receives no General Fund allocation and is continuously financed based on market demand. This estimate is based on last year's lending activities and market demand for the first mortgage homeownership product.

^{6/} This includes \$500 million state tax credits proposed to be allocated in the 2022-23 Governor's Budget.

^{7/} This represents the estimated 9 percent and 4 percent tax credits available in 2022 and the remaining 9 percent federal disaster credits from 2021.

^{8/} The Affordable Housing and Sustainable Communities program amount reflects 20 percent of projected Cap and Trade revenues.

^{9/} The state provides a number of wrap-around supportive services through these programs including housing, which cannot be separated from the program's overall budget.

^{10/} The 2022-23 Governor's Budget funds for the Higher Education Student Housing Grant Program represent the second year of a total \$2 billion investment planned over a three-year period. The 2021 Budget Act provided \$500 million for this purpose to increase availability of affordable student housing.

2022-23 Homelessness Funding at Governor's Budget
(Dollars in Millions)

Department	Program	Total Funding
Department of Housing and Community Development	Continued Homekey Acquisitions	\$1,300.0
	Federal Funded Programs for Homelessness	\$43.0 ^{1/}
	Foster Youth Housing Navigators	\$5.0
	Transitional Housing Program	\$17.0
California Interagency Council on Homelessness	Flexible Aid	\$1,000.0
	Homeless Landscape Assessment	\$0.6
	Encampment Resolution Efforts	\$500.3
Office of Emergency Services	Various Homeless Youth Programs	\$1.0
	Youth Emergency Telephone Network	\$0.6
Department of Social Services	CalWORKS Housing Support Program	\$285.0
	Housing and Disability Advocacy Program	\$175.0
	Bringing Families Home	\$92.5
	Home Safe Program	\$92.5
Department of Health Care Services	Behavioral Health Continuum Infrastructure Program	\$1,724.7 ^{2/}
	Behavioral Health Bridge Housing	\$1,500.0 ^{3/}
	Community Based Residential Continuum Pilots for Vulnerable, Aging and Disabled Populations	\$287.2 ^{4/}
	Housing and Homelessness Incentive Program	\$644.2 ^{4/}
	Project for Assistance in the Transition from Homelessness	\$8.8
Department of State Hospitals	Acute Bed Capacity Expansion	\$88.5 ^{5/}
	Community-Based Restoration (CBR)	\$78.4 ^{5/}
Department of Transportation	Encampment Relocation Coordinators and Homeless Services Liaisons	\$2.7
	Clean California - additional Hazardous Material Removal	\$25.0
	Hazardous Material Removal at Encampments	\$20.6
California Community Colleges	Basic Needs Funding - Student Hunger and Homelessness Programs	\$30.0 ^{6/}
	Rapid Rehousing	\$9.0 ^{6/}
California State University	Basic Needs Funding - Student Hunger and Homelessness Programs	\$15.0 ^{6/}
	Rapid Rehousing	\$6.5 ^{6/}
University of California	Basic Needs Funding - Student Hunger and Homelessness Programs	\$15.0 ^{6/}
	Rapid Rehousing	\$3.5 ^{6/}
Total		\$7,971.6

1/ This amount reflects programs that receive federal funds, such as the Emergency Solutions Grant and the National Housing Trust Fund programs.

2/ Of the \$2.2 billion total funds over 2021-22 and 2022-23, \$1.7 billion is General Fund and \$530 million is CFRF. 2022-23 includes \$277.5 million carried over from 2021-22.

3/ The proposal includes \$1 billion General Fund in 2022-23 and \$500 million General Fund in 2023-24.

4/ Both of these programs are part of the Home and Community-Based Services Spending Plan. The Community Based Residential Continuum Pilots targets various populations, including the homelessness population.

5/ The state provides a number of wrap-around supportive services through these programs, which cannot be separated from the balance of the program's general budget.

6/ These Basic Needs funding programs support basic needs partnerships for low-income students facing housing or food insecurity. These amounts exclude basic needs funding provided in the 2021-22 Budget Act to address student mental health. Program funding reflected for UC Basic Needs and UC/CSU/CCC Rapid Rehousing was provided on an ongoing basis in the 2019 Budget Act.

K-12 EDUCATION

California provides academic instruction and support services to nearly six million students in grades kindergarten through twelve in more than 10,000 schools throughout the state. A system of 58 county offices of education, approximately 1,000 local school districts, and more than 1,200 charter schools provides instruction in English, mathematics, history, science, and other core competencies to provide students with the skills they will need upon graduation to either enter the workforce or pursue higher education.

CALIFORNIA FOR ALL KIDS

The last two years have created unprecedented challenges for schools, teachers, families, and children. The COVID-19 Pandemic has stretched the capacity of public schools like never before. While recognizing the challenge of this event, it is important to highlight the heroic efforts of students (who had to manage a swiftly changing environment and set of expectations and support), families (who oftentimes were concurrently balancing work, child care, and teaching), teachers (who were often balancing both in-person and remote instructional obligations—sometimes while being parents themselves), and school staff (who fed, counseled, coordinated, located, and generally supported students and families wherever they were).

The 2021 Budget Act provided substantial resources for schools to return to safe in-person instruction, learning recovery opportunities, and expanded learning time. A centerpiece of the Budget was the multi-year phase-in of universal Transitional

K-12 EDUCATION

Kindergarten to provide access to free, high-quality, inclusive pre-Kindergarten for all children.

Additionally, the 2021 Budget provided a blueprint for re-envisioning public schools as local mainstays of whole child care and familial support, and included a package of historic investments in before and after school care, comprehensive nutrition services, access to physical and mental health care, and increased training and support for educators.

Effective implementation of this ambitious plan requires consistency and continued investment. This Budget reflects this principle; by proposing the highest per pupil funding ever and providing ongoing funding for existing core programs like the Local Control Funding Formula (LCFF), special education, transitional kindergarten, nutrition, and expanded learning. It also supports public school system fiscal stability by mitigating the impacts of long-term declining enrollment. Finally, it reflects the need to prepare for future challenges facing the state, including climate change and the evolving economic and workforce needs.

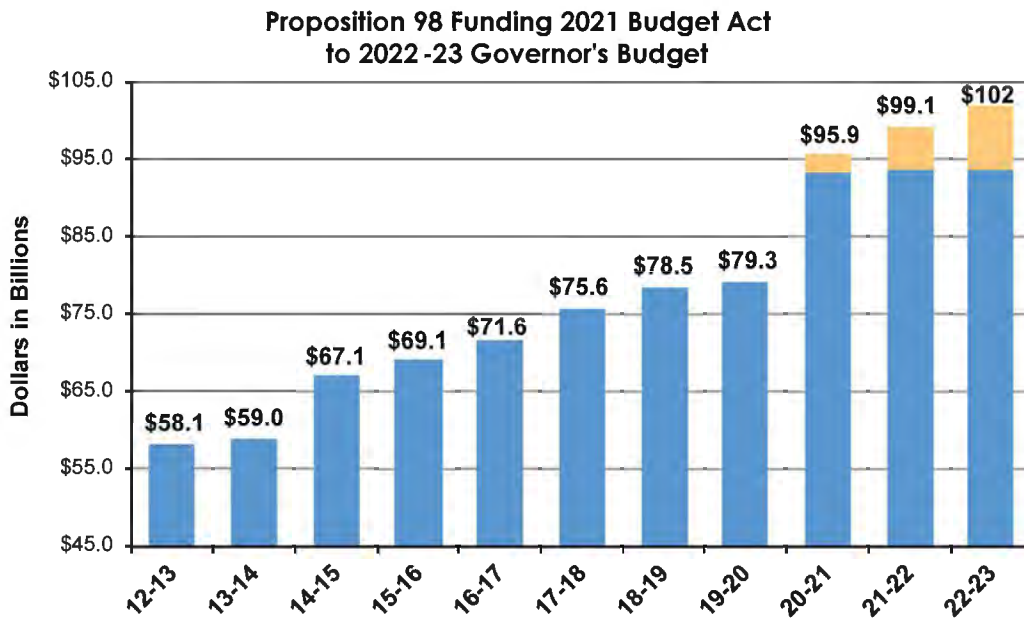
PROPOSITION 98

Proposition 98 is a voter-approved constitutional amendment that guarantees minimum funding levels for K-12 schools and community colleges (collectively referred to as K-14 schools). The Guarantee, which went into effect in the 1988-89 fiscal year, determines funding levels according to multiple factors including the level of funding in 1986-87, General Fund revenues, per capita personal income, and changes in civilian population and school attendance. The LCFF is the primary mechanism for distributing these funds to support all students attending K-12 public schools in California.

The upward revision of General Fund revenues has resulted in significant increases in the Guarantee. Proposition 98 funding for K-12 schools and community colleges for 2022-23 is \$102 billion—an increased investment of \$8.2 billion in schools and community colleges above the level funded in the 2021 Budget Act, and the highest level of state funding for K-14 schools.

The Guarantee continues to be in a Test 1 for all years 2020-21 through 2022-23. This means that the funding level of the Guarantee is equal to 38.02 percent of General Fund revenues, plus local property tax revenues. To accommodate enrollment increases related to the expansion of transitional kindergarten (as described in the Early Education section below), the Test 1 percentage is rebenchmarked to increase the

percentage of General Fund revenues due to the Guarantee, from 38.02 percent to approximately 38.4 percent.



The significant increase in revenues projected from 2020-21 through 2022-23, in addition to the rebenching of Proposition 98, results in a corresponding increase in resources for K-14 schools. Proposition 98 is estimated to be \$95.9 billion in 2020-21, \$99.1 billion in 2021-22, and \$102 billion in 2022-23, representing a three-year increase in the minimum Guarantee of \$16.1 billion over the level funded in the 2021 Budget Act.

The Budget includes total funding of \$119 billion (\$70.5 billion General Fund and \$48.5 billion other funds) for all K-12 education programs. K-12 per-pupil funding totals \$15,261 Proposition 98 General Fund—its highest level ever—and \$20,855 per pupil when accounting for all funding sources.

PROPOSITION 98 RAINY DAY FUND

The Budget includes 2020-21, 2021-22, and 2022-23 payments of \$3.1 billion, \$3.6 billion, and \$3.1 billion (respectively) into the Public School System Stabilization Account, for a balance of more than \$9.7 billion at the end of 2022-23. Under current law, there is a cap of 10 percent on school district reserves in fiscal years immediately succeeding those in which the balance in the Account is equal to or greater than 3 percent of the total K-12 share of the Guarantee. The balance of \$6.7 billion in 2021-22 triggers school district reserve caps beginning in 2022-23.

LOCAL CONTROL FUNDING FORMULA (LCFF)

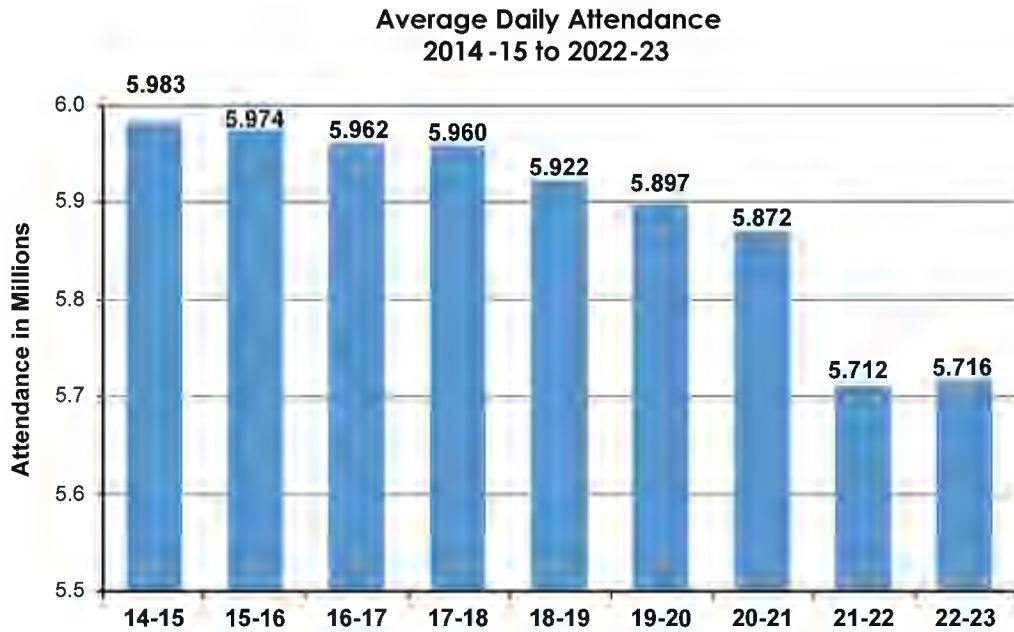
The Budget includes a LCFF cost-of-living adjustment of 5.33 percent—the highest cost-of-living adjustment since the Great Recession. This increase will result in \$3.3 billion in additional discretionary funds for local educational agencies. Additionally, local expenditure data indicate that a significant proportion of the approximately \$30 billion in one-time COVID-related federal funding provided to local educational agencies in the 2020-21 and 2021-22 fiscal years remains available for expenditure, indicating significant available cash for local educational agencies in 2022-23.

