

AGENDA**ASSEMBLY BUDGET SUBCOMMITTEE NO. 1 ON HEALTH AND HUMAN SERVICES****ASSEMBLYMEMBER DR. JOAQUIN ARAMBULA, CHAIR****WEDNESDAY, APRIL 25, 2018****2:30 P.M. - STATE CAPITOL, ROOM 444**

ITEMS TO BE HEARD		
ITEM	DESCRIPTION	PAGE
0530	HEALTH AND HUMAN SERVICES AGENCY, OFFICE OF SYSTEMS INTEGRATION	7
4260	DEPARTMENT OF HEALTH CARE SERVICES	
5180	DEPARTMENT OF SOCIAL SERVICES	
ISSUE 1	PROGRAM AND BUDGET REVIEW OF OFFICE OF SYSTEMS INTEGRATION AND HEALTH AND HUMAN SERVICES AUTOMATION PROJECTS	7
ISSUE 2	STATEWIDE AUTOMATED WELFARE SYSTEM (SAW) SINGLE SYSTEM AND RELATED ADVOCACY REQUEST	13
ISSUE 3	REVIEW OF THE APPLICATION HUB PROJECT	17
ISSUE 4	BUDGET CHANGE PROPOSAL (BCP) FOR MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS) MODERNIZATION	19
ISSUE 5	BCP FOR HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) COMPLIANCE AND TECHNICAL ASSISTANCE	25
ISSUE 6	BCP FOR RIGHTSIZING OFFICE OF LAW ENFORCEMENT SUPPORT (OLES)	29
ISSUE 7	SPRING FINANCE LETTER (SFL) FOR EWIC MIS PROJECT EXPENDITURE INCREASE	32
4170	CALIFORNIA DEPARTMENT OF AGING	35
ISSUE 1	SFL FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM – EDUCATION (SNAP-Ed) PROGRAM	35

4185	CALIFORNIA SENIOR LEGISLATURE	38
ISSUE 1	SFL FOR REAPPROPRIATION OF UNENCUMBERED BALANCE	38
5160	DEPARTMENT OF REHABILITATION	40
ISSUE 1	SFL FOR VENDING STAND FUND EXPENDITURE AUTHORITY INCREASE	40
ISSUE 2	SFL FOR CALIFORNIA PUBLIC UTILITIES COMMISSION (CPUC) INTERAGENCY AGREEMENT	43
ISSUE 3	SFL FOR DISABILITY ACCESS BUSINESS ENGAGEMENT	46
5180	DEPARTMENT OF SOCIAL SERVICES	48
ISSUE 1	SFL ON IN-HOME SUPPORTIVE SERVICES (IHSS) COLLECTIVE BARGAINING AND STATE ADMINISTRATION	48
ISSUE 2	ADVOCACY REQUEST ON EXPANDING CALWORKS ELIGIBILITY FOR SPONSORED NON-CITIZENS	51
ISSUE 3	ADVOCACY REQUEST ON FOSTER YOUTH ENRICHMENT ACTIVITIES	53
ISSUE 4	ADVOCACY REQUEST ON CHAFEE GRANT FOSTER YOUTH SUPPORT	54
ISSUE 5	ADVOCACY REQUEST ON HOLOCAUST SURVIVOR ASSISTANCE PROGRAM	56

LIST OF PANELISTS IN ORDER OF PRESENTATION

0530 HEALTH AND HUMAN SERVICES AGENCY, OFFICE OF SYSTEMS INTEGRATION

4260 DEPARTMENT OF HEALTH CARE SERVICES

5180 DEPARTMENT OF SOCIAL SERVICES

ISSUE 1: PROGRAM AND BUDGET REVIEW OF OFFICE OF SYSTEMS INTEGRATION AND HEALTH AND HUMAN SERVICES AUTOMATION PROJECTS

- Health and Human Services Agency, Office of Systems Integration
- Department of Health Care Services
- Department of Social Services
- Iliana Ramos, Department of Finance
- Lourdes Morales, Legislative Analyst's Office
- Public Comment

ISSUE 2: STATEWIDE AUTOMATED WELFARE SYSTEM (SAW) SINGLE SYSTEM AND RELATED ADVOCACY REQUEST

- Health and Human Services Agency, Office of Systems Integration
- Department of Social Services
- Mike Herald, Western Center on Law and Poverty
- Representative, Alliance to Transform CalFresh
- Iliana Ramos, Department of Finance
- Lourdes Morales, Legislative Analyst's Office
- Public Comment

ISSUE 3: REVIEW OF THE APPLICATION HUB PROJECT

- Department of Social Services
- Iliana Ramos, Department of Finance
- Lourdes Morales, Legislative Analyst's Office
- Public Comment

ISSUE 4: BUDGET CHANGE PROPOSAL (BCP) FOR MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS) MODERNIZATION

- Health and Human Services Agency, Office of Systems Integration
- Department of Health Care Services
- Department of Social Services
- Iliana Ramos, Department of Finance
- Lourdes Morales, Legislative Analyst's Office
- Public Comment

ISSUE 5: BCP FOR HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) COMPLIANCE AND TECHNICAL ASSISTANCE

- Health and Human Services Agency, Office of Health Information Integrity
- Iliana Ramos, Department of Finance
- Legislative Analyst's Office
- Public Comment

ISSUE 6: BCP FOR RIGHTSIZING OFFICE OF LAW ENFORCEMENT SUPPORT (OLES)

- Health and Human Services Agency, Office of Law Enforcement Support
- Iliana Ramos, Department of Finance
- Sonja Petek, Legislative Analyst's Office
- Public Comment

ISSUE 7: SPRING FINANCE LETTER (SFL) FOR EWIC MIS PROJECT EXPENDITURE INCREASE

- Health and Human Services Agency, Office of Systems Integration
- Department of Health Care Services
- Department of Social Services
- Iliana Ramos, Department of Finance
- Lourdes Morales, Legislative Analyst's Office
- Public Comment

4170 CALIFORNIA DEPARTMENT OF AGING

ISSUE 1: SFL FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM – EDUCATION (SNAP-Ed) PROGRAM

- California Department of Aging
- Luis Bourgeois, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- Public Comment

4185 CALIFORNIA SENIOR LEGISLATURE

ISSUE 1: SFL FOR REAPPROPRIATION OF UNENCUMBERED BALANCE

- California Senior Legislature
- California Department of Aging
- Luis Bourgeois, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- Public Comment

5160 DEPARTMENT OF REHABILITATION

ISSUE 1: SFL FOR VENDING STAND FUND EXPENDITURE AUTHORITY INCREASE

- Department of Rehabilitation
- Luis Bourgeois, Department of Finance
- Ginni Bella, Legislative Analyst's Office
- Public Comment

ISSUE 2: SFL FOR CALIFORNIA PUBLIC UTILITIES COMMISSION (CPUC) INTERAGENCY AGREEMENT

- Department of Rehabilitation
- Luis Bourgeois, Department of Finance
- Ginni Bella, Legislative Analyst's Office
- Public Comment

ISSUE 3: SFL FOR DISABILITY ACCESS BUSINESS ENGAGEMENT

- Department of Rehabilitation
- Luis Bourgeois, Department of Finance
- Ginni Bella, Legislative Analyst's Office
- Public Comment

5180 DEPARTMENT OF SOCIAL SERVICES**ISSUE 1: SFL ON IN-HOME SUPPORTIVE SERVICES (IHSS) COLLECTIVE BARGAINING AND STATE ADMINISTRATION**

- Department of Social Services
- Iliana Ramos, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- Public Comment

ISSUE 2: ADVOCACY REQUEST ON EXPANDING CALWORKS ELIGIBILITY FOR SPONSORED NON-CITIZENS

- Assemblymember Bill Quirk
- Anissa Basoco-Villarreal, Policy Director, Office of Policy, Evaluation, and Planning, Alameda County Social Services Agency
- Department of Social Services
- Tyler Woods, Department of Finance
- Chas Alamo, Legislative Analyst's Office
- Public Comment

ISSUE 3: ADVOCACY REQUEST ON FOSTER YOUTH ENRICHMENT ACTIVITIES

- Assemblymember Dante Acosta
- Assemblymember Ken Cooley
- Lucy Salcido Carter, Policy Advocate, Youth Law Center
- Summer Rae, Foster Youth, CA Youth Connection
- Department of Social Services
- Iliana Ramos, Department of Finance
- Lourdes Morales, Legislative Analyst's Office
- Public Comment

ISSUE 4: ADVOCACY REQUEST ON CHAFEE GRANT FOSTER YOUTH SUPPORT

- Assemblymember Sydney Kamlager-Dove
- Cristal Harris, Former Foster Youth, University of San Francisco School of Law Graduate
- Jesse Aguiar, Director, Beyond Foster Care, Journey House
- Department of Social Services
- Iliana Ramos, Department of Finance
- Lourdes Morales, Legislative Analyst's Office
- Public Comment

ISSUE 5: ADVOCACY REQUEST ON HOLOCAUST SURVIVOR ASSISTANCE PROGRAM

- Assemblymember Marc Levine
- Ashley Harrington, Manager, Public Affairs, Jewish Family Service of San Diego
- Nancy Volpert, Director of Public Policy & Strategic Initiatives, Jewish Family Service of Los Angeles
- Department of Social Services
- Iliana Ramos, Department of Finance
- Lourdes Morales, Legislative Analyst's Office
- Public Comment

ITEMS TO BE HEARD

0530 HEALTH AND HUMAN SERVICES AGENCY, OFFICE OF SYSTEMS INTEGRATION

4260 DEPARTMENT OF HEALTH CARE SERVICES

5180 DEPARTMENT OF SOCIAL SERVICES

ISSUE 1: PROGRAM AND BUDGET REVIEW OF OFFICE OF SYSTEMS INTEGRATION AND HEALTH AND HUMAN SERVICES AUTOMATION PROJECTS

PANEL

- Health and Human Services Agency, Office of Systems Integration
- Department of Health Care Services
- Department of Social Services
 - OSI and DSS, please provide a high-level overview for the following automation projects: (1) CWS-CARES, (2) EBT, and (3) CMIPS II, noting any areas of delay, additional cost, or other issues that should be brought to the attention of the Subcommittee as we review the automation projects.

(Please note that other automation projects described briefly here are the focus of other Issues in this agenda, and should be discussed when the Subcommittee moves to those issues please.)