SCHOOL FISCAL STABILITY

The Budget's historic levels of funding provide opportunity for schools to address students' needs, which are significant due to the COVID-19 Pandemic. Some local educational agencies are facing fiscal challenges associated with declining student enrollment and high absenteeism, which directly impact state and federal fund allocations. To support the fiscal stability of all local educational agencies, including those with a declining student population, the Budget proposes changes to the average daily attendance (ADA) component of the LCFF and the independent study program to help school districts better manage declining enrollment and simplify the collection of attendance in virtual instructional programs.

DECLINING ENROLLMENT PROTECTIONS

Demographic trends that existed prior to the COVID-19 Pandemic have been exacerbated over the last two years. This was the case with enrollment in K-12 public schools, where gradual multi-year birth rate declines had eroded the enrollment projections of school districts for several years. The pandemic saw reduced state in-migration, accelerated birth rate declines, and pushed parents to consider alternatives to their neighborhood public school. Intrastate migration has also impacted enrollment declines in some districts.



State funding for local educational agencies is dependent on ADA, which is based on student enrollment and reduced for absence rates. The greater of each school district's prior-year and current-year ADA is used to calculate its LCFF apportionment in a given year. For charter schools and county offices of education, only the current year ADA is used to calculate LCFF apportionment. In the event of significant drops in annual average daily attendance, this calculation does not provide local educational agencies with the ability to make gradual changes over a series of years to adjust instructional programming (although charter schools do have flexibilities on programmatic offerings not available to school districts). Instead, some school districts over the next few years will be faced with difficult choices to remain fiscally solvent.

To allow school districts to adjust to enrollment-related funding declines and minimize the impacts of a single-year drop in enrollment, the Budget amends the LCFF calculation to consider the greater of a school district's current year, prior year, or the average of three prior years' ADA. This formula change will help districts with significant declining enrollment and better serve remaining students. Additionally, the Administration intends to engage in outreach and discussions with interested parties throughout the spring to explore options for providing declining enrollment protections for charter schools. Ongoing costs associated with these policies are estimated to be \$1.2 billion Proposition 98 General Fund.

INDEPENDENT STUDY

In 2021-22, the state required that school districts offer families the option of in-person instruction as a condition of receiving state funding. However, the continuing pandemic meant that remote instruction through independent study was necessary to provide parent choice and options for learning during the COVID-19 Pandemic. To provide local educational agencies with a mechanism for counting instructional time during independent study (and therefore generate state funding), the state updated the independent study statute to allow local educational agencies to earn apportionment for non-classroom-based instruction.

While the Administration remains committed to in-person instruction, in 2022-23 independent study will continue to be an option for local educational agencies to count instructional time for student work completed remotely. Local educational agencies can choose between traditional independent study and course-based independent study to create quality short- and long-term remote instruction models that best serve the needs of their students. To streamline the administration of these programs, the Budget: (1) allows synchronous instruction to count for instructional time in traditional independent study, in addition to student work product; and (2) provides flexibility on the timeline for a local educational agency to collect a signed independent study plan.

EARLY EDUCATION

Access to high-quality, evidence-based early education can support and accelerate the learning of young children and provide pre-elementary students with the skills and tools needed to succeed in school. To this end, the state's Master Plan for Early Learning and Care provides recommendations for transforming the state's child care and early education systems. Specific to pre-kindergarten education programs, the Master Plan's recommendations include:

- Promoting school readiness by providing access to transitional kindergarten for all four-year-olds and to public preschool for all income-eligible three-year-olds, in full-inclusion settings.
- Improving quality of care by increasing access to full-day, full-year preschool programs, and enhancing educator competencies and providing affordable and accessible pathways for workforce advancement.

- Supporting equity by eliminating bias and increasing instructional supports through practices and training, with a focus on children with disabilities and dual language learners.
- Expanding early learning and care infrastructure.

In alignment with the Master Plan, the 2021 Budget Act outlined the plan to provide universal access to state-funded preschool for all four-year-old children, and to significantly increase access to subsidized preschool for three-year-olds. Specifically, the 2021 Budget stated the state's intent to expand transitional kindergarten over the next four years, becoming available to all four-year-old children in 2025-26; invested \$490 million in transitional kindergarten and State Preschool facilities expansion; allocated \$300 million to local educational agencies to plan for increased instruction to three- and four-year-olds and train teachers of young children; and provided \$130 million to increase access to the State Preschool Program. By investing in multiple programs, the 2021 Budget prioritized parent choice; otherwise-eligible families may continue to access the federal Head Start program and State Preschool, in addition to transitional kindergarten, which will be available to all, regardless of income.

Pursuant to the 2021 Budget plan, the Budget proposes \$639.2 million General Fund to expand eligibility for transitional kindergarten, from all children turning five-years-old between September 2 and December 2 to all children turning five-years-old between September 2 and February 2, beginning in the 2022-23 school year. These funds will increase the Proposition 98 Guarantee through the process of rebenching, as described earlier. Additionally, the Budget proposes \$383 million Proposition 98 General Fund to add one additional certificated or classified staff person to every transitional kindergarten class, reducing student-to-adult ratios to more closely align with the State Preschool Program.

The Budget also re-envisioned State Preschool for families. While some families will choose to send their four-year-old to transitional kindergarten, others will have the choice to access State Preschool. The Budget invests \$197.8 million Proposition 98 General Fund and \$110.6 million General Fund to increase State Preschool Program adjustment factors for students with disabilities and dual language learners. These adjustment factor increases are intended to fund new requirements for State Preschool providers to: (1) serve at least 10 percent students with disabilities, and (2) provide additional supportive services for dual language learners. Additionally, all students participating in State Preschool will maintain continuous eligibility for 24 months (increased from 12 months) after eligibility is confirmed, children with an individualized education program will be categorically eligible to participate in State Preschool, and State

Preschool providers that have served all eligible three- and four-year-olds in their service will be allowed to serve two-year-old children. Finally, the Budget proposes \$500 million one-time Proposition 98 General Fund to support the Inclusive Early Education Expansion Program, which funds infrastructure necessary to support general education and special education students in inclusive classrooms.

While transitional kindergarten is funded and provided through local educational agencies, the Administration encourages schools to partner with community-based State Preschool providers and other community partners, as appropriate, to expand access to full-day preschool and care for their eligible students, to expand opportunities for the youngest learners to access a high-quality preschool program.

The investments described above are in addition to more than \$4.3 billion in resources being provided to early learning and child care programs over a four-year period (beginning in 2021-22), from the 2021 Budget Act. This multi-year allocation of resources augments provider reimbursement rates, increases program access, and invests in statewide care system infrastructure. As part of this multi-year plan, the Budget proposes \$166.2 million Proposition 98 General Fund to cover full-year costs of State Preschool rate increases that began January 1, 2022. Additional information about child care investments can be found in the Early Education Chapter.

EARLY LITERACY

Research indicates that students who are not reading well in elementary school are less likely to graduate high school. Preparing for literacy begins at birth, and the early years are even more critical for children who struggle to meet developmental milestones.

Since 2019, the Administration has invested \$92.7 million in research, direct services, and professional development to improve literacy instruction and supports for children with dyslexia and other learning disabilities. Additionally, the 2021 Budget Act allocated \$5 million one-time General Fund to provide books to families through the Women, Infant and Children (WIC) program. Operated by the California Department of Public Health, this program enables participating families to access books through the state's many WIC offices, which are located in communities across California.

When paired with historic funding for early education, the Expanded Learning Opportunities Program, and special education, these investments are significant. But the scale of the issue requires a more targeted initiative, with a focus on evidence-based practices that significantly improve literacy. Other states have had

success in increasing grade-level reading proficiency among young readers, and strategies such as expert literacy coaching at the school level, one-on-one tutoring with highly skilled reading specialists, and access to multi-lingual libraries have resulted in significant gains. To provide access to these effective supports to California's children/students, the Budget proposes the following:

- \$500 million one-time Proposition 98 General Fund, available over five years, for grants to high-needs schools to train and hire literacy coaches and reading specialists to guide productive classroom instruction and to offer one-on-one and small group intervention for struggling readers.
- \$200 million one-time Proposition 98 General Fund to establish a grant program to enable local educational agencies to create or expand multi-lingual school or classroom libraries offering culturally relevant texts to support reading instruction.
- \$10 million one-time General Fund for the Department of Public Health to partner with First 5 California on the Books for Children Program. More information on this initiative can be found in the Health and Human Services Chapter.
- \$2 million one-time General Fund to incorporate early identification for learning disabilities into the state's preschool assessment tools, including a process for follow-up by expert evaluators, and \$60 million one-time Proposition 98 General Fund to provide training for educators on effective use of these tools.

The Budget also proposes statutory language that clarifies that Expanded Learning Opportunities Program funds may be used to hire literacy tutors that would assist students as part of the program's enrichment activities.

When paired with funding for young children with disabilities and young dual language learners in the State Preschool Program, resources to support neuroscience research specific to dyslexia, increased funding for special education, and targeted interventions and supports for families with children ages 0 to 3 these investments provide a cohesive package designed to produce real gains on early literacy for every child in California.

EDUCATOR WORKFORCE

Preparing, training, and recruiting a diverse, expert workforce of administrative, credentialed, and classified staff to work in public K-12 schools is critical to the success of the entire system. This is especially true given current staffing shortages that have

K-12 EDUCATION

been exacerbated by the COVID-19 Pandemic. The 2021 Budget Act included \$2.9 billion to accelerate the preparation and support the training and retention of well-prepared educators.

The Budget proposes \$54.4 million in a mix of Proposition 98 General Fund and General Fund to build upon the multi-year investments included in the 2021 Budget Act to support efforts to enhance schools' ability to hire qualified teachers and substitutes. Specifically, the Budget proposes:

- \$24 million one-time General Fund to waive certain teacher examination fees.
- \$12 million one-time General Fund to extend the waiver of select credentials fees.
- \$10 million one-time General Fund to support a competitive grant program that provides grants to public and private institutions to develop and implement integrated teacher preparation programs.
- \$5.2 million Proposition 98 General Fund and \$322,000 General Fund to re-establish the Personnel Management Assistance Teams to assist local educational agencies in improving hiring and recruitment practices.
- \$1.4 million General Fund to establish career counselors for prospective educators at the Commission on Teacher Credentialing (CTC).
- \$924,000 General Fund, of which \$161,000 is one-time, to support the CTC's administration of multiple grant programs and fee waivers.
- \$900,000 General Fund for the CTC to contract for public outreach to highlight the value and benefits of educational careers in California's prekindergarten through grade 12 schools.
- Extending statute authorizing any holder of a credential or permit issued by the CTC to serve in a substitute teaching assignment aligned with their authorization, including for staff vacancies, for up to 60 cumulative days for any one assignment.

These investments will be complemented by \$5 million one-time Proposition 98 General Fund for community college-university teacher credentialing collaboratives (see the Higher Education Chapter for additional information about this initiative).

EXPANDED LEARNING OPPORTUNITIES PROGRAM

In addition to providing opportunities to address and prevent student learning challenges, expanded learning time and summer/intersessional enrichment are also important supports for working parents and families. Access to care and enrichment has become more difficult during the COVID-19 Pandemic, which has significantly affected the state's child care infrastructure. The 2021 Budget Act provided \$1 billion ongoing funds and \$754 million one-time Proposition 98 General Fund for the Expanded Learning Opportunities Program, which by 2025-26 will provide all students in low-income communities with no-cost access to nine hours of developmentally appropriate academics and enrichment activities per instructional day and for six weeks each summer. Additionally, all local educational agencies, regardless of community demographics, are encouraged to offer subsidized services to all students, using a fee schedule that considers family income and ability to pay.

The Budget proposes an additional \$3.4 billion ongoing Proposition 98 General Fund for the Expanded Learning Opportunities Program, increasing per pupil funding for the program and expanding the number of local educational agencies offering no-cost services. This brings total ongoing program funding to an historic before/after school investment of \$4.4 billion, with additional funds anticipated in future years. The Budget also proposes \$937 million one-time Proposition 98 General Fund to support Expanded Learning Opportunities Program infrastructure, with a focus on integrating arts and music programming into the enrichment options for students. Finally, the Budget continues one-time reimbursement rate increases (at a cost of \$148.7 million ongoing Proposition 98 General Fund) from the 2021 Budget Act for the After School Education and Safety and 21st Century Community Learning Centers programs.

While acknowledging that implementing a program of the size and scope of the Expanded Learning Opportunities Program can be challenging for local school districts, the Administration encourages schools to consider partnering with community-based providers to quickly scale up capacity. California has a sizable number of non-profit and other local providers of before/after school care and enrichment that have a history of providing high-quality expanded learning programs, and partnerships between these entities and local educational agencies can expedite services to the maximum number of students.

SPECIAL EDUCATION

It is a priority of the Administration to address the significant achievement gap for children with disabilities. Many of California's children with disabilities are also English learners, come from low-income families, and/or are served by the foster care system, compounding equity challenges that have been exacerbated by the COVID-19 Pandemic. Over the last three years, the Administration has worked with the Legislature to augment special education funding by more than \$3.1 billion, including almost \$1 billion in ongoing Proposition 98 General Fund. Each funding augmentation was paired with policy changes intended to improve the quality and timeliness of services for children with disabilities.

Building on these investments, the Budget proposes an additional \$500 million ongoing Proposition 98 General Fund for the special education funding formula, paired with the following policy changes to further the state's commitment to improving special education instruction and services:

- To improve the ability of local educational agencies to project their special education funding allocations and undertake comprehensive program planning, amend the special education funding formula to calculate special education base funding allocations at the local educational agency level rather than the special education local plan area (SELPA) level.
- Consolidate two special education extraordinary cost pools into a single cost pool to simplify the current funding formula.
- Allocate Educationally-Related Mental Health Services funding directly to local educational agencies rather than to SELPAs.
- Develop a Special Education Addendum to the Local Control and Accountability Plan that will support inclusive planning and promote cohesion by linking special education and general education planning, so parents of students with disabilities have a defined role in the Local Control and Accountability Plan development process.
- Support efforts to develop comprehensive Individualized Education Programs (IEPs) by focusing a special education resource lead on IEP best practices, and establishing an expert panel to continue the work of creating a model IEP template.

- Establish an alternate diploma and a workgroup to explore alternative coursework options for students with disabilities to demonstrate completion of the state graduation requirements.

In addition to these resources and programmatic improvements, the Budget proposes \$849,000 General Fund and 6 positions to support the State Department of Education's efforts to strengthen the transition process of young children with disabilities from federal Part C services (provided by regional centers) to federal Part B services (provided by school districts). Children are required by federal law to transition between services provided by these two entities at age three. These resources will be paired with \$65.5 million in fiscal year 2022-23 that rises to \$82.5 million in fiscal year 2023-24 for the Department of Developmental Services and regional centers to strengthen the transition process (see the Health and Human Services Chapter for additional information about these initiatives). Finally, the Budget proposes statutory changes to support the continuity of services provided to young children with disabilities by enhancing coordination between the Departments and supporting parents' ability to access the resources and information needed to be active participants in the transition process.

COLLEGE AND CAREER PATHWAYS

So more Californians can participate in California's economic growth, the Budget includes a multi-pronged strategy to train workers to meet critical job needs to support California's economic growth. Promoting pathways in technology, healthcare, education, and climate-related fields allow students to advance seamlessly from high school to college and career and provide the workforce needed for economic growth.

High school students are more likely to pursue sustained post-secondary education and training if they can engage in training and preparation that interests them, believe that the education they are receiving personally benefits them, and can see a clear path to higher education and employment. By creating college and career pathways, where students can clearly see how obtaining various levels of college credits, credentials, and/or work/apprenticeship experience can result in various careers and levels of compensation, secondary and post-secondary schools can encourage educational persistence, especially when pathways are paired with the ability to earn college credits, micro-credentials, and work/apprenticeship experience beginning in high school.

K-12 EDUCATION

To enhance and expand the offering of these educational pathways, the Budget proposes \$1.5 billion one-time Proposition 98 General Fund over four years to support the development of pathway programs focused on technology (including computer science, green technology, and engineering), health care, education (including early education), and climate-related fields. These programs are predicated on developing local partnerships that bring together school systems, higher education institutions, employers, and other relevant community stakeholders.

Additionally, the Budget proposes \$500 million one-time Proposition 98 General Fund, also available over four years, to strengthen and expand student access and participation in dual enrollment opportunities that are also coupled with student advising and support services. Dual enrollment allows high school students to take classes that both count towards high school graduation and earning college credit, with some students able to graduate high school with an associate's degree. These investments will be complemented by \$45 million in higher education funding for curricular pathways software and public-private partnerships for STEM, education, and health care career preparation (see the Higher Education Chapter for additional information about these initiatives).

TRANSPORTATION

School bus fleets are dominated by diesel combustion vehicles. These buses create pollution that harms the environment and are costly to operate. The cost of fuel and repairs necessary to maintain a diesel combustion system erode resources that could otherwise be used to support other aspects of school transportation programs.

The Budget proposes \$1.5 billion one-time Proposition 98 General Fund, available over three years, to support school transportation programs, with a focus on greening school bus fleets. Specifically, grants of at least \$500,000 would be available with priority for local educational agencies with high concentrations of low-income students, youth in foster care, and English language learners, as well as small and rural local educational agencies. For \$500,000, a local educational agency will be able to acquire an electric school bus, construct the bus's charging station, and support other local school bus transportation needs. These investments will result in ongoing savings to transportation programs that could be used to support other aspects of school transportation programs.

Additionally, the Budget proposes a workgroup to streamline the process of training and licensing new school bus drivers. The workgroup would consist of representatives

from the Department of Motor Vehicles, California Highway Patrol, Department of Education, and State Board of Education.

NUTRITION

Nutrition programs are a key component in achieving an effective education program. Research shows that child nutrition programs increase student attendance and improve their well-being. The implementation of universal meals will provide benefits to all children and reduce the stigma of free and reduced price meals. The Budget proposes \$596 million Proposition 98 General Fund, on top of \$54 million provided in the 2021 Budget Act, to fund universal access to subsidized school meals.

Beginning in the 2022-23 school year, all public schools will be required to provide two free meals per day to any student who requests a meal, regardless of income eligibility. Further, all schools eligible for the Community Eligibility Provision, the federal universal meals provision, will be required to apply for the program by June 30, 2022 (if they are not already participating) to reduce volatility in costs to the state and to maximize federal reimbursement for meals served. The state will then cover any remaining unreimbursed costs up to the combined state and federal free per-meal rate.

Additionally, the Budget proposes \$450 million one-time Proposition 98 General Fund, available over three years, to upgrade school kitchen infrastructure and equipment to incorporate more fresh, minimally processed California-grown foods in school meals. The Budget also includes \$3 million one-time Proposition 98 General Fund to support the School Breakfast and Summer Meal Start-Up and Expansion Grant Program. Both of these programs are complementary to the provision of school meals for all students as well as the Farm to School Program investments described below.

FARM TO SCHOOL PROGRAM

The use of local, minimally processed foods in school meals is both healthier for children and better for the environment, allowing students to establish healthy habits that will serve them well into adulthood. The 2021 Budget Act included \$60 million one-time General Fund over two years to support the California Farm to School Program, which connects local producers and school food buyers; increases food education opportunities in classrooms, gardens, and on farms; and engages schools and students with the agricultural community.

The Budget strengthens this investment by providing an additional \$30 million one-time General Fund to establish additional farm to school demonstration projects and \$3 million ongoing General Fund to expand the regional California Farm to School Network by adding 16 new positions at the California Department of Food and Agriculture. The network supports local food procurement and farm to school programs throughout the state.

K-12 SCHOOL FACILITIES

The Kindergarten through Community College Public Education Facilities Bond Act of 2016 (Proposition 51), approved by voters in November 2016, authorized \$7 billion in state General Obligation bonds to support K-12 school facilities construction. These funds support new construction, modernization, retrofitting, career technical education, and charter school facility projects. The Budget allocates the remaining Proposition 51 bond funds—approximately \$1.4 billion—to support school construction projects.

Additionally, because Proposition 51 bond authority is expected to be exhausted in 2022-23, the Budget proposes approximately \$1.3 billion one-time General Fund in 2022-23 and \$925 million one-time General Fund in 2023-24 to support new construction and modernization projects through the School Facility Program.

The Budget also includes \$30 million ongoing Proposition 98 General Fund to support eligible facilities costs for the Charter School Facility Grant Program. These funds can be used by eligible charter schools for costs associated with remodeling buildings, deferred maintenance, initial installation or extension of service systems and other built-in equipment, site improvements, and facility modifications to mitigate the spread of COVID-19.

OTHER K-12 BUDGET ADJUSTMENTS

Other significant adjustments include:

- **Local Property Tax Adjustments**—A decrease of \$127.8 million ongoing Proposition 98 General Fund for school districts and county offices of education in 2021-22, and a decrease of \$1.4 billion ongoing Proposition 98 General Fund for school districts and county offices of education in 2022-23, as a result of increased offsetting property taxes.

- **Cost-of-Living Adjustments**—An increase of \$295 million ongoing Proposition 98 General Fund to reflect a 5.33-percent cost-of-living adjustment for categorical programs that remain outside of the LCFF, including Special Education, Child Nutrition, Youth in Foster Care, Mandates Block Grant, Adults in Correctional Facilities Program, American Indian Education Centers, and the American Indian Early Childhood Education Program.
- **Model Curricula**—An increase of \$14 million one-time Proposition 98 General Fund to support county offices of education in developing model curricula related to the Vietnamese American refugee experience, the Cambodian genocide, Hmong history and cultural studies, and Native American studies.
- **County Offices of Education**—An increase of \$11.5 million ongoing Proposition 98 General Fund to reflect a 5.33-percent cost-of-living adjustment and ADA changes applicable to the LCFF.
- **Agricultural Career Technical Education Incentive Grant**—An increase of \$2 million ongoing Proposition 98 General Fund to support an augmentation to the Agricultural Career Technical Education Incentive Grant program.
- **Instructional Quality Commission**—An increase of \$246,000 one-time non-Proposition 98 General Fund for the Instructional Quality Commission to continue its work on curriculum frameworks.

EARLY CHILDHOOD

California has made major strides to expand services and supports for young children and their families. Guided by the Master Plan for Early Learning and Care, the state has invested in the following that uplift families:

- Promoting and expanding quality, comprehensive programs and services for young children, including universal transitional kindergarten.
- Employing a two-generation strategy—investing in parents so they can invest more in their children.
- Easing financial pressures on parents to help them achieve economic security for their children.

The Governor's Budget continues to make progress in a parents agenda—better supporting families with young children during their critical developmental years.