- Iliana Ramos, Department of Finance
- Lourdes Morales, Legislative Analyst's Office
- Public Comment

BACKGROUND AND AUTOMATION OVERVIEW

The Governor's budget includes \$458.4 million for the Health and Human Services Agency in 2018-19, representing a slight decrease in funding from the current year. Over 95 percent of the funds in the Agency budget are associated with the Office of System Integration, which oversees information technology systems and projects that serve various departments within the Agency.

The Office of Systems Integration (OSI) was established within the California Health and Human Services Agency to manage a portfolio of large, complex health and human services information technology (IT) projects. OSI provides project management, oversight, procurement, and support services for these projects and coordinates communication, collaboration, and decision-making among project stakeholders and program sponsors. After the procurement phase, OSI oversees the design, development, governance, and implementation of IT systems which serve health and human services programs.

OSI currently oversees a number of human services projects for the Department of Health Care Services (DHCS) and the Department of Social Services (DSS), including:

Child Welfare Services-California Automated Response and Engagement System (CWS-CARES). The CWS-CARES provides an automated child welfare system with capabilities that include mobile and web-based technology to support the current and future business practice needs of the counties and the state. The new system will support child welfare programs, business processes and legislated improvements focused on protecting the safety of children and families. DSS, working collaboratively with OSI and the County Welfare Directors Association (CWDA), developed the CWS-CARES Project to replace the current Child Welfare Services/Case Management System (CWS/CMS).

The CWS/CMS is a statewide tool that currently supports the Child Welfare System of services. The CWS/CMS provides information to service workers to improve case work services, reduces repetitive manual workload, provides policy makers with information to design and manage services, and fulfills state and federal legislative requirements. However, this system is outdated in a number of ways and will be replaced by the CWS-NS. The CWS/CMS was fully implemented and transitioned to its operational phase in 1998. DSS has overall responsibility for the system, including providing project and program direction to OSI. OSI provides information technology expertise and is responsible for implementation and day-to-day operations of the system. Currently, the CWS/CMS does not meet the Statewide Automated Child Welfare Information System (SACWIS) requirements.

The Governor's budget includes \$176.5 million total funds (\$88.3 million General Fund) for the CWS-CARES Project in the current year and \$102.6 million total funds (\$51.3 million General Fund).

2017-18 CWS-CARES Budget/Expenditure Report Summary			
OSI Spending Authority Budget Item	2017-18 Budget	Actual Expenditures	Projected Expenditures
Personnel Services	11,883,786	3,352,975	6,006,865
Other OE&E	2,588,822	784,985	1,950,278
Data Center Services	650,000	172,989	467,678
Facilities	1,421,345	778,958	642,387
Contract Services	65,751,791	15,913,425	21,920,852
Hardware & Software	4,116,197	1,400,384	2,715,813
Enterprise Services	4,191,896	509,118	3,682,778
OSI Spending Authority Total	90,603,837	22,912,834	37,386,651
CDSS Local Assistance Budget Item	2017-18 Budget	Actual Expenditures	Projected Expenditures
Contract Services	2,284,820	291,399	439,715
Other OE&E	15,234,312	-	2,072,801
County Participation Costs	68,338,542	656,905	2,000,000
CDSS Local Assistance Total	85,857,674	948,304	4,512,516
CDSS State Operations Budget Item	2017-18 Budget	Actual Expenditures	Projected Expenditures
Personnel Services	1,930,359	955,993	974,366
Facilities	568,000	31,236	536,764
Other OE&E	224,497	16,114	208,383
CDSS State Operations Total	2,722,856	1,003,343	1,719,513
CWS-NS Project Total	179,184,367	24,864,481	43,618,680

The CWS-CARES Project (formerly the CWS-NS Project) will replace the aging CWS/CMS with a new solution that meets current CWS business practices, as well as SACWIS requirements necessary to retain federal funding. The CWS-CARES Project is intended to bring the system into compliance with state and federal laws and regulations, make the system easier to use for CWS workers, result in enhanced data reliability and availability, allow user mobility, and automate system interfaces with other state partners to enable data sharing. In November 2015, DSS and OSI announced that the CWS-CARES Project will use an Agile procurement and design/development approach, instead of building a monolithic, one-time solution, where the implementation of the IT system does not begin until all phases of the project are complete. Under the Agile approach, a RFP is broken into a set of smaller modules that can be delivered in a short period of time. Analysis, design, coding, and testing continue for each module until the entire IT system is complete. Instead of contracting with a single vendor, a separate vendor is selected for each model. The new digital services are also being designed around the principles of human/user centered design and free/open source software (FOSS).

Compared to continuing to operate the current system and making necessary changes to it, however, the Administration estimated that the state will realize savings by completing the CWS-CARES system because of its reduced maintenance and operations costs.

DSS and OSI are required to provide monthly project updates to the Legislature and stakeholders. DSS and OSI have fulfilled this reporting requirement through a combination of written reports and in-person briefings.

Implementation Update. Release 1 (R1) created a bridge between the legacy system and the new system, and establishes a foundation for future work across the entire platform. R1 was successfully launched in March of 2017. In February 2018, Release 2 (R2), an at-a-glance view of key elements of case history known as the Snapshot, was launched. Release 3 (R3) will occur in May of 2018 and add additional search criteria for Snapshot, and several new case management elements, and certification, approval, and licensing services. CWDS, in partnership with the Department of Technology, continue to work together on a refresh of the Agile Development Pre-Qualified Vendor Pool (ADPQ). Currently, the vendor pool has expanded to include 24 vendors.

Electronic Benefit Transfer (EBT) Project. EBT is the system used in California for the delivery, redemption, and reconciliation of public assistance benefits, such as CalFresh, California Food Assistance Program, and cash aid benefits. Recipients of public assistance in California access their benefits with the Golden State Advantage EBT card. The new EBT services contract was executed on June 6, 2016, and the transition to the new California EBT system and other EBT-related services was initiated. The transition was expected to be completed in January 2018.

Case Management Information and Payrolling Systems (CMIPS II). CMIPS II is an automated statewide system that performs case management and payroll functions for all IHSS providers and recipients. DSS contracts with OSI for project management and vendor contract oversight services to maintain and operate CMIPS II. After a statewide transition in 2013 from the legacy CMIPS system to a new system, CMIPS II, the project is currently in the maintenance and operations (M&O) phase. The CMIPS II Post Implementation Evaluation Report was approved by the California Department of Technology (CDT) in July 2016. The existing prime vendor contract ended on March 31, 2018, and OSI is conducting a competitive procurement to award a new prime vendor contract for M&O.

Statewide Automated Welfare System (SAWS). The Statewide Automated Welfare System (SAWS) Consortia is made up of multiple systems which support such functions as eligibility and benefit determination, enrollment, and case maintenance at the county level for some of the state's major health and human services programs, including CalWORKs and CalFresh. The Consortia includes the Los Angeles Eligibility, Automated Determination, Evaluation, and Reporting (LEADER) system, which is now being replaced by the LEADER Replacement System (LRS), the Welfare Client Data

System (CalWIN), and Consortium IV (C-IV), which are managed by the Office of Systems Integration (OSI). The SAWS system and its migration into a new, single system is discussed in more depth under Issue 2 in this agenda.

Welfare Data Tracking Implementation Project (WDTIP). WDTIP provides counties with the automated functionality required to conform to the statewide tracking of time-on-aid requirements, and tracks the 48 and 60-month assistance clock, the 24-month services clock, and welfare-to-work (WTW) exemptions and sanctions. WDTIP is the interface system within the existing county SAWS Consortia.

Medi-Cal Eligibility Data System (MEDS) Modernization. MEDS serves as the “system of record” to determine eligibility for many of the state’s health and human services programs including Medi-Cal, CalWORKs, CalFresh, Every Woman Counts, the Child Health and Disability Prevention Program, the Breast and Cervical Cancer Treatment Program, the Family Planning Access Care and Treatment Program, Cash Aid Program for Immigrants, In-Home Supportive Services, and Refugee Cash Assistance. Local governments also use MEDS data, specifically for the County Medical Services Program and the County Welfare and Tribal Temporary Assistance for Needy Families. Access to MEDS is provided to more than 35,000 end users and DHCS must ensure that the system and its end users protect confidential beneficiary information in accordance with state and federal security and privacy requirements. OSI is currently leading a multi-departmental planning effort to modernize MEDS to more efficiently meet the eligibility needs of the state’s health and human services programs, as well as comply with state and federal requirements. This issue is discussed in more depth under Issue 4 in this agenda.

Electronic Women, Infants, and Children (eWIC) Management Information Project (MIS). The Women, Infants, and Children (WIC) program is a federally-funded nutrition education and supplemental food program established in 1972. California’s WIC Program is administered by the Department of Public Health, which contracts with 83 local agencies in 58 counties to provide WIC services at 637 sites and serves approximately 1.1 million participants each month. The federal Healthy, Hunger-Free Kids Act of 2010 requires all states to migrate from a WIC paper-based food benefits delivery system to an EBT system, by 2020. DPH indicates the current WIC MIS is outdated and not EBT-compliant, and received both federal and state approvals to begin the procurement to solicit bids and contract for the services of a design, development, and implementation of a systems integrator. DPH has contracted with OSI to leverage California’s EBT Services Contract to automate the issuance of WIC food benefits via the California EBT system. This issue is discussed in more depth under Issue 7 in this agenda.

Appeals Case Management System (ACMS). ACMS supports the work of the State Hearings Division (SHD), which is responsible for ensuring due process for individuals who wish to appeal administrative decisions about benefits for public assistance programs, including Medi-Cal, Covered California, CalWORKs, CalFresh, and In-Home Supportive Services (IHSS). Currently ACMS, along with 21 ad-hoc applications, is

collectively known as the State Hearings System (SHS). The SHS tracks, schedules, and manages appeals requests received from all 58 counties. OSI will help procure system integration services to assist the design, development and implementation of a hearings appeals system that will assist the recipients of public social service programs seeking fair hearings, DSS stakeholders, and state and local government entities. The ACMS will create a single case management system that will combine intake, scheduling and reporting functions into a single workflow; streamline current manual processes and reduce errors caused by data entry. The 2016 Budget Act approved an increase of \$237,000 in OSI spending authority for the ACMS project and the conversion of seven existing state positions, from limited-term to permanent.

The Subcommittee heard budget requests related to the ACMS at its April 11, 2018 hearing.