CHILD CARE AND DEVELOPMENT

Effective July 1, 2021, child care and nutrition programs were transferred from the Department of Education to the Department of Social Services (DSS), aligning all child care programs within a single state department and placing a deeper emphasis on whole-child/whole-family approaches to address Californians' needs. DSS now administers CalWORKs Stages One, Two, and Three; the Emergency Child Care Bridge Program; Alternative Payment Programs; Migrant Child Care; General Child Care; Child

EARLY CHILDHOOD

Care for Children with Disabilities; and a variety of local supports for these programs, such as Resource and Referral and Local Child Care Planning Councils, in addition to quality improvement projects. Families can access child care subsidies through centers that contract directly with DSS, local educational agencies, or vouchers from county welfare departments and Alternative Payment Programs.

The Budget includes \$5.8 billion (\$2.3 billion General Fund) for child care programs, including continued support for the historic multi-year commitment to rate increases taking effect in January 2022, supplemental funding to providers, infrastructure grant program funding, and eventually expanding child care access by 200,000 slots.

CONTINUING TO IMPLEMENT THE MASTER PLAN FOR EARLY LEARNING AND CARE

The Budget includes \$823.7 million for 36,000 additional subsidized slots compared to 2021-22. When combined with the slots funded in the 2021 Budget Act, this brings the total to over 145,000.

The Budget also includes \$373 million to support a full year of rate increases while the state continues work with partners and stakeholders toward further rate reform and increased access to a comprehensive, quality, and affordable child care and development system as set forth in the Master Plan for Early Learning and Care. Consistent with these goals, the state and Child Care Providers United – California (CCPU) are working collaboratively through a Joint Labor Management Committee (JLMC) to develop recommendations for a single reimbursement rate structure that addresses quality standards for equity and accessibility while supporting positive learning and developmental outcomes for children. The JLMC will provide recommendations no later than November 15, 2022. The state is also convening a separate workgroup to assess the methodology for establishing reimbursement rates and the existing quality standards for child care and development and preschool programs. This workgroup will provide recommendations no later than August 15, 2022.

The state and CCPU are also collaborating through additional JLMCs to discuss healthcare and retirement benefits for CCPU-represented providers. A joint recommendation will be proposed in the future to include a state contribution to the respective CCPU-administered trust funds for healthcare and retirement benefits.

Other significant commitments include:

- \$25 million to fund the Child Care Initiative Project through June 30, 2023, to address areas underserved by child care providers, increase child care slots, and support providers who want to become licensed.
- \$10.6 million in funding through June 30, 2023 for the California Infant and Early Childhood Mental Health Consultation program to support the mental health needs of children, families, and child care providers.
- \$4.8 million General Fund to support infrastructure, planning, and initial design of a child care data system and information technology solution, referred to as California Supporting Providers and Reaching Kids (CalSPARK), as part of the Brilliant Beginnings data initiative to facilitate data-driven decisions, enhance family-provider experience, and streamline state administration of the programs.
- \$3.1 million in funding from the Preschool Development Grant Birth through Five Renewal from 2020 to 2023 to support the Brilliant Beginnings data initiative and the single verification hub.

UNIVERSAL TRANSITIONAL KINDERGARTEN

In alignment with the recommendations of the Master Plan, the 2021 Budget Act outlined an ambitious plan to provide universal access to state-funded preschool for all four-year-old children, and to significantly increase access to subsidized preschool for three-year-olds. The 2021 Budget prioritized parent choice; otherwise-eligible families may continue to access the federal Head Start program and State Preschool, in addition to transitional kindergarten, which will be available to all, regardless of income.

Pursuant to the 2021 Budget plan, the Budget proposes \$639.2 million General Fund to expand eligibility for transitional Kindergarten, from all children turning five-years-old between September 2 and December 2 to all children turning five-years-old between September 2 and February 2, beginning in the 2022-23 school year. These funds will increase the Proposition 98 Guarantee through the process of rebenching. Additionally, the Budget proposes \$383 million Proposition 98 General Fund to add an educator to every transitional kindergarten class, reducing student-to-adult ratios to more closely align with the State Preschool Program.

EARLY CHILDHOOD

The Budget also invests \$309 million so that the State Preschool Program better supports students with disabilities and dual language learners. These funds will support new requirements for State Preschool providers to: (1) serve at least 10 percent students with disabilities, and (2) provide additional supportive services for dual language learners. Additionally, all students participating in State Preschool will maintain continuous eligibility for 24 months (increased from 12 months) once eligibility is confirmed, children with an individualized education program will be categorically eligible to participate in State Preschool, and State Preschool providers that have served all eligible three- and four-year-olds in their service will be allowed to serve two-year-old children. Finally, the Budget proposes \$500 million one-time Proposition 98 General Fund to support the Inclusive Early Education Expansion Program, which funds infrastructure necessary to support general education and special education students in inclusive classrooms.

While transitional kindergarten is funded and provided through local educational agencies, the Administration encourages schools to consider partnering with community-based State Preschool providers and other community partners, as appropriate, to expand access to full-day preschool and care for their eligible students, to increase choice for parents, and to expand opportunities for the youngest learners to access a high-quality preschool program.

See the K-12 Education Chapter for more details.

REDUCING CHILDHOOD POVERTY

PASS-THROUGH OF CHILD SUPPORT COLLECTIONS FOR FORMERLY ASSISTED FAMILIES

Under current law, families formerly receiving state assistance (such as CalWORKs) do not receive the full "pass-through" of child support payments collected by the state. Instead, the collections are split between the federal government, state General Fund, and county general funds. The Budget would make statutory changes to fully pass through assigned arrears collections to families formerly assisted by CalWORKs as currently permitted by federal law. Providing these funds directly to families may help low-income families reduce the burden of high-cost debt and stabilize their financial position. Under this change, the Department of Child Support Services will waive its share of recoupment at a revenue loss of \$52.3 million General Fund in 2022-23 and \$104.6 million General Fund ongoing. Coupled with the waiver of the federal

government's recoupment, the estimated annual total pass through to formerly assisted families is \$187 million.

YOUNG CHILD TAX CREDIT EXPANSIONS

The 2019 Budget created the Young Child Tax Credit (YCTC) to help lift children out of poverty. In most cases, the credit provides \$1,000 to every household that otherwise qualifies for the Earned Income Tax Credit and has a child age 5 or younger. For the 2020 tax year, 420,000 taxpayers claimed this credit and received credits totaling \$390 million.

The Budget builds on the YCTC by (1) indexing the YCTC for inflation starting in the 2022 tax year and (2) expanding the YCTC to include households with zero earned income. See the Revenue Estimates Chapter for more details.

CALWORKS GRANT INCREASE

The CalWORKs program provides cash grants and services to eligible low-income families with at least one child in the home. The Budget projects a 7.1-percent increase to CalWORKs Maximum Aid Payment levels, with an estimated cost of \$200.7 million in 2022-23. These increased costs are funded entirely by the Child Poverty and Family Supplemental Support Subaccount of the 1991 Local Revenue Fund.

REDUCTION OF MEDI-CAL PREMIUMS

The Budget includes \$53.2 million (\$18.9 million General Fund) in 2022-23 and \$89 million (\$31 million General Fund) annually to reduce Medi-Cal premiums for approximately 500,000 pregnant women, children, and disabled working adults. Currently, these beneficiaries have income that is marginally above the threshold for Medi-Cal, requiring them to pay monthly premiums. This proposal will reduce the financial burden for many Californians and minimize the disruption that occurs when families lose coverage and access to preventive services when they cannot afford monthly premiums.

OTHER HEALTH AND HUMAN SERVICES ADJUSTMENTS

MEDI-CAL PROVIDER EQUITY PAYMENTS

To promote patient-centered models of care and preventative care, the Budget includes \$400 million (\$200 million General Fund) one-time for provider payments focused on advancing equity and improving quality in children's preventive, maternity, and integrated behavioral health care. See the Health and Human Services Chapter for more details.

EXPANDING HOME VISITING SERVICES

Voluntary home visiting services for children aged 0-3 provide a range of supportive services to pregnant and newly parenting families in California. These services improve health outcomes in key areas ranging from low-birth weight and infant mortality to immunizations and language development. The Budget provides \$50 million ongoing General Fund for the Department of Public Health (CDPH) to expand the California Home Visiting Program and the California Black Infant Health Program, serving approximately 6,000 additional families over five years on top of 3,700 currently served by the Home Visiting Program and 1,650 served by the Black Infant Health Program.

The Budget proposes greater flexibility for the home visiting models offered to meet the diverse needs of families across the state, expands home visiting services to additional counties, and makes them accessible to families with the highest needs. Additionally, this proposal will support early literacy by including books and early literacy programming, provided by home visitors, and will be further supported by a \$350 million General Fund investment to recruit, train, and certify new community health workers.

EARLY LITERACY

The Budget includes \$10 million General Fund to expand early literacy efforts by developing a partnership between CDPH and First 5 California to administer a statewide program to provide multilingual books and early literacy programming for families with young children in collaboration with other state programs such as home visiting, child care, early childcare centers, and foster care.

These resources will augment more than \$700 million in K-12 education investments in early literacy. See the K-12 Education Chapter for more details.

IMPROVING SERVICES TO YOUNG CHILDREN WITH DISABILITIES

When young children receiving Early Intervention Services (pursuant to Part C of the federal Individuals with Disabilities Education Act (IDEA)) turn three, they are often eligible to receive school-age special education services from a local education agency (pursuant to Part B of IDEA). This process of transitioning from early start services (Part C) to school-age services (Part B) is often challenging for children and families. In order to improve early childhood services for children from birth through age five, including children transitioning to special education service at three or entering kindergarten at five who have or are at risk for an intellectual or developmental disability, the Budget includes \$849,000 General Fund for the California Department of Education (CDE) and \$65.5 million (\$45.1 million General Fund) in 2022-23 and \$82.5 million (\$55.8 million General Fund) ongoing for the Department of Developmental Services (DDS), including:

- \$849,000 General Fund and 6 positions to support CDE's transition process efforts.
- \$51 million (\$31.9 million General Fund) in 2022-23 and \$68.1 million (\$42.6 million General Fund) ongoing to reduce regional center service coordinator caseload ratios to 1:40 for children through age five. These investments will help increase participation of service coordinators in Individual Education Plan meetings, increase family visits from bi-annually to quarterly, and strengthen federal compliance with timely service delivery and transitions.
- \$10 million General Fund to promote inclusion in preschool of three- and four-year olds served by regional centers. Resources will support preschool efforts to improve accessibility of their programs. This will present families with an opportunity for their child to learn alongside children with different abilities.
- \$3.2 million (\$2.2 million General Fund) to establish IDEA Specialists at each regional center. The IDEA Specialists will provide expertise on IDEA services through technical support to both regional centers and local education agencies providing school-age services.
- \$1.2 million (\$1 million General Fund) to increase DDS resources to make improvements to the Early Start Program to drive toward inclusive services, help streamline intake processes, align systems, and increase interagency collaboration with CDE.

LABOR AND WORKFORCE DEVELOPMENT

Californians continue to struggle as a result of the economic impacts of the COVID-19 Pandemic. Over the past three years, the Administration has worked on solutions to address the state's workforce challenges—many predating the COVID-19 Pandemic but exacerbated by it—including inequality, economic mobility, and the changing role of technology and climate change necessitating new skills for future jobs.

With the goal of creating 500,000 earn-and-learn and apprenticeship opportunities by 2029, California's workforce strategy continues to support pathways to quality jobs so that more Californians can share in the state's economic growth. For example, since 2019 over 90,000 new apprentices have registered in state-approved programs. Additional earn-and-learn pathways target industries continuing to be affected by COVID-19, growth industries in the clean energy economy, jobs emerging from cutting-edge technological advances, and the critical care economy roles needed to care for an aging and diverse population. Through investments in high-road training pathways, informed by industry demand and worker needs, through pre-apprenticeship, apprenticeship, and high quality earn-and-learn programs, the state's higher education and workforce systems are building the state's future workforce and creating economic opportunities, especially for individuals and communities historically left behind.

The Governor's Budget continues the commitment to create pathways that strengthen the skills, knowledge, and experience of California's diverse workforce. Recent investments include:

- **Workforce Training and Support**—\$500 million one-time General Fund over a two-year period for college students at the public segments of higher education to explore career pathways through learning-aligned employment opportunities. In addition, \$472.5 million one-time federal funds and \$27.5 million one-time General Fund was provided in the 2021 Budget Act that enables displaced workers to receive grants for education and training programs to facilitate their ability to reskill or upskill into new careers; as well as \$907 million one-time federal and special funds for retaining and building the network of home and community-based service providers.
- **Community Investment**—\$600 million to foster strategic planning for communities to map out the development of sustainable and equitable regional economic and workforce strategies. The 2021 Budget Act also provided \$250 million to support collaboration among regional workforce partners and K-12 and higher education systems to streamline occupational pathways that address regional needs and lead to high-paying, in-demand careers.
- **Expanded Training Capacity**—Targeted investments in High Road Training Partnerships in emerging sectors, housing apprenticeships, new community health and primary care programs, and a total of \$2.9 billion supporting educator initiatives to recruit and train teachers and expand pipelines toward the state's most pressing workforce needs.

The Budget continues to build on this foundation and includes over \$2 billion over three years, with a focus on three sectors: climate, the care economy, and education.

CLIMATE AND CLEAN ENERGY ECONOMY

The state's efforts to tackle the climate crisis will create economic and workforce development opportunities in the clean energy economy in communities across the state. The Budget directs investments to expand opportunities and create high-quality jobs, while advancing a healthy and more equitable California. Importantly, the Budget acknowledges the challenges facing workers in industries most affected by the state's response to climate change—especially those in the fossil fuel industry. The Budget provides near-term opportunity pathways and support, and supports longer-term initiatives like the Community Economic Resilience Fund that will develop sustainable regional economic strategies. The Budget includes \$550 million over three years to expand climate workforce strategies.

- **Oil and Gas Well Capping**—\$200 million General Fund over two years for the Department of Conservation to plug orphan or idle wells, decommission attendant facilities, and complete associated environmental remediation. There are more than 100,000 oil wells in California, thousands of which have not produced oil in decades. These wells contribute harmful emissions that affect nearby communities, and an estimated 5,000 wells have no solvent owner to hold responsible for remediation costs. Properly sealing these wells (called “plugging and abandoning”) is critical to protecting the health of Californians, and will be increasingly important as more wells cease production in the coming years as the state reduces its dependency on fossil fuels.
- **Well-Capping Workforce Pilot for Displaced Oil and Gas Workers**—\$15 million one-time General Fund to support a workforce training pilot to train displaced oil and gas workers in remediating legacy oil infrastructure. Through both the \$200 million for well capping described above and by taking aggressive efforts to secure the maximum allowable funding from the federal infrastructure bill, the state aims to establish California as the leader in both well remediation activity and workforce training to provide these workers with a way to transition into quality jobs.
- **Displaced Oil and Gas Worker Pilot Fund**—\$50 million one-time General Fund for a pilot support fund to address the needs of oil and gas workers facing displacement. This proposed pilot investment is designed to provide financial stipends that complement the state’s existing unemployment services to minimize disruptions to the livelihoods of impacted workers and their families.
- **Low Carbon Economy Program**—\$60 million General Fund in total over three years, to restart the California Workforce Development Board’s Low Carbon Economy Workforce grant program. This High Road Training Partnership model is designed to: 1) address the critical needs emerging as that industry or sector faces the challenges of climate change and environmental sustainability; 2) increase the capacity of firms and workers to adapt and compete in a carbon-constrained economy; and 3) help California communities prosper by creating accessible local pathways into safer, healthier, and more highly skilled jobs.
- **Wildfire and Forest Resilience Workforce Development**—\$30 million one-time General Fund over two years to support grants to community colleges to train, develop, and certify forestry professionals and expand the workforce available to support the implementation of forest health and fuel reduction projects.
- **University of California Climate-Focused Incubators and Workforce Development and Training Hubs**—As part of a total investment of \$185 million one-time General

Fund for UC climate initiatives, the Budget includes \$50 million to support regional climate-focused incubators and competitive grants to incentivize and expand climate innovation and entrepreneurship, and \$35 million to support establishment of regional climate-focused workforce development and training hubs to reskill, upskill, and expand California's climate resiliency workforce.

- **Goods Movement Workforce Training Facility**—\$110 million General Fund in total over three years for a Goods Movement Training Center in southern California, to support workforce resilience in the face of supply chain disruption and accelerate the deployment of zero emission equipment and technologies. For more information, see the Transportation Chapter.

EXPANDING THE CARE ECONOMY WORKFORCE

The Budget includes a one-time \$1.7 billion investment over three years in care economy workforce development—across both the Labor and Workforce Development Agency (Labor Agency) and California Health and Human Services Agency (CalHHS)—that will create more innovative and accessible opportunities to recruit, train, hire, and advance an ethnically and culturally inclusive health and human services workforce, with improved diversity, wages, and health equity outcomes.

The Care Economy investments will be jointly coordinated by the Labor Agency and CalHHS through the CalHHS/Health Care Access and Information (HCAI) Health Workforce Education and Training Council. These specific investments include:

- **Community Health Workers**—\$350 million General Fund to recruit, train, and certify 25,000 new community health workers by 2025, in partnership with the Department of Health Care Access and Information and the Department of Health Care Services, with specialty certifications in areas that include climate health, homelessness, and dementia.
- **High Road Training Partnerships**—\$340 million General Fund for training and career advancement programs for people with barriers to employment, in alignment with the Workforce Council for Healthcare Training priorities. Funding supports collaborations and training programs among community-based organizations, local workforce boards, labor unions, educational institutions, and employers to build partnerships and pathways into family-sustaining healthcare jobs.
- **Comprehensive Nursing Initiative**—\$270 million General Fund to increase the number of registered nurses, licensed vocational nurses, certified nursing assistants,

certified nurse midwives, certified medical assistants, family nurse practitioners, and other health professions.

- **Expanding Social Workers**—\$210 million General Fund to support social work training programs and provide stipends and scholarships to create a new pipeline for diverse social workers who cannot otherwise afford the financial or time investment required to complete full-time programs.
- **English Language Learners Health Careers**—\$130 million one-time Proposition 98 General Fund through the Adult Education program to support, healthcare-focused vocational pathways for English language learners at multiple levels of English proficiency, to increase language and cultural diversity in these settings.
- **Psychiatric Resident Program**—\$120 million General Fund to create training positions for psychiatric residents, psychiatric mental health nurse practitioners, psychology interns/fellows, and psychiatric nurses. Increasing on-site training programs will assist in building the workforce while also serving as an active recruitment pool for advancement within the health and human services workforce, leading to promotional pathways and increased salaries.
- **Healthcare Workforce Advancement Fund**—\$90 million General Fund for the Employment Training Panel to support job entry and career advancement for entry-level and other workers in health and human service settings, with \$40 million intended for social worker training.
- **Multilingual Health Initiatives**—\$60 million General Fund to expand scholarships and loan repayment programs in healthcare and social work for multilingual applicants, with the goal of increasing language and cultural competencies throughout the care workforce.
- **Emergency Medical Services Corps**—\$60 million General Fund to expand Emergency Medical Technicians, in partnership with local public health systems and their contracted emergency medical providers.
- **Opioid Treatment**—\$26 million to train providers to build out the substance use disorder (SUD) workforce with a focus on opioid treatment. Funding will be used to increase the number of licensed clinicians, including providers focused on addiction. Funding will also provide supportive employment services to people with SUD issues to transition them into ongoing employment.
- **Clinical Infrastructure: Reproductive Health**—\$20 million one-time General Fund to support clinical infrastructure for reproductive health care services by providing scholarships and loan repayments, administered by the Department of Health Care

Access and Information, to a variety of health care providers who commit to providing reproductive health care services.

- **Indian Health Program Grant Restoration**—The Budget includes \$12 million one-time General Fund for Tribal Health Programs. This funding will promote the retention of the health care workforce that serves these programs and decrease the health disparities experienced by Native Americans. Please see the Health and Human Services Chapter for more details.
- **Workforce Council for Healthcare Training**—\$3 million General Fund to leverage the Department of Health Care Access and Information's Health Workforce Education and Training Council to research healthcare shortages and support research on best practices and strategies to build a diverse, culturally competent workforce to build the health care workforce.

EXPANDING EDUCATION WORKFORCE TRAINING

The Budget includes \$54.4 million in combined Proposition 98 General Fund and General Fund to build upon multi-year investments in the 2021 Budget Act to support immediate efforts to enhance schools' ability to hire qualified teachers and substitutes. This investment builds upon significant multi-year teacher pipeline investments included in the 2021 Budget Act, including investments available over a five-year period that total more than \$2.9 billion. See the K-12 Education Chapter for more information on the Educator Workforce.

IMMIGRANT WORKFORCE

Immigrants bolster California's workforce across industries and are essential to a competitive and diverse labor force that meets existing and future needs. A California for All approach recognizes the skills and expertise of immigrants and creates pathways into good jobs.

The Budget invests in innovative and evidence-based practices that increase immigrant participation in the labor market and in quality jobs, which in turn supports more stable communities, increased income and business tax revenue, and increased educational attainment and employment success for immigrant families and their children. These investments will work alongside other investments to utilize the talent and innovation of immigrant Californians to meet critical gaps for the states' economy and further equity,

including for the care economy and more. See the General Government and Statewide Issues Chapter for more information on Immigration: Innovation and Inclusion.

The Budget includes \$60 million one-time General Fund under the Labor Agency for these purposes, including:

- **Integrated Education and Training**—\$30 million to the Employment Development Department’s Workforce Services Branch to expand the English Language Learner pilots in the Integrated Education and Training programs to 15 sites across the state. These programs will combine contextualized English language instruction with vocational skills training for in-demand occupations.
- **Workforce Literacy**—\$20 million for the Employment Training Panel to expand workplace literacy training in contextualized English, digital skills, and technical skills training for incumbent workers. This will enable employers to build skilled workforces and increase employee retention and provide pathways to higher wages and better jobs for immigrants.
- **California Youth Leadership Program Language Justice Pathway**—\$10 million to expand earn-and-learn community change career pathways for community college students through the California Youth Leadership Corps, a new statewide partnership between the Labor Agency, the Community Learning Partnership, selected California community colleges, local nonprofit organizations, and community partners.

PAY EQUITY AND WORKFORCE RIGHTS

Workforce equity, including pay equity, is strengthened by initiatives that make laws and protections more accessible to workers. The Budget includes \$1.4 million in ongoing General Fund investments to improve awareness of workplace rights and enforcement against those that violate labor laws.

- **Pay Equity Data**—\$716,000 ongoing General Fund and 4 positions for the Department of Fair Employment and Housing to focus on collecting and analyzing pay data.
- **Reaching Every Californian Outreach Campaign**—\$650,000 ongoing General Fund for the Department of Industrial Relations to provide outreach and education to expand the Reaching Every Californian outreach campaign to inform workers of their rights.

In addition, state government is strengthening its efforts to attract and retain a world-class workforce that reflects all of California's diversity, through an initiative to advance equity and inclusion, led by the California Department of Human Resources.

THE PANDEMIC'S IMPACT ON UNEMPLOYMENT INSURANCE

The Employment Development Department (EDD) faced extraordinary challenges during the COVID-19 Pandemic—with the state's unemployment rate rising from 4.3 percent in February 2020, to 16 percent by April 2020. To help address the processing of unemployment claims and improve customer service, the 2021 Budget Act invested \$387.3 million General Fund over two years towards acute challenges and long-term planning to improve EDD. In the near term, EDD acquired contracts to address deferred workloads and hired staff for in-person Unemployment Insurance (UI) assistance. These resources allowed EDD to begin longer-term planning to implement direct deposit options for UI benefits and to incorporate the lessons of the pandemic and findings of the EDD Strike Team and California State Auditor into the Benefits System Modernization Project. EDD anticipates an update to its Benefits Systems Modernization plans in the spring of 2022.