STAFF COMMENT

The LAO has provided feedback to the Subcommittee staff noting that the Administration has not updated the total estimated project cost and estimated completion date, for CWS-CARES since the project shifted from the “monolithic” approach to the “agile” approach. According to the Administration, it has been adjusting to how quickly project activities occur under the new agile approach so that it can model schedule and cost for the entire project. Seeing as the agile approach was adopted in late 2015, the Legislature may want to ask the Administration when sufficient data will be available to revise the estimated cost and schedule for the project. Will this occur at the upcoming May Revision? If not, when can this rightsizing be expected?

Staff Recommendation:

Hold open these budget issues pending action at the May Revision hearings.

ISSUE 2: STATEWIDE AUTOMATED WELFARE SYSTEM (SAW) SINGLE SYSTEM AND RELATED ADVOCACY REQUEST**PANEL**

- Health and Human Services Agency, Office of Systems Integration
- Department of Social Services
 - Please provide an update on the major features of the planning effort around CalSAWS.
- Mike Herald, Western Center on Law and Poverty
- Representative, Alliance to Transform CalFresh
- Iliana Ramos, Department of Finance
- Lourdes Morales, Legislative Analyst's Office
- Public Comment

BACKGROUND AND BUDGET PROPOSAL

The budget includes approximately \$314 million (\$114 million General Fund) for Local Assistance costs in SAWS in 2017-18 and \$307 million (\$113 million General Fund) in 2018-19.

The SAWS Consortia is made up of multiple systems which support such functions as eligibility and benefit determination, enrollment, and case maintenance at the county level for some of the state's major health and human services programs, including CalWORKs and CalFresh. The Consortia includes the Los Angeles Eligibility, Automated Determination, Evaluation, and Reporting (LEADER) system, which is now being replaced by the LEADER Replacement System (LRS), the Welfare Client Data System (CalWIN), and Consortium IV (C-IV), which are managed by the Office of Systems Integration (OSI). SAWS is undergoing a variety of changes, including:

Horizontal Integration of SAWS and CalHEERS. The goal of the Horizontal Integration effort between the Covered California System (CalHEERS) and SAWS is to allow an applicant applying for health coverage online through Covered California, to submit their CalWORKs or CalFresh application online at that time without having to re-respond to some of the questions already asked. Horizontal Integration was implemented in July 2016.

C-IV Migration into LRS. In September 2015, Los Angeles County began to rollout LRS, their new eligibility determination system. As of November 2016, the LRS Project has successfully completed countywide implementation for the Department of Public Social Services and the Department of Children and Family Services. In addition, C-IV counties (which is another system in the SAWS Consortia, and includes 39 counties), will begin migrating over to the LRS system. This migration is expected to be complete in 2020, and together the systems will be known as CalACES. Both the LRS and C-IV

projects negotiated the CalACES migration contract and the CalACES 40 county Joint Powers Authority (JPA) in September 2017. Migration design, development and implementation activities began in January 2018. CalACES is scheduled to go-live in all 40 counties by April 2020 and to complete by August 2020.

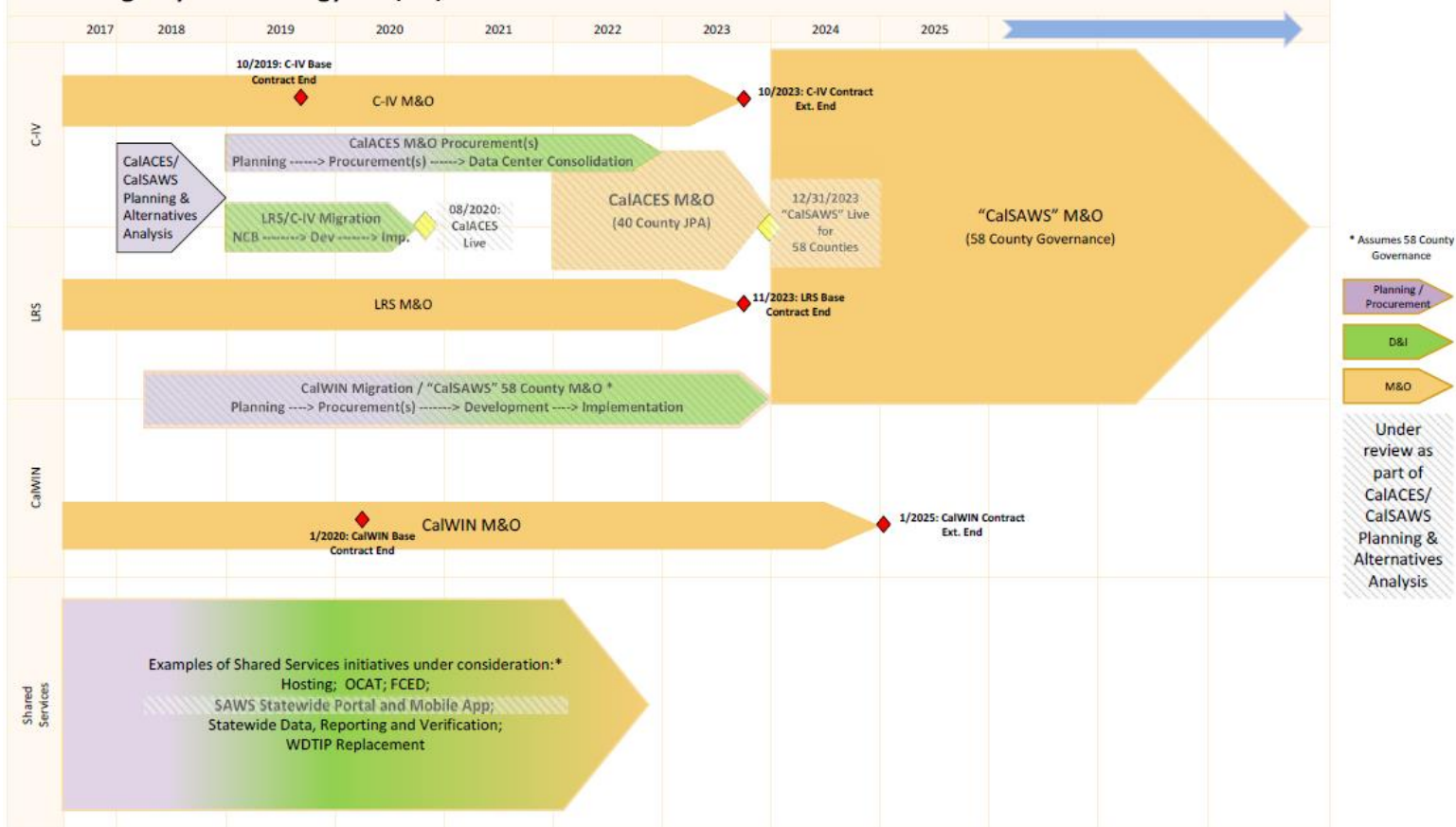
Single System. Since 2011, the federal Centers for Medicaid Services (CMS) and the Food and Nutrition Services (FNS) have asked California for a long-term strategy for a centralized SAWS system, as opposed to the multiple systems in the SAWS Consortia. Finally, in December 2016, CMS and FNS have officially made it a requirement for SAWS to be a single system by 2023 in order to receive federal funds. Going forward, the state will work to implement this single SAWS system, to be known as CalSAWS.

The state must take several steps before consolidating the Consortia into one system. The migration of C-IV and into LRS to become CalACES must first be achieved, CalWIN and CalACES must undergo a requirements and gap analysis to identify functionality that will be needed in CalSAWS, development of a database consolidation must occur, and finally, the procurement of design, development and implementation services is needed. To ensure alignment of technical architecture and policy implementation, development of a 58-county collaborative change management process will begin during 2017-18, and the SAWS single system strategy still be implemented through procurements within a new county-based governance structure with oversight by state and federal partners.

In January 2018, FNS and CMS approved an Advance Planning Document which extended planning activities through December 2018, for the CalACES migration and expanded those planning activities to include CalWIN. Federal partners have indicated support for California's phased approach to move to a single SAWS, but have requested a more in depth, comprehensive planning process, using independent consultants, to be completed prior to beginning the CalACES migration activities.

On the next page is a timeline for implementing the SAWS single system:

SAWS Single System Strategy – 04/03/2018 DRAFT



ADVOCACY PROPOSAL

The Western Center on Law and Poverty, Coalition of California Welfare Rights Organizations, and Alliance to Transform CalFresh have submitted the following advocacy proposal related to this issue:

"Request for Trailer Bill Language on CalACES Stakeholder Work Group. [These organizations] are requesting that the committees require the department to have a stakeholder work group to receive input on the migration of our three information technology systems into a single system. This work group should meet regularly, but no less than three times a year, to provide input into the development of the single system.

The SAWS Consortia is made up of multiple systems which support such functions as eligibility and benefit determination, enrollment, and case maintenance at the county level for some of the state's major health and human services programs. Due to a federal requirement, the state is moving to a single statewide system, but must first take several steps which include: migrate C-IV into LRS to become CalACES, obtain federal approval of this approach, and complete CalACES negotiations and LRS performance verification.

AB 1296, Chapter 641, Statutes of 2011, created a stakeholder process to plan and develop standardized single, accessible application forms and related renewal procedures for state health subsidy programs. This stakeholder process resulted in a more consumer-friendly application and we believe the SAWS migration would benefit from a similar process, so we request trailer bill language be added that would create a similar stakeholder process for SAWS migration. Namely, we request that the SAWS planning and development process provide stakeholders the opportunity to provide meaningful input into the planning, development, and implementation in aspects of eligibility, enrollment, and retention."

STAFF COMMENT

The LAO has provided feedback to the Subcommittee staff noting that the federal government has directed the state to consider the eventual transition to CalSAWS as it prepares for the LRS/C-IV migration. The intent is to prevent any duplication of work when Cal-WIN and CalACES merge into a single system—CalSAWS. The Administration anticipates that planning will now take longer than previously expected but still expects to meet federal deadlines regarding consolidation to a single system. The Legislature may want an update on this planning effort.

Staff Recommendation:

Hold open.