ADDRESSING CHALLENGES

The Budget includes \$133.9 million (\$121.2 million General Fund) in limited-term resources to continue supporting the Department's development of IT systems, improve service for claimants, and protect the state from fraud, while EDD identifies longer-term plans. These funds are necessary as federal funding to support the administration of benefits will decline as the claims decline. These investments include:

- **Continuing Vendor Contracts**—\$96.3 million (\$86 million General Fund) in 2022-23 and \$45.1 million (\$36.8 million General Fund) for 2023-24 and 2024-25 to continue benefit service contracts that include essential document upload services, claims review, testing consultants for EDD products, as well as fraud prevention services.
- **Information Technology Branch Technology Modernization**—\$23.5 million General Fund and 122 positions for three years to maintain and improve benefit system usability to better serve claimants and remain hardened against fraud.
- **Cybersecurity Resources**—\$9.4 million General Fund for three years to support cybersecurity and prevention efforts to improve the security and integrity of EDD IT systems, which hold tax data and other personal information.

- **Unemployment Insurance Command Center**—\$2.1 million General Fund and 10 positions for three years for a UI Command Center that centralizes UI branch management, supports UI data analytics, and enhances training to improve customer service.

UNEMPLOYMENT INSURANCE DEBT

In 2020, the federal government allowed states to borrow federal funds to pay regular UI benefits. The state's UI Trust Fund, which went insolvent in March 2020, borrowed significant sums of money to pay benefits and now owes over \$19.4 billion to the federal government. The debt is anticipated to have substantial costs to the state and the state's employers over the coming years. To assist the state and employers with this out-year pressure, the Budget proposes:

- **UI Debt Payment**—\$3 billion General Fund over two years (\$1 billion in 2022-23, and \$2 billion General Fund in 2023-24) to pay down a portion of the UI debt. So long as the UI trust fund is insolvent, state employers, beginning in 2023, will begin to see federal tax credit reductions of 0.3 percent per year until the fund returns to solvency. To reduce this debt and defray future liabilities owed by the state and employers, these payments will accelerate the timeline for the debt's payoff and, in doing so, reduce future taxes paid against the state's employers and reduce the amount the state pays on the debt's interest payments.
- **UI Interest**—\$470.1 million one-time General Fund to pay the forecasted UI interest payment, which will accrue over the full federal fiscal year and come due in September 2022.

CALIFORNIA INITIATIVE TO ADVANCE PRECISION MEDICINE

The California Initiative to Advance Precision Medicine (CIAPM) supports collaborative research and partnerships between the state, researchers, patients, and communities to advance a holistic perspective of physical and mental well-being.

PRECISION MEDICINE AND DEPRESSION RESEARCH IN BEHAVIORAL HEALTH SETTINGS

The Budget includes \$10 million one-time General Fund for a competitive grant program to support precision medicine-based approaches to preventing, diagnosing, and treating depression. Grant recipients will use the principles of precision medicine to harness the power of computational analytics, next-generation genetic sequencing, and data sharing and aggregation to provide interventions that are tailored to a specific patient.

EQUITABLE INCLUSION IN BIOMEDICAL RESEARCH

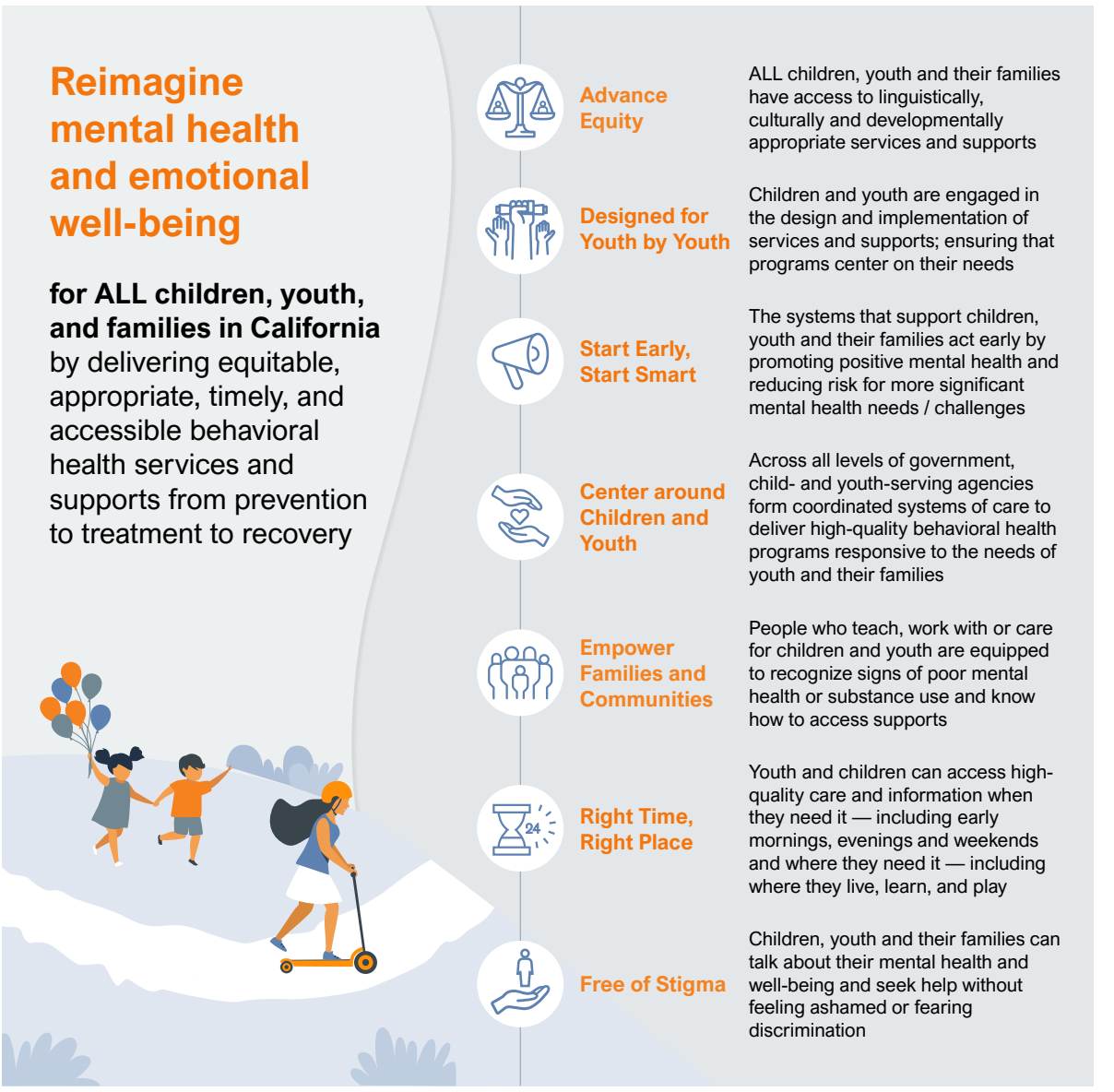
The Budget includes \$9.3 million one-time General Fund to increase participation in biomedical research to better reflect California's diversity. CIAPM will lead an interagency collaboration to develop best practices, create promotional materials, and host events to raise awareness and increase participation among underrepresented communities in research studies.

Children and Youth Behavioral Health Initiative

Overview

The goal of the Children and Youth Behavioral Health Initiative is to reimagine the systems that support behavioral health and wellness for California’s children and youth into an innovative, up-stream focused, ecosystem. This ecosystem will focus on promoting well-being and preventing behavioral health challenges, and on routinely screening, supporting, and serving ALL children and youth for emerging and existing behavioral health (mental health and substance use) needs.

Figure 1: Children and Youth Behavioral Health Initiative goals



The Children and Youth Behavioral Health Initiative will be designed and implemented in partnership with CalHHS departments, education stakeholders from early childhood, K-12 and higher education, other State agencies, subject matter experts, community partners and stakeholders on the ground and in the field, and children, youth, and their families.

Background

Focusing on prevention and early intervention can help reduce children and youth's risk of developing serious mental, emotional and developmental challenges. Research shows that half of all lifetime cases of diagnosable mental illnesses begin by age 14, three-fourths begin by age 24, and most substance use begins in adolescence,^{1,2} emphasizing the need to strengthen prevention and early identification and intervention services. In California, thirteen percent of children aged 3-17 years reported having at least one mental, emotional, developmental, or behavioral health problem³ and eight percent of children have a serious emotional disturbance that limits participation in daily activity.⁴ Despite these high rates of needs, many children and youth with behavioral health needs do not receive care. A 2018 report shows that about two-thirds of adolescents with major depressive episodes in California do not get treatment.⁵ The COVID-19 pandemic has exacerbated children and youth's behavioral health issues, underscoring the need to reimagine the children and youth behavioral health system. We can and must do more to prevent the circumstances that lead to these challenges by focusing on strategies that strengthen protective factors and support the social and emotional well-being of ALL of California's children and youth.

California is seeking to enhance, expand and redesign the behavioral health system to meet these needs, including by integrating behavioral health into health, education, and other sectors that support children, youth, and families. This effort will include a stronger focus on prevention, improved access to programs and services, and better access to emergency and acute care services. All this will depend on our ability to build up the necessary workforce in communities and schools. There is also a need for a stronger focus on equity in addressing behavioral health challenges, including supporting and developing specific strategies for communities of color, low-income families, LGBTQ+ individuals, and communities with elevated rates of adverse childhood experiences.

California has made a commitment to take a statewide, comprehensive approach to this long-term challenge. The opportunity to build a true system of care for all children and youth will change the arc of the lives of the next generation of Californians, creating the potential to

¹ Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication [published erratum appears in Arch Gen Psychiatry 2005;62:768]. Arch Gen Psychiatry 2005;62:593–602

² NIDA. 2021, August 3. Introduction. Retrieved from <https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/introduction> on 2021, November 19

³ Child and Adolescent Health Measurement Initiative. 2019 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [10/12/21] from [www.childhealthdata.org].

⁴ Holzer C and Nguyen H. Estimation of Need for Mental Health Services. 2014

⁵ California Health Care Almanac, California Health Care Foundation, March 2018, <https://www.chcf.org/wp-content/uploads/2018/12/MentalHealthCA2018.pdf>

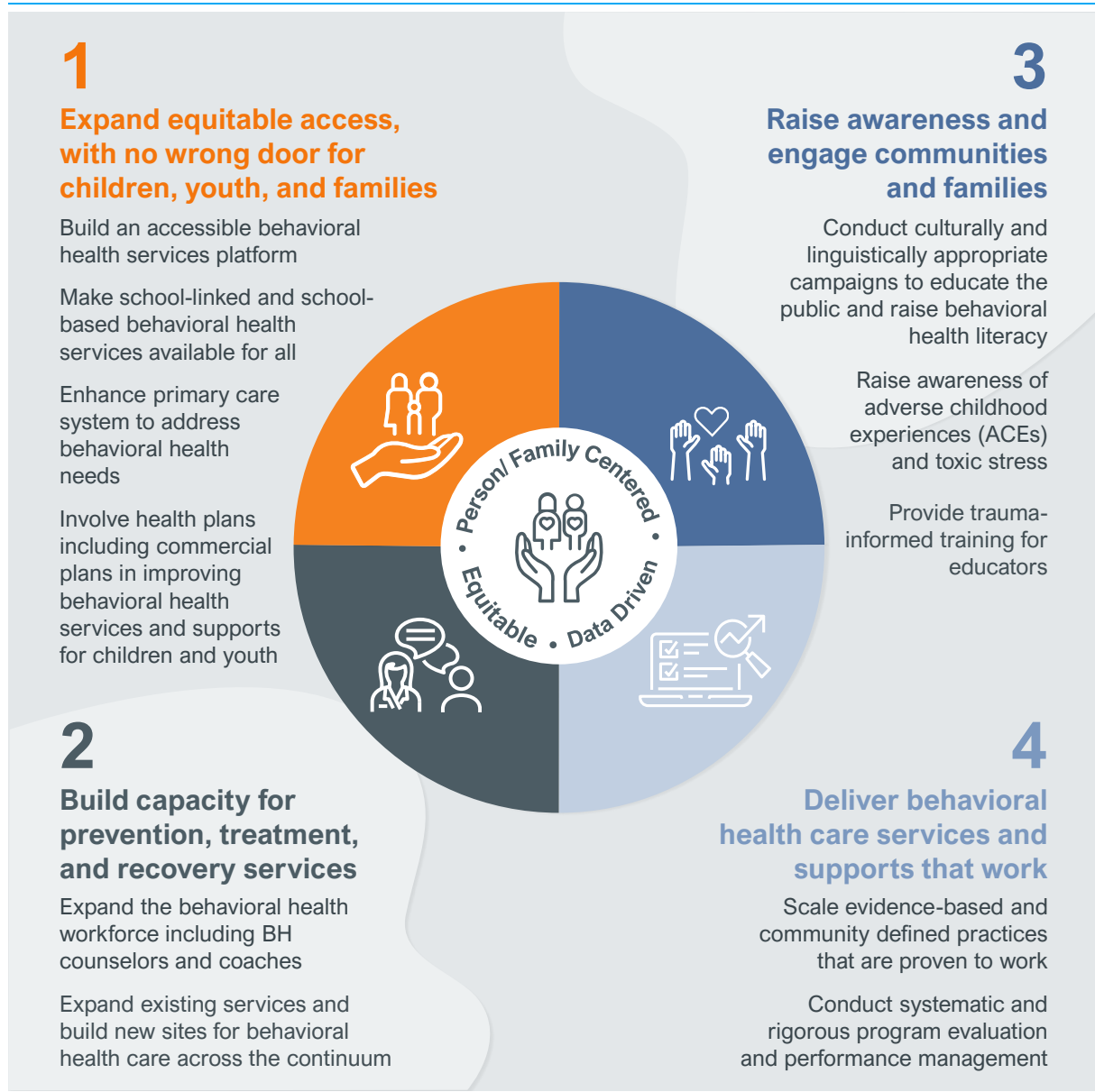
alter key drivers of poor health, homelessness, incarceration, and poverty. California has made a significant one-time investment of \$ 4.4 billion over five years to redesign the behavioral health system for children and youth. The process of redesign will bring together representative stakeholders from systems and sectors that support children, youth, and their families including health, education and other sectors that play a critical role in promoting positive mental health. The Children and Youth Behavioral Health Initiative will serve as a catalyst for reimagining the systems that support behavioral health for children and youth and creating synergistic partnerships and integrated strategies across sectors and programs to ensure youth needs are centered and equity in access and outcomes is advanced. This is a tremendous opportunity to make a long-term impact on the health and well-being of California's children and youth.

Launching the Children and Youth Behavioral Health Initiative components

The Children and Youth Behavioral Health Initiative will initially focus on eleven components across four main themes. Each component is associated with multiple actions, programs, and initiatives and will have specific measurable goals to ensure that the vision of an innovative children and youth behavioral health ecosystem is achieved. The focus areas and components of the Children and Youth Behavioral Health Initiative will continue to evolve to address the needs of children and youth.



Figure 2: Children and Youth Behavioral Health Initiative initial focus areas and components



Timeline and milestones

Since the California State Budget passed in July 2021 which included the Children and Youth Behavioral Health Initiative, CalHHS has launched an interdepartmental team to focus initially on activating and expanding stakeholder engagement, analyzing existing efforts, planning implementation, and making preparations to launch the initial solution design. A roadmap and milestones will be defined and updated as the team incorporates stakeholder inputs and completes the initial planning phase across all program components.

Figure 3: Children and Youth Behavioral Health Initiative initial milestones in July 2021-June 2022



MISCELLANEOUS ENCLOSURES

January 27, 2022 Commission Meeting

Enclosures (5):

- (1) November 18, 2021 Motions Summary
- (2) Evaluation Dashboard
- (3) Innovation Dashboard
- (4) Department of Health Care Services Revenue and Expenditure Reports Status Update
- (5) Calendar of Tentative Commission Meeting Agenda Items



Motions Summary

**Commission Meeting
November 18, 2021**

Motion #: 1

Date: November 18, 2021

Time: 9:47 AM

Motion:

The Commission approves the October 28, 2021 meeting minutes.

Commissioner making motion: Commissioner Alvarez

Commissioner seconding motion: Commissioner Gordon

Motion carried 9 yes, 0 no, and 3 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	No Response
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Bontrager	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Carnevale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Chen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Cortese	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Rowlett	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Vice Chair Madrigal-Weiss	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
 November 18, 2021**

Motion #: 2

Date: November 18, 2021

Time: 9:55 AM

Motion:

The Commission elects Vice Chair Mara Madrigal-Weiss as Chair of the Mental Health Services Oversight and Accountability Commission for 2022.

Commissioner making motion: Commissioner Tamplen

Commissioner seconding motion: Commissioner Bunch

Motion carried 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	No Response
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Bontrager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Carnevale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Chen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Cortese	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Rowlett	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
November 18, 2021**

Motion #: 3

Date: November 18, 2021

Time: 10:03 AM

Motion:

The Commission elects Commissioner Mayra Alvarez as Vice Chair of the Mental Health Services Oversight and Accountability Commission for 2022.

Commissioner making motion: Commissioner Tamplen

Commissioner seconding motion: Commissioner Bunch

Motion carried 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	No Response
17. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Commissioner Bontrager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Commissioner Carnevale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Commissioner Chen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Commissioner Cortese	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Commissioner Rowlett	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
November 18, 2021**

Motion #: 4

Date: November 18, 2021

Time: 10:50

Motion:

The Commission approves Shasta County’s Innovation plan, as follows:

Name: The Hope Park Project: An Intergenerational Approach to Improving Mental Health

Amount: Up to \$1,750,000 in MHSA Innovation Funds

Project Length: Five years

Commissioner making motion: Commissioner Mitchell

Commissioner seconding motion: Commissioner Alvarez

Motion carried 10 yes, 0 no, and 2 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	No Response
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Bontrager	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Carnevale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Chen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Cortese	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Rowlett	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
November 18, 2021**

Motion #: 5

Date: November 18, 2021

Time: 11:12

Motion:

The Commission approves Alameda County’s Innovation plan, as follows:

Name: Community Assessment Transportation Team (CATT)

Amount: Up to \$4,759,312 in additional MHSA Innovation funds, to a total authority of \$14,637,394

Project Length: Five years

Commissioner making motion: Commissioner Mitchell

Commissioner seconding motion: Commissioner Carnevale

Motion carried 8 yes, 0 no, and 3 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	No Response
1. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commissioner Bontrager	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Bunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Carnevale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Chen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Cortese	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Rowlett	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Tamplen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motions Summary

**Commission Meeting
November 18, 2021**

Motion #: 6

Date: November 18, 2021

Time: 12:20

Motion:

Authorize the Executive Director, with the approval of the Anti-Bullying Advisory Committee Chair and Commission Chair, to enter into one or more contracts for up to \$5 million to develop and implement an anti-bullying social media network as directed by the State Budget. The contractor(s) shall have demonstrated expertise in multicultural youth engagement, social media and website management, and youth peer-to-peer support.

Commissioner making motion: Commissioner Alvarez

Commissioner seconding motion: Commissioner Mitchell

Motion carried 10 yes, 0 no, and 2 abstain, per roll call vote as follows:

Name	Yes	No	Abstain	Absent	No Response
17. Commissioner Alvarez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Commissioner Bontrager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Commissioner Bunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. Commissioner Carnevale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Commissioner Carrillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Commissioner Chen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Commissioner Cortese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Commissioner Rowlett	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Commissioner Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. Vice Chair Madrigal-Weiss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Updates

Contracts

New Contract: None

Total Contracts: 3

Funds Spent Since the November Commission Meeting

Contract Number	Amount
17MHSOAC073	\$ 0.00
17MHSOAC074	\$ 0.00
21MHSOAC023	\$ 0.00
Total	\$ 0.00

Contracts with Deliverable Changes

[17MHSOAC073](#)

[17MHSOAC074](#)

[21MHSOAC023](#)

Regents of the University of California, Davis: Triage Evaluation (17MHSOAC073)

MHSOAC Staff: Kai LeMasson

Active Dates: 01/16/19 - 12/31/23

Total Contract Amount: \$2,453,736.50

Total Spent: \$1,777,569.16

This project will result in an evaluation of both the processes and strategies county triage grant program projects have employed and the outcomes obtained in those projects, funded separately to serve Adult, Transition Age Youth and child clients under the Investment in Mental Health Wellness Act in contracts issued by the Mental Health Services Oversight and Accountability Commission. This evaluation is intended to assess the feasibility, effectiveness and generalizability of pilot approaches for local responses to mental health crises in order to promote the implementation of best practices across the State.

Deliverable	Status	Due Date	Change
Workplan	Complete	4/15/19	No
Background Review	Complete	7/15/19	No
Draft Summative Evaluation Plan	Complete	2/12/20	No
Formative/Process Evaluation Plan	Complete	1/24/20	No
Updated Formative/Process Evaluation Plan	Complete	1/15/21	No
Data Collection and Management Report	Complete	6/15/20	No

Deliverable	Status	Due Date	Change
Final Summative Evaluation Plan	Complete	7/15/20	No
Data Collection for Formative/Process Evaluation Plan Progress Reports (10 quarterly reports)	In Progress	1/15/21- 3/15/23	No
Formative/Process Evaluation Plan Implementation and Preliminary Findings (11 quarterly reports)	In Progress	1/15/21- 6/15/23	No
Co-host Statewide Conference and Workplan (a and b)	In Progress	9/15/21 Fall 2022	No
Midpoint Progress Report for Formative/Process Evaluation Plan	Complete	7/15/21	No
Drafts Formative/Process Evaluation Final Report (a and b)	Not Started	3/30/23 7/15/23	No
Final Report and Recommendations	Not Started	11/30/23	No

The Regents of the University of California, Los Angeles: Triage Evaluation (17MHSOAC074)

MHSOAC Staff: Kai LeMasson

Active Dates: 01/16/19 - 12/31/23

Total Contract Amount: \$2,453,736.50

Total Spent: \$1,645,018.16

This project will result in an evaluation of both the processes and strategies county triage grant program projects have employed and the outcomes obtained in those projects, funded separately to serve Adult, Transition Age Youth and child clients under the Investment in Mental Health Wellness Act in contracts issued by the Mental Health Services Oversight and Accountability Commission. This evaluation is intended to assess the feasibility, effectiveness and generalizability of pilot approaches for local responses to mental health crises in order to promote the implementation of best practices across the State.

Deliverable	Status	Due Date	Change
Workplan	Complete	4/15/19	No
Background Review	Complete	7/15/19	No
Draft Summative Evaluation Plan	Complete	2/12/20	No
Formative/Process Evaluation Plan	Complete	1/24/20	No
Updated Formative/Process Evaluation Plan	Complete	1/15/21	No
Data Collection and Management Report	Complete	6/15/20	No
Final Summative Evaluation Plan	Complete	7/15/20	No
Data Collection for Formative/Process Evaluation Plan Progress Reports (10 quarterly reports)	In Progress	1/15/21- 3/15/23	No

Deliverable	Status	Due Date	Change
Formative/Process Evaluation Plan Implementation and Preliminary Findings (<u>11 quarterly reports</u>)	In Progress	1/15/21- 6/15/23	No
Co-host Statewide Conference and Workplan (a and b)	In Progress	9/15/21 Fall 2022	No
Midpoint Progress Report for Formative/Process Evaluation Plan	In Progress	7/15/21	No
Drafts Formative/Process Evaluation Final Report (a and b)	Not Started	3/30/23 7/15/23	No
Final Report and Recommendations	Not Started	11/30/23	No

The Regents of the University of California, San Francisco: Partnering to Build Success in Mental Health Research and Policy (21MHSOAC023)

MHSOAC Staff: Rachel Heffley

Active Dates: 07/01/21 - 06/30/24

Total Contract Amount: \$5,414,545.00

Total Spent: \$353,685.84

UCSF is providing onsite staff and technical assistance to the MHSOAC to support project planning, data linkages, and policy analysis activities.