ISSUE 3: REVIEW OF THE APPLICATION HUB PROJECT**PANEL**

- Department of Social Services
 - Please provide an overview of the Application Hub Project and how the Administration is engaging with stakeholders and government partners.
- Iliana Ramos, Department of Finance
- Lourdes Morales, Legislative Analyst's Office
- Public Comment

BACKGROUND

As part of its ongoing commitment to continuously improve access to benefits by Californians in need of assistance, DSS is exploring electronic options to streamline and modernize the processes for obtaining required verifications for CalFresh and CalWORKs eligibility. The goal is to make the verification process fast, accurate and efficient for both clients and program staff. To this end, DSS has awarded a contract to Social Interest Solutions (SIS) to assist in analyzing the current environment of eligibility verifications for CalFresh and CalWORKs, engage stakeholders, perform an alternatives analysis of electronic verification systems being used in California and other states, and outline recommendations for moving forward in the short and long term.

DSS states that a critically important component of this project is to engage with stakeholders to help develop principles and priorities that should guide the new verification process. SIS will be seeking stakeholder input through interviews, site visits, focus groups, and working sessions. This input will inform the analyses and recommendations for DSS' consideration in planning electronic verification solutions.

There is currently no formal budget request associated with this endeavor.

STAFF COMMENT

The Subcommittee may want to consider Supplemental Report Language (SRL) to capture the mission and vision of the Application Hub Project. These issues have been sensitive and meaningful for the Legislature and Administration in the past. SRL could be considered to establish the overall goals for this work and memorialize commitment to a responsive stakeholder process. This could help to set a common framework as the State moves forward in this worthy effort to simplify administrative processes to create improved access to safety net resources for families in need.

At its April 4, 2018 hearing, the Subcommittee heard about a possible directive regarding remote access for CalWORKs. No details on this have been released by the Administration as of this writing. This subject seems to overlap with the work of the

Application Hub, so the Subcommittee may wish to again suggest that the Administration reconsider its instruction regarding CalWORKs eligibility processes, reviewing suggested changes instead in the context of the Hub and its stated mission.

Staff Recommendation:

Hold open.

ISSUE 4: BUDGET CHANGE PROPOSAL (BCP) FOR MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS) MODERNIZATION
PANEL

- Health and Human Services Agency, Office of Systems Integration
- Department of Health Care Services
- Department of Social Services
- Iliana Ramos, Department of Finance
- Lourdes Morales, Legislative Analyst's Office
- Public Comment

BACKGROUND AND BUDGET PROPOSAL

CHHSA's Office of Systems Integration (OSI), DHCS, and DSS request seven positions (four positions for OSI, three positions for DSS) and expenditure authority of \$7.9 million (\$787,000 General Fund, \$6.6 million federal funds, and \$426,000 reimbursements) in 2018-19. If approved, these resources would continue the multi-departmental planning effort to replace the Medi-Cal Eligibility Data System (MEDS). These staffing and other resources would support completion of activities required by the Department of Technology's Project Approval Lifecycle (PAL) Stage Gate requirements.

Program Funding Request Summary (CHHSA-OSI)		
Fund Source	2018-19	2019-20
9745 – CHHS Automation Fund	\$7,350,000	\$-
Total Funding Request:	\$7,350,000	\$-
Total Requested Positions:	4.0	0.0

Program Funding Request Summary (DHCS)		
Fund Source	2018-19	2019-20
0001 – General Fund	\$740,000	\$-
0890 – Federal Trust Fund	\$6,664,000	\$-
Total Funding Request:	\$7,404,000	\$-
Total Requested Positions:	0.0	0.0

Program Funding Request Summary (DSS)		
Fund Source	2018-19	2019-20
0001 – General Fund	\$47,000	\$-
0995 – Reimbursements	\$426,000	\$-
Total Funding Request:	\$473,000	\$-
Total Requested Positions:	3.0	0.0

DHCS serves as the single state agency responsible for the administration of Medi-Cal, California's state Medicaid program. Medi-Cal provides medical, dental, mental health, substance use disorder services, and long-term care to more than 13 million low-income Californians. Eligibility for Medi-Cal is determined by local county welfare and public health agencies. Since 1983, DHCS has used the current MEDS system for a variety of eligibility and reporting functions for the Medi-Cal program. Specifically, MEDS captures beneficiary information from the three county Statewide Automated Welfare System (SAWS) Consortia (LEADER, Consortium IV and CalWORKs Information Network), state and federal partners, and Covered California.

In addition to its role maintaining eligibility information for Medi-Cal, MEDS serves as the "system of record" to determine eligibility for many of the state's health and human services programs. DHCS utilizes MEDS data for determinations regarding its Every Woman Counts, Child Health and Disability Prevention, Breast and Cervical Cancer Treatment, and Family Planning Access Care and Treatment programs. The Department of Social Services (DSS) leverages MEDS data for eligibility determinations and administration of CalWORKs, CalFresh, Cash Aid Program for Immigrants, In-Home Supportive Services, and Refugee Cash Assistance. Local governments also use MEDS data, specifically for the County Medical Services Program and the County Welfare and Tribal Temporary Assistance for Needy Families. Access to MEDS is provided to more than 35,000 end users and DHCS must ensure that the system and its end users protect confidential beneficiary information, in accordance with state and federal security and privacy requirements.

Although MEDS is currently providing support to a diverse array of state and local health and human services programs, a multi-year, multi-agency process has been underway to modernize MEDS to address system issues, meet current and future operational needs, and fulfill requirements of state and federal guidance. The primary programming language of MEDS is COBOL. The number of qualified programmers familiar with COBOL is limited and is declining over time. This limitation presents challenges for making appropriate system changes to preserve the stability of MEDS and allow flexibility to continue supporting the system's many end users.

The Medicaid Information Technology Architecture (MITA) is an initiative of the federal Center for Medicaid & State Operations (CMSO). MITA is intended to foster integrated business and IT transformation across the Medicaid enterprise to improve the administration of the Medicaid program. Its common business and technology vision for state Medicaid organizations emphasize: (1) a patient-centric view not constrained by organizational barriers; (2) common standards with, but not limited to, Medicare; (3) interoperability between state Medicaid organizations within and across states, as well as with other agencies involved in healthcare; (4) web-based access and integration; (5) software reusability; (6) use of commercial off the shelf (COTS) software; and (7) integration of public health data.

In 2011, the federal Centers for Medicare and Medicaid Services (CMS) released regulations to provide enhanced federal funding for design, and development and

installation (DDI) or maintenance and operations (M&O) of Medicaid eligibility systems, such as MEDS. These regulations were meant to allow states to modernize eligibility systems to account for the new eligibility determination policies implemented by the Affordable Care Act. Prior to these regulations, eligibility systems had not been eligible for enhanced funding since 1986. Under the new rule, DDI activities receive 90 percent federal match and M&O activities receive 75 percent match. To receive the enhanced match, states must submit and CMS must approve an advanced planning document (APD), which demonstrates that the system will, among other provisions, meet the standards and conditions of the MITA initiative.

DHCS began the process of modernizing MEDS in 2014 with its initial request for 16 positions, for two years. These positions and resources were reauthorized for an additional year in the 2016 Budget Act and management of the project was transferred to OSI. According to OSI, DHCS, and DSS, the following activities have been completed in each of the four years of the project:

2014-15

- Procured Project Management Support consultant services
- Performed initial business rules extraction
- Purchased and installed business rules extraction software
- Procured Business, Information, and Technology Enterprise Architects consulting services
- On-boarded 16 new state staff
- Obtained approval of Planning Advanced Planning Document Update (PAPDU) for federal year 2015 funding participation

2015-16

- Established formal Project Steering and Executive Steering Committees
- Implemented stakeholder engagement activities
- Procured new Project Planning consultant
- Executed departmental interagency agreement between the DHCS and the Department of Social Services
- Completed core transition activities to move the MEDS Modernization planning effort from DHCS to OSI
- Restructured project to align with State PAL Stage Gate requirements
- Obtained approval of PAPDU for federal year 2016 funding participation
- Completed business rules extraction and annotation
- Completed As-Is Assessment of MEDS Business, Information and Technology Architecture

2016-17

- Procured consultant services and began a multi-agency alternatives analysis
- Began PAL Stage 2 Alternatives Analysis (S2AA)
- Obtained Department of Technology (CDT) approval of PAL Stage 1 Business Analysis (S1BA)
- Obtained approval of PAPDU for federal year 2017 funding participation
- Executed departmental interagency agreement between OSI and DHCS

2017-18

- Submission and approval of Stage 2 Alternatives Analysis documentation
- Submission and approval of a PAPDU for federal year 2018 funding participation
- Completion of Stage 3 Solution Development for the Health Insurance System component
- Submission of an Implementation Advance Planning Documents (IAPD) for detailed design, development and implementation activities to begin in 2018-19

The 2017 Budget Act extended 16 positions for a two-year period for project activities related to the requirements of completing Stages 3 and 4 of the PAL process. OSI, DHCS, and DSS report the 2017-18 activities focused primarily on the first planned conversion of existing MEDS data, which consists of three Health Insurance System (HIS) data files currently maintained using outdated Virtual Storage Access Method (VSAM) technology. The HIS data component currently stores information about other health coverage, ensuring Medi-Cal is the payer of last resort. Utilizing this approach and focusing on the HIS data component will provide the opportunity to pilot the proposed use of modern Identity Access Management (IdAM), Application Programming Interface (API), and Master Data Management (MDM) principles, methods, and tools as part of the modernization solution. According to OSI, DHCS, and DSS, the pilot will be able to determine the effectiveness of proceeding with these modernization methods and tools for other components of the MEDS database and system environment, while avoiding negative impacts to current functioning of the MEDS system during the conversion.

OSI, DHCS, and DSS request seven positions and expenditure authority of \$7.9 million (\$787,000 General Fund, \$6.6 million federal funds, and \$426,000 reimbursements) in 2018-19. If approved, the positions and resources would be allocated as follows:

OSI Core Project Team Support Staff

- **One Executive Assistant** would support the OSI Deputy Director and MEDS Modernization Project Director with administrative tasks, such as scheduling, preparing agendas, minute taking, document printing and distribution.
- **One Management Services Technician** would provide project support services and would provide dedicated administrative and clerical support to the entire project staff.

OSI Direct Administrative Services Legal and IT Staff

- **0.5 Attorney III** position would support increased workload related to procurements and changes in planning documents. This request would augment an existing 0.5 Attorney III position, resulting in combined workload for one full-time Attorney III.
- **0.5 Staff Information Security Analyst** would serve as CHHSA Information Security Officer (ISO) and provide interagency support and oversight for compliance with project security requirements.

- **One Associate Information Systems Analyst** would provide IT support for project staff and contractors for desktops, networks, and maintenance.

DSS MEDS Modernization Project Team Members

- **One Staff Services Manager I (Specialist)** would serve as the DSS program subject matter expert, representing the programmatic needs of all DSS programs and divisions during the planning and implementation process, and making recommendations to executive management for future policy action and process implementation.
- **One Systems Software Specialist III (Technical)** would participate in the technical aspects of the MEDS Modernization project, including all DD&I modules activities, and provide technical expertise in DSS use of and need for MEDS access.
- **One Systems Software Specialist II (Technical)** would participate in the technical aspects of the MEDS Modernization project, including technical design, data conversion, and cleanup strategies and efforts.

Hardware and Software Services

- **\$1.2 million** for the purchase of cloud-based hardware and software services, including hardware cloud fees, a testing software suite, modeling tool software, Agile project management software, and office equipment.

Operating Expenses and Equipment

- **\$1 million** for operating expenses and equipment, including general expenses, printing, communications, travel, and training, for both direct staff and contractors.

Contract Services

- **\$81,000 for Program Management Support Services** to provide assistance with overall project planning, project management, scheduling, transition planning and strategies.
- **\$1.2 million for Technical Support Services** to provide technical consulting, data clean up and conversion, and stakeholder and change management.
- **\$3.2 million for Software Customization Services** to configure and customize software, provide testing services consultants to assist in the development, maintenance, and implementation of the project's test plans.
- **\$352,000 for Project Oversight Services** for CDT to provide independent project oversight functions, including Independent Verification and Validation (IV&V) consultants to verify and validate that project and contractor products adhere to industry standards and meet other requirements and specifications.

On the following page is a detailed description, provided by OSI, DHCS, and DSS, of the total allocation of ongoing positions and resources approved in the 2017 Budget Act and the new requested positions and resources contained in this budget request:

BUDGET	FY 2017-18 Budget	FY 2018-19 Proposed Budget	BCP Request
<u>OSI Costs</u>			
Personnel Services	\$1,806,000	\$2,313,000	\$507,000
OE&E	\$179,000	\$1,679,000	\$1,500,000
Consultant Services	\$2,915,000	\$7,092,000	\$4,177,000
Facilities	\$597,000	\$597,000	\$-
Hardware/Software	\$-	\$1,166,000	\$1,166,000
<i>OSI MEDS Project Total</i>	\$5,497,000	\$12,847,000	\$7,350,000
<u>CDSS Costs</u>			
Personnel Services	\$-	\$371,000	\$371,000
OE&E	\$-	\$102,000	\$102,000
<i>CDSS MEDS Project Total</i>	\$-	\$473,000	\$473,000
<u>DHCS Costs</u>			
Personnel Services	\$292,000	\$321,000	\$29,000
OE&E	\$640,000	\$65,000	(\$575,000)
Consultant Services	\$224,000	\$224,000	\$-
SME	\$-	\$600,000	\$600,000
Transfer to CDSS	[\$224,000]	[\$426,000]	[\$426,000]
Transfer to OSI	[\$5,497,000]	[\$12,847,000]	[\$7,350,000]
<i>DHCS MEDS Project Total</i>	\$1,156,000	\$1,210,000	\$54,000
Total Project Budget	\$6,653,000	\$14,530,000	\$7,877,000
TOTAL DHCS REQUEST			\$7,404,000

STAFF COMMENT

The LAO has provided feedback to the Subcommittee staff noting that, as the project is currently engaged in the procurement phase, this is an opportune time for the Legislature to communicate any functions it would like to see in MEDS.

At its April 4, 2018 hearing, the Subcommittee Chair asked for SRL to be developed to consider a MEDS improvement for CalWORKs and CalFresh that could aid with the file clearance process. As a follow up to that request, the Subcommittee may wish to ask the Administration for the following information to be provided in writing to Subcommittee staff, other interested legislative staff, and LAO before May 1:

1. What efficiencies for the file clearance process are being considered as part of MEDS Modernization? Please provide a listing with brief descriptions of each.
2. What possible efficiencies could be contemplated that are currently not being sought for whatever reason (cost, complexity, etc.)? Please include the possible method and comments on why the specific efficiency is not being pursued.
3. Is real-time error messaging and/or other ways to improve the timeliness of a MEDS check being contemplated as part of the Modernization effort? Please elaborate on why or why not.

Staff Recommendation:

Hold open.

**ISSUE 5: BCP FOR HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
COMPLIANCE AND TECHNICAL ASSISTANCE****PANEL**

- Health and Human Services Agency, Office of Health Information Integrity (CalOHII)
- Iliana Ramos, Department of Finance
- Legislative Analyst's Office
- Public Comment

BACKGROUND AND BUDGET PROPOSAL

CHHSA's California Office of Health Information Integrity (CalOHII) requests one position (on-going, permanent) and reimbursement expenditure authority of \$128,000 annually. If approved, these resources would allow CalOHII to continue its oversight of statewide HIPAA compliance activities.

CalOHII within CHHSA provides statewide guidance, planning, and technical assistance to state departments and agencies for compliance with the Health Insurance Portability and Accountability Act (HIPAA). HIPAA, implemented in 1996, was intended to allow for portability and continuity of an individual's health care coverage by imposing significant administrative simplification and standardization requirements on health care entities, and strict security standards for protected health information. CalOHII was established in 2001 with the following responsibilities and authority:

- Provide statewide leadership, coordination, policy formulation, direction, and oversight responsibilities for HIPAA implementation by impacted state departments.
- Establish policy, provide direction to state entities, monitor progress, and report on HIPAA implementation efforts.
- Determine which provisions of state law, concerning personal health information, are preempted by HIPAA for state agencies.

Covered Entities, Business Associates, and Impacted State Departments. HIPAA administrative simplification and security rules apply to certain individuals or organizations known as covered entities or business associates. According to the U.S. Department of Health and Human Services (HHS), covered entities include the following:

1. Health care providers including physicians, clinics, psychologists, dentists, chiropractors, nursing homes, and pharmacies that transmit HIPAA-protected information in an electronic format.

2. Health plans including commercial health care service plans, health insurers, group health plans, and public health care programs, such as Medicare, Medicaid, and military or veteran's health care programs.
3. Health care clearinghouses that process nonstandard information they receive from another entity into a standard electronic format or data content, or vice versa.

According to HHS, a business associate is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity. Business associate functions and activities include: claims processing or administration; data analysis, processing or administration; utilization review; quality assurance; billing; benefit management; practice management; and repricing. Business associate services may include: legal; actuarial; accounting; consulting; data aggregation; management; administrative; accreditation; and financial. Examples of business associates are: third party administrators that assist a health plan with claims processing; accounting firms whose services to a health care provider involve access to protected health information; attorneys whose legal services to a health plan involve access to protected health information; consultants that perform utilization reviews for a hospital; health care clearinghouses that translates a claim from a non-standard format into a standard transaction on behalf of a health care provider and forwards the processed transaction to a payer; independent medical transcriptionists that provide transcription services to a physician; pharmacy benefits managers that manage a health plan's pharmacist network.

CalOHII is responsible for conducting periodic reviews of state departments, agencies, and other organizations that are considered covered entities or business associates with administrative and security responsibilities under HIPAA. CalOHII also evaluates whether state entities are impacted in other ways by state or federal laws and regulations related to HIPAA or generally to the privacy and security of protected health information. CalOHII completed its most recent statewide HIPAA assessment in 2017 and determined the state's covered entities, business associates, and impacted entities are as follows:

Covered Entities and Business Associates	Impacted State Entities
CA Correctional Health Care Services Dept. of Aging Dept. of Corrections and Rehabilitation Dept. of Developmental Services Dept. of Forestry and Fire Protection Dept. of General Services Dept. of Health Care Services Dept. of Public Health Dept. of Social Services Dept. of State Hospitals Dept. of Technology Dept. of Veterans Affairs Emergency Medical Services Authority	Board of Behavioral Sciences Board of Chiropractic Examiners Board of Pharmacy Board of Pilot Commissioners for the Bays Board of Podiatric Medicine Board of Psychology Board of Registered Nursing Board of Vocational Nursing and Psychiatric Technician Examiners Bureau of Medical Cannabis Regulation CA Acupuncture Board CA Board of Accountancy CA Committee on Employment of People with Disabilities

Covered Entities and Business Associates	Impacted State Entities
Office of Systems Integration Public Employees' Retirement System State Controller's Office	CA Highway Patrol (CHP) CA State Athletic Commission CA Student Aid Commission Council on Mentally Ill Offenders Covered CA Dental Board of CA Dental Hygiene Committee of CA Department of Consumer Affairs Department of Industrial Relations Department of Insurance Department of Managed Health Care Department of Motor Vehicles Department of Parks and Recreation Department of Pesticide Regulation Department of Rehabilitation Employment Development Department Health and Human Services Agency Medical Board of CA Mental Health Services Oversight & Accountability Commission Naturopathic Medicine Committee Office of Health Information Integrity (CalOHII) Office of Law Enforcement Support Office of Statewide Health Planning and Development Office of the Inspector General Office of the Patient Advocate Office of the State Public Defender Osteopathic Medical Board Physical Therapy Board of CA Respiratory Care Board Speech-Language Pathology & Audiology and Hearing Aid Dispensers Board State Board of Optometry State Personnel Board State Teachers' Retirement System Victim Compensation Board

CalOHII Significantly Restructured After Zero-Base Review. The 2016 Budget Act significantly restructured CalOHII, reducing its program staff by 11.5 positions and its annual budget by approximately \$1.5 million. After a zero-base review of the CalOHII budget and program needs, CHHSA determined only four positions (three permanent and one limited-term) were needed to continue to focus on monitoring of departments' HIPAA compliance and periodic updates to statewide HIPAA policy.

CalOHII requests one Staff Services Manager I (SSM I) position and reimbursement expenditure authority of \$128,000 annually. According to CalOHII, the SSM I position, which was the position approved on a limited-term basis during its 2016 restructuring, will continue to perform administrative functions, manage federal and state legislative analyses, conduct statewide HIPAA entity assessments, update the State Health Information Policy Manual, and update CalOHII HIPAA compliance tools.

Staff Recommendation:

Hold open.