Deliverable	Status	Due Date	Change
Quarterly Progress Reports	Complete	09/30/21	No
Quarterly Progress Reports	Complete	12/31/21	No
Quarterly Progress Reports	Not Started	03/31/2022	No
Quarterly Progress Reports	Not Started	06/30/2022	No
Quarterly Progress Reports	Not Started	09/30/2022	No
Quarterly Progress Reports	Not Started	12/31/2022	No
Quarterly Progress Reports	Not Started	03/31/2023	No
Quarterly Progress Reports	Not Started	06/30/2023	No

Deliverable	Status	Due Date	Change
Quarterly Progress Reports	Not Started	09/30/2023	No
Quarterly Progress Reports	Not Started	12/31/2023	No
Quarterly Progress Reports	Not Started	03/31/2024	No
Quarterly Progress Reports	Not Started	06/30/2024	No

INNOVATION DASHBOARD

JANUARY 2022



UNDER REVIEW	Final Proposals Received	Draft Proposals Received	TOTALS
Number of Projects	0	9	9
Participating Counties (unduplicated)	0	8	8
Dollars Requested	\$0	\$22,322,360	\$12,291,711

PREVIOUS PROJECTS	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2016-2017	33	30	\$68,634,435	18 (31%)
FY 2017-2018	34	33	\$149,548,570	19 (32%)
FY 2018-2019	53	53	\$304,098,391	32 (54%)
FY 2019-2020	28	28	\$62,258,683	19 (32%)
FY 2020-2021	35	33	\$84,935,894	22 (37%)

TO DATE	Reviewed	Approved	Total INN Dollars Approved	Participating Counties
FY 2021-2022	6	6	\$12,464,442	6

INNOVATION PROJECT DETAILS

DRAFT PROPOSALS

Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC
Under Review	Modoc	Integrated Health Care for Individuals with SMI	\$480,000	5 Years	3/2/2021	Pending
Under Review	Berkeley	Encampment Based Mobile Wellness Center	\$2,802,400	5 Years	6/29/2021	Pending
Under Review	Butte	Resiliency Empowerment Support Team	\$3,510,520	5 Years	9/3/2021	Pending
Under Review	Sonoma	Crossroads To Hope	\$2,499,999	5 Years	9/29/2021	Pending
Under Review	Kern	Mobile Clinic with Street Psychiatry	\$8,774,095	5 Years	12/19/2021	Pending
Under Review	Stanislaus	CPP Planning Request	\$425,000	5 Years	11/22/2021	Pending
Under Review	Ventura	FSP Multi-County Collaborative-EXTENSION	\$702,227	4.5 Years	12/23/2021	Pending
Under Review	Kern	Early Psychosis learning Health Care Network	\$795,088	4 Years	12/20/2021	Pending
Under Review	Santa Cruz	Healing The Streets	\$5,843,551	5 Years	12/9/2021	Pending

FINAL PROPOSALS

Status	County	Project Name	Funding Amount Requested	Project Duration	Draft Proposal Submitted to OAC	Final Project Submitted to OAC

APPROVED PROJECTS (FY 21-22)

County	Project Name	Funding Amount	Approval Date
Placer	24/7 Adult Crisis Respite Center	\$2,750,000	8/26/2021
Marin	Student Wellness Ambassador Program	\$1,648,000	9/23/2021

APPROVED PROJECTS (FY 21-22)

County	Project Name	Funding Amount	Approval Date
Monterey	Residential Care Facility Incubator (Planning Dollars)	\$792,130	11/1/2021
Lake	Multi County FSP Collaborative	\$765,000	11/2/2021
Shasta	Hope Park	\$1,750,000	11/18/2021
Alameda	Community Assessment Transportation Team (CATT) Extension	\$4,759,312	11/18/2021

DHCS Status Chart of County RERs Received
January 27, 2022 Commission Meeting

Attached below is a Status Report from the Department of Health Care Services regarding County MHSA Annual Revenue and Expenditure Reports received and processed by Department staff, dated November 3rd, 2021. This Status Report covers the FY 2016-17 through FY 2019-20 County RERs.

For each reporting period, the Status Report provides a date received by the Department of the County's RER and a date on which Department staff completed their "Final Review."

The Department provides MHSOAC staff with weekly status updates of County RERs received, processed, and forwarded to the MHSOAC. MHSOAC staff process data from County RERs for inclusion in the Fiscal Reporting Tool only after the Department determines that it has completed its Final Review. FY 2017-18 RER data has not yet been incorporated into the Fiscal Reporting Tool due to format changes.

The Department also publishes on its website a web page providing access to County RERs. This page includes links to individual County RERs for reporting years FY 2006-07 through FY 2015-16. This page can be accessed at: <http://www.dhcs.ca.gov/services/MH/Pages/Annual-Revenue-and-Expenditure-Reports-by-County.aspx>. Additionally, County RERs for reporting years FY 2016-17 through FY 2017-18 can be accessed at the following webpage: http://www.dhcs.ca.gov/services/MH/Pages/Annual_MHSA_Revenue_and_Expenditure_Reports_by_County_FY_16-17.aspx.

Counties also are required to submit RERs directly to the MHSOAC. The Commission provides access to these reports through its Fiscal Reporting Tool at <http://mhsoac.ca.gov/fiscal-reporting> for Reporting Years FY 2012-13 through FY 2016-17 and a data reporting page at https://mhsoac.ca.gov/resources/documents-and-reports/documents?field_county_value=All&field_component_target_id=46&year=all

On October 1, 2019, DHCS published a report detailing MHSA funds subject to reversion as of July 1, 2018, covering allocation year FY 2015-16 for large counties and 2008-09 for WET and CFTN funds, updating a July 1, 2018 report detailing funds subject to reversion for allocation years FY 2005-06 through FY 2014-15 to satisfy Welfare and Institutions Code (W&I), Section 5892.1 (b). Both reports can be accessed at the following webpage:

<https://www.dhcs.ca.gov/services/MH/Pages/MHSAFiscalRef.aspx>

DHCS Status Chart of County RERs Received
 January 27, 2021 Commission Meeting

DCHS MHSA Annual Revenue and Expenditure Report Status Update

FY 2005-06 through FY 2018-19, all Counties are current

County	FY 19-20 Electronic Copy Submission Date	FY 19-20 Return to County Date	FY 19-20 Final Review Completion Date
Alameda	1/29/2021	2/1/2021	2/8/2021
Alpine	7/1/2021		10/15/2021
Amador	1/15/2021	1/15/2021	2/2/2021
Berkeley City	1/13/2021	1/13/2021	1/13/2021
Butte			
Calaveras	1/31/2021	2/1/2021	2/9/2021
Colusa	4/15/2021	4/19/2021	5/27/2021
Contra Costa	1/30/2021	2/1/2021	2/22/2021
Del Norte	2/1/2021	2/2/2021	2/17/2021
El Dorado	1/29/2021	1/29/2021	2/4/2021
Fresno	12/29/2020	12/29/2021	1/26/2021
Glenn	2/19/2021	2/24/2021	3/11/2021
Humboldt	4/9/2021	4/13/2021	4/15/2021
Imperial	2/1/2021	2/1/2021	2/12/2021
Inyo	4/1/2021	4/2/2021	
Kern	2/2/2021	2/2/2021	2/8/2021
Kings	1/4/2021	1/4/2021	3/11/2021
Lake	2/9/2021	2/9/2021	2/17/2021
Lassen	1/25/2021	1/25/2021	1/28/2021
Los Angeles	3/11/2021	3/16/2021	3/30/2021
Madera	3/29/2021	3/30/2021	4/15/2021
Marin	2/2/2021	2/2/2021	2/17/2021
Mariposa	1/29/2021	1/29/2021	3/11/2021

DHCS Status Chart of County RERs Received
 January 27, 2021 Commission Meeting

County	FY 19-20 Electronic Copy Submission Date	FY 19-20 Return to County Date	FY 19-20 Final Review Completion Date
Mendocino	12/30/2020	1/4/2021	1/20/2021
Merced	1/11/2021	1/12/2021	1/15/2021
Modoc	4/29/2021	5/4/2021	5/13/2021
Mono	1/29/2021	1/29/2021	2/16/2021
Monterey	2/24/2021	3/1/2021	3/11/2021
Napa	12/23/2020	12/24/2020	12/28/2020
Nevada	1/29/2021	2/16/2021	2/18/2021
Orange	12/31/2020	1/20/2021	2/9/2021
Placer	2/3/2021	2/22/2021	2/23/2021
Plumas	2/25/2021	3/19/2021	3/25/2021
Riverside	2/1/2021	3/31/2021	4/8/2021
Sacramento	1/29/2021	2/1/2021	5/6/2021
San Benito	7/28/2021	7/30/2021	8/3/2021
San Bernardino	3/3/2021	3/4/2021	3/17/2021
San Diego	1/30/2021	2/1/2021	2/4/2021
San Francisco	1/29/2021	3/19/2021	3/22/2021
San Joaquin	2/1/2021	2/2/2021	2/11/2021
San Luis Obispo	12/31/2020	1/20/2021	1/20/2021
San Mateo	1/29/2021	2/1/2021	2/16/2021
Santa Barbara	12/29/2020	12/30/2020	1/5/2021
Santa Clara	1/28/2021	2/11/2021	3/3/2021
Santa Cruz	3/29/2021	4/5/2021	4/15/2021
Shasta	1/14/2021	1/15/2021	1/19/2021
Sierra	12/31/2020	3/10/2021	4/12/2021
Siskiyou	2/16/2021	6/11/2021	6/15/2021
Solano	2/1/2021	2/1/2021	2/25/2021

DHCS Status Chart of County RERs Received
 January 27, 2021 Commission Meeting

County	FY 19-20 Electronic Copy Submission Date	FY 19-20 Return to County Date	FY 19-20 Final Review Completion Date
Sonoma	1/29/2021	3/5/2021	4/12/2021
Stanislaus	12/31/2020	1/5/2021	1/5/2021
Sutter-Yuba	1/30/2021	2/1/2021	3/9/2021
Tehama	4/27/2021	n/a	5/21/2021
Tri-City	1/27/2021	3/4/2021	3/30/2021
Trinity	2/1/2021	2/2/2021	2/17/2021
Tulare	1/26/2021	1/27/2021	2/10/2021
Tuolumne	6/2/2021	8/11/2021	8/11/2021
Ventura	1/29/2021	2/2/2021	2/16/2021
Yolo	1/28/2021	2/2/2021	2/2/2021
Total	58	56	57

Calendar of Tentative Commission Meeting Agenda Items

Proposed 01/14/2022

Agenda items and meeting locations are subject to change.

February 24, 2022: Sacramento, CA (Teleconference)

Potential Innovation Plan Approval

The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Mental Health Wellness Act of 2013 (Triage) Outline and Authority to Award Grants

The Commission will be presented with an outline for the next round of Triage grants and request that the Commission delegate authority to the Executive Director to award grants to the highest scoring applicants.

Legislative Priorities for 2022

The Commission will consider legislative and budget priorities for the current legislative session.

March 24, 2022: Sacramento, CA (Teleconference)

Potential Innovation Plan Approval

The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Legislative Priorities for 2022

The Commission will consider legislative and budget priorities for the current legislative session.

Innovation Report Out

The Commission will be presented with an update on Innovation activities.

Capital Collaborative On Race and Equity: Racial Equity Action Plan Presentation

The Commission will consider the CCORE Action Plan for adoption.

April 28, 2022: TBD

Potential Innovation Plan Approval

The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Legislative Priorities for 2022

The Commission will consider legislative and budget priorities for the current legislative session.

Calendar of Tentative Commission Meeting Agenda Items

Proposed 01/14/2022

Agenda items and meeting locations are subject to change.

Youth Drop-In Centers – allcove Grant Program Report Out

The Commission will hear an overview of progress made toward the implementation of allcove youth drop-in centers.

Early Psychosis Intervention Grant Program Report Out

The Commission will hear an overview of the progress made towards the implementation of EPI-Plus Coordinated Specialty Care Clinics.

May 26, 2022: TBD

Potential Innovation Plan Approval

The Commission reserves time on each month's agenda to consider approval of Innovation projects for counties. At this time, it is unknown if an innovative project will be calendared.

Legislative Priorities for 2022

The Commission will consider legislative and budget priorities for the current legislative session.

Governor's Budget Revisions for 2022

The Commission will be presented with the Governor's budget revisions for 2022.

Prevention and Early Intervention Report Presentation

The Commission will consider the final report of the PEI project subcommittee for adoption.

Workplace Mental Health Report Presentation

The Commission will consider the final report of the WPMH project subcommittee for adoption.

June 2022:

No Meeting