ISSUE 6: BCP FOR RIGHTSIZING OFFICE OF LAW ENFORCEMENT SUPPORT (OLES)**PANEL**

- Health and Human Services Agency, Office of Law Enforcement Support (OLES)
- Iliana Ramos, Department of Finance
- Sonja Petek, Legislative Analyst's Office
- Public Comment

BACKGROUND AND BUDGET PROPOSAL

CHHSA's Office of Law Enforcement Support (OLES) requests one new position, reclassification of nine existing positions, and General Fund expenditure authority of \$686,000 in 2018-19 and \$621,000 annually thereafter. If approved, these resources would allow OLES to recruit appropriate staff to provide monitoring and oversight of investigations conducted by the Department of State Hospitals (DSH) and the Department of Developmental Services (DDS).

In July 2013, the California State Auditor released Report 2012-107: *"Developmental Centers – Poor Quality Investigations, Outdated Policies, Leadership and Staffing Problems, and Untimely Licensing Reviews Put Residents at Risk"*. In the report, auditors reviewed 48 investigations conducted by the Office of Protective Services (OPS) at DDS, which is responsible for the department's response to alleged abuse of individuals with developmental disabilities residing in one of the state's developmental centers. Auditors discovered OPS often did not collect written declarations from witnesses and suspects, take photographs of crime scenes or victims, and did not always attempt to interview alleged victims, particularly those who were said to be nonverbal.

In response to concerns raised by the audit and additional concerns regarding investigations at DSH, the Office of Law Enforcement Support (OLES) was established in CHHSA in 2014 to provide monitoring and oversight of peace officers serving at DSH and DDS. The Budget Act of 2014 provided six permanent positions and directed OLES to develop training protocols, policies, and procedures for peace officers operating at DSH and DDS, as well as to develop recommendations to further improve the quality and stability of law enforcement and investigative functions at both departments. These activities were consistent with the establishment of OLES as a Peace Officer Standards and Training (POST) agency, which sets minimum selection and training standards for California law enforcement officers.

Law Enforcement Improvement Plan Recommendations and OLES Expansion. In March 2015, OLES released its recommendations in a report titled *"Office of Law Enforcement Support – Plan to Improve Law Enforcement in California's State Hospitals and Developmental Centers"*. OLES placed several law enforcement administrators

from outside agencies at DSH and DDS to evaluate law enforcement practices and identify critical deficiencies. Based on these administrators' observations, OLES required updated policies for investigators and staff, implemented systems changes to track staff and management adherence to the updated policies, and indicated it would continue to monitor the two departments to ensure accountability and a permanent change in cultural behavior. The report also recommended the following changes to the Professional Standards Section within OLES:

- Establish a Special Investigations Unit to monitor critical incidents, such as those involving sexual assault or other major assaults, and assist with complex investigations involving employee misconduct at state hospitals and developmental centers.
- Establish an Investigations Analysis Unit to provide quality control and analyses of administrative cases to evaluate policy and procedures and ensure proper re-training is provided, where applicable.
- Hire Vertical Advocates, employment advocacy and prosecution team attorneys assigned to a regional location, to advise OLES staff on the scope and thoroughness needed for each investigation and discuss investigation findings and disciplinary decisions with facility executive directors and department executives.
- Conduct independent, comprehensive staffing studies of law enforcement duties and needs at DSH and DDS to analyze how law enforcement staff is deployed and determine proper staffing levels and appropriate law enforcement duties.

The OLES report was followed by a budget request for 15 positions and General Fund expenditure authority of \$2 million to implement the report's recommendations. The 15 positions included eight Investigator I positions (four in the Special Investigations Unit and four in the Investigations Analysis Unit) and one Supervising Special Investigator II to manage these new units in the section. Investigators and Supervising Special Investigators are expected to complete training programs and be certified by the state's Commission on Peace Officer Standards and Training (POST).

OLES requests one Attorney IV position, reclassification of seven Investigator I and two Supervising Investigator II positions, and General Fund expenditure authority of \$686,000 in 2018-19 and \$621,000 annually thereafter. The Attorney IV position would manage legal workload for the office's Central Region, which was previously being met with contracted experts from the Office of the Inspector General. The seven Investigator I positions would be reclassified as Special Agents and the two Supervising Investigator II positions would be reclassified as Senior Special Agents. According to OLES, these reclassifications are necessary for the following reasons:

- The Investigator classification series requires POST certification.

- OLES is not a POST organization and POST personnel cannot advance credentials while employed by OLES, creating difficulties in recruiting and retaining highly qualified candidates.
- The Special Agent series is a non-POST classification and is typical of internal affairs organizations in other state departments, which is more consistent with the new organizational structure and mission of OLES.
- The Special Agent series is exempt and is specific to investigations of employee misconduct, which will allow agents the autonomy and legal authority to investigate any other classification, including those in Bargaining Unit 7 covering the Investigator classification.

Staff Recommendation:

Hold open.

ISSUE 7: SPRING FINANCE LETTER (SFL) FOR eWIC MIS PROJECT EXPENDITURE INCREASE**PANEL**

- Health and Human Services Agency, Office of Systems Integration
- Department of Health Care Services
- Department of Social Services
- Iliana Ramos, Department of Finance
- Lourdes Morales, Legislative Analyst's Office
- Public Comment

BACKGROUND AND BUDGET PROPOSAL

CHHSA's Office of Systems Integration (OSI) is requesting expenditure authority from the California Health and Human Services (CHHS) Automation Fund of \$4.8 million in 2018-19, \$9.1 million in 2019-20, and \$6.2 million in 2020-21. If approved, these resources would allow OSI to continue implementation of the Electronic Women, Infants, and Children Management Information System (eWIC MIS), an electronic benefits transfer (EBT) system for the participants in California's WIC program.

The United States Department of Agriculture's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally-funded nutrition education and supplemental food program established in 1972. DPH administers the WIC Program in California, contracting with 83 local agencies in 58 counties to provide WIC services at 637 sites, serving approximately 1.1 million participants each month.

The federal Healthy, Hunger-Free Kids Act of 2010 requires all states to migrate from a WIC paper-based food benefits delivery system to an EBT system by 2020. DPH indicates the current WIC MIS is outdated and not EBT-compliant, and received both federal and state approvals to begin the procurement to solicit bids and contract for the services of a design, development, and implementation of a systems integrator. DPH also contracted with OSI to leverage California's EBT Services Contract to automate the issuance of WIC food benefits via the California EBT system.

OSI is requesting expenditure authority from the CHHS Automation Fund of \$4.8 million in 2018-19, \$9.1 million in 2019-20, and \$6.2 million in 2020-21. According to OSI, this additional funding, which is provided by transfers of federal funds to the CHHS Automation Fund for this project, would align to the budgeted project contract costs to continue implementation of the eWIC MIS. The contract activities are as follows:

- **Consultant Support** – These resources would fund a Master Project Scheduler at the project site to develop and maintain the project schedule, advise management, track and measure project progress, and forecast potential schedule risks and issues.

- **Systems Integrator (SI)** – These resources would fund integration activities including configuration, system transfer, training, testing, implementation, and support. According to OSI, these costs are higher than originally estimated due to the large caseload of California's WIC participants, the large number of end users and the short time-frame for completion of a pilot and statewide implementation of EBT functionality by the federal deadline of 2020.
- **Organizational Change Management (OCM)** – These resources would fund contract staff to create, implement, and manage a comprehensive plan to successfully implement the new eWIC MIS and ensure users adopt the new processes.
- **Cost Per Case Month (CPCM)** – These resources would fund the transactional cost for the EBT service provider to issue WIC benefits. The provider bills for these services on a monthly basis based on the number of WIC cases.
- **Information Technology Project Oversight and Consulting (IPOC)** – These resources would fund consultants to review and provide feedback on project approval requests and project planning documents, provide project status reports, escalate project risks and issues, and assist customers in developing appropriate risk and issue mitigation strategies.

OSI has provided the following detail regarding the differences in funding for the project's current consulting budget and the additional costs contained within this budget request:

	2018-19	2019-20	2020-21	Total
Consulting Budget (Current)	\$4,507,000	\$3,754,000	\$2,368,000	\$10,629,000
Consulting Contracts (Proposed)				
<i>Master Project Scheduler</i>	\$185,000	\$185,000	\$139,000	\$508,000
<i>MIS System Integrator</i>	\$8,298,000	\$9,681,000	\$8,364,000	\$26,343,000
<i>OCM</i>	\$719,000	\$707,000	\$-	\$1,426,000
<i>Cost per Case Month</i>	\$-	\$2,202,000	\$-	\$2,202,000
<i>Dept. of Technology (Oversight)</i>	\$113,000	\$112,000	\$84,000	\$310,000
TOTAL DIFFERENCE (BCP REQUEST)	\$4,808,000	\$9,134,000	\$6,219,000	\$20,160,000

STAFF COMMENT

The LAO has provided feedback to the Subcommittee staff noting that while they do not raise concerns at this time, the California Department of Technology (CDT) has not approved the Special Project Report (SPR) on which the eWIC MIS Spring Finance Letter is based.

The Subcommittee may wish to ask if: (1) the SPR has been approved and released and, if so, (2) if the SPR and SFL content are in alignment.

Staff Recommendation:

Hold open.

4170 CALIFORNIA DEPARTMENT OF AGING**ISSUE 1: SFL FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM – EDUCATION (SNAP-Ed) PROGRAM****PANEL**

- California Department of Aging
- Luis Bourgeois, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- Public Comment

BACKGROUND AND BUDGET PROPOSAL

The California Department of Aging (CDA) requests an increase in CDA's expenditure authority of \$199,911 in federal Supplemental Nutrition Assistance Program-Education (SNAP-Ed) reimbursement funds beginning in 2018-19 for a total of \$591,911 for 2018-19 and ongoing. An additional \$1,280,000 in ongoing federal Local Assistance authority is also requested to provide the 16 participating Area Agencies on Aging (AAA) with at least \$80,000 in base line funding to support their SNAP-Ed program. Remaining funds will be distributed using the existing SNAP-Ed allocation formula.

The CDA requests an increase in CDA's state operations expenditure authority of \$199,911 in federal SNAP-Ed reimbursement funds beginning in FY 2018-19 for a total of \$591,911 for FY 2018-19 and ongoing. This funding is requested to obtain a full-time Health Program Specialist (HPS) position, and to provide additional resources for indirect costs and administrative expenses involved in administering the program, including securing an IA or contracted services for program evaluators for complex data analysis to measure and evaluate the effectiveness of CDA's SNAP-Ed delivery models. This proposal also seeks to convert the two (2.0) existing limited-term AGPA positions into permanent positions.

An additional \$1,280,000 in Local Assistance federal expenditure authority is also requested for FY 2018-2019 and ongoing so the 16 participating Area Agencies on Aging (AAA) would receive at least \$80,000 to support their SNAP-Ed program activities. The remaining funds would be allocated using the existing SNAP-Ed AAA funding formula. No state match is required for this grant.

DSS receives SNAP-Ed funding from the United States Department of Agriculture/Food and Nutrition Services (USDA/FNS). SNAP-Ed grants are available to support statewide nutrition education programs for low income individuals who are eligible or receiving benefits from the SNAP. DSS partners with the California Department of Public Health (CDPH) *Network for a Healthy California* and the University of California Davis to provide SNAP-Ed to California's overall eligible population. DSS entered into an IA with CDA to provide SNAP-Ed services statewide specifically targeting older adults.

Through the IA with the DSS, CDA has been conducting SNAP-Ed outreach and educational programs focused on health promotion and obesity prevention and increasing awareness and enrollment in the SNAP among older adults aged 60 and older (SNAP is known in California as CalFresh). This outreach is necessary since older Californians have a very low CalFresh participation rate when compared to other age groups. The educational component involves providing evidence based programs at the local level that encourage older adults to make healthy, affordable food choices and increase their physical activity.

As the designated State Unit on Aging, CDA currently administers the Older Americans Act (OAA) Title MIC Elderly Nutrition Program (ENP) through its statewide network of 33 Area Agencies on Aging (AAA) and their service providers. This program helps older adults remain independent in their communities by providing healthy meals at congregate nutrition sites and through the home delivered meal program. Under the OAA, the AAAs are also responsible for implementing evidence-based health promotion and disease prevention programs in their communities. While these programs are available to older adults regardless of their income status, approximately 45% of meal program participants meet the federal poverty level based on FY 2016-17 data.

CDA's experience in providing community-based services to low-income older adults makes the Department an ideal partner for delivering the SNAP-Ed Program to older adults. Delivering SNAP-Ed through the OAA Title IMC ENP and at other eligible sites is an efficient use of resources since the services are provided to older adults in venues that are already serving this target population. The ENP offers the environmental supports necessary to facilitate the adoption of nutrition and physical activity choices conducive to promoting the health and well-being of low-income older adults. Since July 2014, CDA has contracted with 16 AAAs to implement these SNAP-Ed outreach and education activities. CDA's role is to: (1) participate on the state-level SNAP-Ed workgroups for strategic planning, development and evaluation activities; (2) contract and oversee the performance of the participating AAAs by providing the necessary programmatic and technical assistance; and (3) fulfill administrative oversight responsibilities to ensure that the local assistance funding is fully expended, performance outcomes achieved, and reporting and all other federal requirements are met.

The following outcomes are anticipated with the approval of this proposal:

- The HPS will provide AAA on-site monitoring, programmatic technical assistance, and clinical guidance to improve performance in implementing evidence-based health promotion programs and increasing CalFresh enrollment among older adults. The HPS will also disseminate lessons learned and promising practices from on-site monitoring and program evaluation reports to all participating AAAs.
- The HPS will analyze data comparing high density areas of low income older adults to where the AAA educational programs are currently being offered. This

would encourage new strategies to reach those areas with the greatest amount of senior food insecurity.

- The HPS will consistently participate in state-level SNAP-Ed workgroups for strategic planning and development activities, including those developing integrated work plans, evaluation methods, and training curriculum to ensure the specific needs of the older adult population are met.
- CDA will fulfill administrative oversight responsibilities with a focus on Improving program and performance outcomes and timely reporting of reports.
- The HPS, in partnership with the program evaluators, will analyze the AAAs SNAP-Ed delivery models to identify factors that increase the number of participants in SNAP-Ed programs and improve program outcomes.

Projected Outcomes						
Workload Measure	CY 2017-18	BY 2018-19	BY+1 2019-20	BY+2 2020-21	BY+3 2021-22	BY+4 2022-23
Number of AAAs providing SNAP-Ed services	16	16	16	16	16	16
Number of SNAP-Ed participants	3,832	3,908	4,103	4,103	4,308	4,308
Number of SNAP-Ed direct education sites (the physical locations where SNAP-Ed activities occur)	307	307	307	307	307	307
Number of SNAP-Ed direct education sessions (e.g.: classroom instruction/lessons, planned one-on-one nutrition education, grocery store or farmers' market tours, and cooking demonstrations)	1,235	1,260	1,323	1,323	1,389	1,389
Number of SNAP-Ed indirect education sessions (e.g.: mass	125,607	128,119	130,681	130,681	133,295	133,295
communications, public events and materials distribution that are not part of direct education efforts)						
Number of policy, system, and environmental changes	16	16	17	17	18	18

Staff Recommendation:

Hold open.

4185 CALIFORNIA SENIOR LEGISLATURE**ISSUE 1: SFL FOR REAPPROPRIATION OF UNENCUMBERED BALANCE****PANEL**

- California Senior Legislature
- California Department of Aging
- Luis Bourgeois, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- Public Comment

BACKGROUND AND BUDGET PROPOSAL

The California Senior Legislature (CSL) requests the balances of the appropriations provided in item 4185-001-001, Budget Act 2017, be reappropriated for the purposes provided for in the appropriation. All unencumbered funds of the 2017-18 temporary funding of \$375,000 General Fund would be reappropriated to the 2018-19 budget year to fund CSL operations. CSL requests the reappropriated funds be available for encumbrance or expenditure until June 30, 2019.

The CSL name change on the tax check-off fund resulted in a severe decline in donations and removal from the tax check off. As a result, during the 2017 Legislative Session, the CSL requested the reappropriation of unencumbered funds from the 2016-17 temporary funding of \$500,000 (approximately \$265,000 carried over and will be expended by June 30, 2018). The CSL also requested \$375,000 in temporary funding for the 2017-18 budget year. Both requests were included in the 2017-18 Budget approved by the Governor in June 2017. The total funds available to the CSL in 2017-18 budget year exceed \$600,000. The 2017-18 unencumbered funds of approximately \$300,000 will be used to continue CSL operation in 2018-19.

The CSL is a stand-alone agency and reports to no higher headquarters. It is celebrating its 37th anniversary as a state agency. It is established in state statute: Welfare and Institutions Code sections 9300-9305. Revenue and Taxation Code Sections 18730-18733 provide for the CSL using funds designated on California individual tax returns. It is one of the state's premier senior advocacy organizations. For almost four decades the CSL has successfully advocated for California seniors and given them a voice in the legislature. Millions of seniors are living better lives because of their actions.

Established by State law, the mission of the CSL is to help preserve and enhance the quality of life for older Californians and their families. For 37 years, the CSL has successfully advocated for California seniors. This nonpartisan organization has sponsored over 210 new laws helping seniors with financial abuse, health care, the Silver Alert Program and more.

The intent of this reappropriation is to rollover unencumbered funds from the 2017-18 temporary funding of \$375,000 to the 2018-19 budget year to provide funding for CSL operations to accomplish the CSL mission, and provide an opportunity for CSL to rebuild its revenue base through the Tax Check Off. That includes its rebranding efforts that are designed to return CSL to revenue self-sufficiency through the Tax Check Off Program. As a reminder, CSL returned to the Tax Check Off during the 2018 Filing Season under the fund name California Senior Citizen Advocacy Voluntary Contribution Fund (Fund 8815). It has contracted with a vendor with strong credentials both in the public and private sector in an effort to return donations to levels found in the past decade when they averaged \$288,451 per year from 2001 to 2010. Finally, CSL will also be designing a fund raising campaign during the non-filing season that will be designed to raise revenue through donations to the CSL using its webpage. This approach is also designed to capture donor information that would enable it to correspond with them to donate to the Tax Check Off.

STAFF COMMENT

CSL's budget was heard by the Subcommittee on March 21, 2018. At that time, the Chair requested that CSL continue to hold discussions with the Administration, particularly with CDA and DOF, about whether there could be a workable alternative to house the position that staffs CSL within a department, understanding the firewall around advocacy work that would need to be respected, but that could reduce overhead and administrative costs for the organization.

This hearing on the SFL would be an opportune time to check in and assess how that dialogue has developed.

Staff Recommendation:

Hold open.

5160 DEPARTMENT OF REHABILITATION**ISSUE 1: SFL FOR VENDING STAND FUND EXPENDITURE AUTHORITY INCREASE****PANEL**

- Department of Rehabilitation
- Luis Bourgeois, Department of Finance
- Ginni Bella, Legislative Analyst's Office
- Public Comment

BACKGROUND AND BUDGET PROPOSAL

The Department of Rehabilitation (DOR) is requesting to increase the Vending Stand Fund (VSF) expenditure authority by \$1 million in Fiscal Year (FY) 2018-19 and annually thereafter to allow the Department to use the accumulated VSF to fund the Business Enterprises Program's (BEP) expenditures. The increase of \$1 million in the VSF expenditure authority returns this authority to the same level it was at prior to FY 2013-14. This will allow the DOR to properly allocate and report program expenditures against the authority, and will provide the DOR the capacity to fund the increased cost of the necessary services and resources to approximately 90 BEP blind vendors to be successful in their businesses and be self-sufficient.

As authorized by Titles I and IV of the Workforce Innovation and Opportunity Act (WIOA), which amended the Federal Rehabilitation Act of 1973, the DOR is the designated state agency responsible for administration of the Vocational Rehabilitation (VR) Services program and the Independent Living (IL) Services program. Under the VR Services program, the DOR administers the BEP. Congress passed the Randolph-Sheppard Act in 1936 to "provide blind persons with remunerative employment, enlarging the economic opportunities of the blind, and stimulating the blind to greater efforts in striving to make themselves self-supporting" by requiring federal entities to give priority to blind individuals to operate vending facilities on federal property (20 U.S.C. § 107 et seq. and 34 C.F.R. § 395.30). Similar to the federal priority under the Randolph Sheppard Act, the California legislature passed laws that require the State to provide employment opportunities to vendors who are blind through establishing a priority for providing food service on state property (Welfare & Institutions (W&I) Code § 19625 et seq.). The DOR is designated by the U.S. Department of Education (Secretary) as the State Licensing Agency to administer this priority through the BEP on both federal and state property.

As the State Licensing Agency, the DOR issues licenses to eligible individuals who are blind and have successfully completed the Vendor Training Program (California Code of Regulations, Sections 7212(a) and 7212.1). The DOR is also required to seek opportunities for BEP blind vendors to operate on federal and state property by establishing vending facilities, and to provide counseling to support these vendors in

maximizing their income from the operations of their vending facilities (W&I Code §§ 19625, 19625.5). Vending facilities include vending machine routes, cafeterias, snack bars, and counters or other equipment necessary for the sale of food, beverages, and other items. Currently, there are 89 licensed BEP vendors operating 101 vending facilities at 259 addresses.

Individuals who are blind experience a significantly disproportionate unemployment rate in excess of 70%. Through the BEP, blind vendors earn a living wage to support themselves and their families, and reduce their reliance on public benefits. Additionally, the BEP vendors cumulatively employ over 500 Californians in their vending facilities, including those with disclosed disabilities.

The BEP vendors pay two sets of fees into the VSF: (1) a percentage of their earnings, otherwise known as the set-aside fee, and (2) their liability insurance and workers' compensation fees. The VSF is administered by the BEP to fund both matchable and non-matchable expenditures necessary to establish new vending facilities or for the operation of their vending facilities. Matchable expenditures are allocable to the VR Service program and are funded using 78.7% VR grant funds and 21.3% VSF. Non-matchable expenditures are BEP expenditures not allowed under the VR Services program; therefore they are funded using 100% VSF.

W&I Code 19629 restricts the federally matchable expenditures to the following:

- maintenance & replacement of equipment
- purchase of new equipment
- construction of new vending facilities
- funding the functions of the committee of blind vendors
- benefits for blind vendors to include retirement or pension funds, health insurance contributions or premiums, life insurance contributions or premiums, if approved by the committee of blind vendors

In addition, the VSF covers the following non-matchable expenditures:

- Liability insurance
- Workers' compensation
- Liability insurance deductible

From FY 2007-08 through FY 2012-13, the VSF expenditure authority was \$3.4 million, which the DOR found was more than adequate to fund the program expenditures. With the DOR's permission, the FY 2013-14 Budget Act reduced the VSF expenditure authority by \$1 million. At the time, the DOR was not aware that non-matchable expenditures were allocable to the VSF expenditure authority, with the result being that the \$1 million reduction has negatively impacted the DOR's capacity to fully cover BEP expenditures. In the last few years, allocable expenditures have increased, particularly equipment purchases, health and dental premiums, and worker's compensation. The combination of non-matchable and matchable expenditures (which both have

increased) have exceeded the expenditure authority by \$55,000 in FY 2015-16, and by \$425,000 in FY 2016-17. During these fiscal years, the DOR was required to use General Fund to pay for the 21.3% of the matchable expenditures even though there were VSF funds available, because costs exceeded the \$2.4 million expenditure authority. The request to reinstate the \$1 million in authority will allow the DOR to use the VSF to pay for all allocable program expenditures beginning FY 2018-19.

The table below reflects that beginning in FY 2013-14, when authority was reduced to \$2.4 million, allocable program expenditures, including both matchable and non-matchable expenditures, have exceeded the authority. Since the DOR was only reporting the matchable portion, authority was not identified as an issue before the error in reporting was found.

Vending Stand Expenditures
(Dollars in thousands)

Program Budget	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
Budget Authority	\$3,361	\$2,361	\$2,361	\$2,361	\$2,361
Program Expenditures					
Matchable Expenditures	\$843	\$610	\$603	\$1,028	\$1,188
Non-Matchable Expenditures	\$1,249	\$1,496	\$1,644	\$1,388	\$1,598
Total Program Expenditures	\$2,092	\$2,106	\$2,247	\$2,416	\$2,786
VSF Budget Authority Shortage	\$0	\$0	\$0	\$55	\$425

*Program expenditures above and beyond authorized expenditures are funded by General Fund.

Please note: Total Program Expenditures are as of January 2018. FY 2012-13 through 2014-15 reflects expenditures after three years of liquidation. Total Program Expenditures for FY 2015-16 and 2016-17 reflect two and one year(s) of liquidation respectively. Projected FY 2017-18 Total Program Expenditures is \$3,233 (\$1,545 Matchable and \$1,688 Non-Matchable expenditures).

Vending Stand Revenue and Balance
(Dollars in thousands)

	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
Total Vending Stand Fund Revenue*	\$2,442	\$2,161	\$2,046	\$ 2,146	\$ 2,537
Ending Fund Balance	\$5,950	\$5,863	\$5,895	\$5,692	\$6,174

* Projected Vending Stand Fund Revenue for FY 2017-18 and 2018-19 is \$2,995k.

Please note: 'Ending Fund Balance' corresponds to the Report 9s that were submitted to SCO when reports are closed.

Staff Recommendation:

Hold open.

ISSUE 2: SFL FOR CALIFORNIA PUBLIC UTILITIES COMMISSION (CPUC) INTERAGENCY AGREEMENT**PANEL**

- Department of Rehabilitation
- Luis Bourgeois, Department of Finance
- Ginni Bella, Legislative Analyst's Office
- Public Comment

BACKGROUND AND BUDGET PROPOSAL

The Department of Rehabilitation (DOR) requests an additional \$2,000,000 in reimbursement authority for FY18-19 and FY19-20 to assist the California Public Utilities Commission (CPUC) in administering the Deaf and Disabled Telecommunications Program (DDTP). The CPUC will reimburse DOR's costs.

The Department of Rehabilitation (DOR) requests an additional \$2,000,000 in reimbursement authority for FY 18-19 and FY19-20 to support the California Public Utilities Commission (CPUC) in expanding the Deaf and Disabled Telecommunications Program (DDTP) to include speech generating devices (SGDs). If approved, DOR will administer part of the program by evaluating candidates, individuals with speech disabilities, and disseminating the devices to those who need SGDs. An SGD will afford independent access and use of the telephone. The DOR has been identified as the most ideally suited state partner to collaborate with the CPUC in this effort as it is consistent with DOR's role as the Designated State Unit for the provision of Assistive Technology services authorized by the federal Assistive Technology Act (AT Act) placing DOR in a better position to identify individuals with speech disabilities who need these devices, assist them in the certification process, and enable them to receive the necessary equipment. The DOR will use temporary help allocations to coordinate approval for devices; assume responsibility for all grant and contract amendments, budget development, invoicing procedures, data reporting, and all data collection; and work with the CPUC's Communication Division (CD) to collaboratively expand the current Voice Options Pilot Program statewide. There are no required changes to statutes or regulations and this proposal does not request any additional permanent allocated positions at this time.

Pursuant to Assembly Bill (AB) 136 (Beall, Chapter 404, Statutes of 2011) and the CPUC Decision (D.) 13-12-054 in Rulemaking (R.) 13-03-008 implementing this legislation, the CPUC expanded the Deaf and Disabled Telecommunications Program (DDTP) to include speech generating devices (SGDs) for eligible individuals with speech disabilities to afford independent access and use of the telephone. As required by the legislation, D. 13-12-054 the SGDs were established on January 1, 2014. Also included were rules for SGDs, which are identified as Durable Medical Equipment (DME) by the US Department of Health and Human Services (HHS). Applicants for

these SGDs must be evaluated by a speech language pathologist and be certified as in need of this device for access and use of the telephone.

The CPUC is the provider of last resort after applicable public and private insurance. Additionally, D. 13-12-054 established rules for non-DME, SGD-like, which are Supplemental Telecommunications Equipment (STE), e.g., tablets. The CPUC has already begun distribution of the DME SGDs and are engaged in a program pilot for distribution of non-DME SGD-like STEs.

The CPUC DDTP offers relay service (including Speech to Speech) and assistive telecommunications equipment to California residents who are certified as having a hearing, speech, mobility, vision, or cognitive disability through the California Relay Service (CRS) and the California Telephone Access Program (CTAP). The CPUC established a program to provide specialized telecommunications equipment to persons who are deaf and hard of hearing through CPUC decisions issued during the 1980s. Subsequently, the Legislature codified the program through enactment of several provisions in the Public Utility Code Section (PUC) 2881 et seq. The PUC created the DDTP and its advisory committees to implement these legislative mandates.

The DDTP is funded via a surcharge assessed on revenues collected from end-users for all intrastate telecommunication services in California. Prior to the enactment of AB 136 (Beall, Chapter 404, Statutes of 2011) P. U. Code Section 2881(d) required that the DDTP provide specialized telecommunications equipment such as amplified phones, speakerphones, and TTYs to consumers with hearing, vision, mobility, speech or cognitive disabilities. This equipment is provided through the DDTP's CTAP. A dual-party relay system, now called the CRS connects TTY users with any other telephone user.

As a result of the AB 136 and CPUC D. 13-12-054 (R. 13-03-008) implementing that legislative mandate, the CPUC engaged in public forum discussion with stakeholders to expand the DDTP to include SGDs. CPUC D. 13-12-054 establishes initial rules for distribution of those SGDs that are DME SGDs as Health and Human Services-defined and non-DME SGD-like STEs such as tablets. The CPUC collaborated with the State Assistive Technology Contractor, California Foundation for Independent Living Centers (CFILC), to undertake a geographically limited voice options pilot in FY 2016-2017 for distributing STEs that would expand options or serve as a substitute for the SGDs contemplated by P. U. Code Section 2881(d). The purpose of the pilot is to provide alternative equipment for those speech-disabled persons who cannot or would rather not receive the services of a Speech Language Pathologist (SLP) and/or would rather choose a telecommunications assistive device for themselves. This supplemental telecommunications equipment is expected to follow the existing legislative framework for DDTP distribution of equipment, (i.e., requires certifying agent's signature).

However, the need for additional information and resources to extend the pilot into a permanent statewide program is needed. The CPUC has identified that a partnership

with the DOR is the most effective path to achieving these goals and ensuring that individuals with speech disabilities receive the necessary equipment.

Staff Recommendation:

Hold open.

ISSUE 3: SFL FOR DISABILITY ACCESS BUSINESS ENGAGEMENT**PANEL**

- Department of Rehabilitation
- Luis Bourgeois, Department of Finance
- Ginni Bella, Legislative Analyst's Office
- Public Comment

BACKGROUND AND BUDGET PROPOSAL

The Department of Rehabilitation (DOR) is requesting three (3) permanent full time positions and \$400,000 increase in reimbursement budget authority to increase employment, independence, and access for individuals with disabilities in state and local government and private sector. These positions will meet the Workforce Innovation and Opportunity Act (WIOA) performance measure for business engagement activities and services and the recent increase and anticipated future demand for DOR services due to the Section 508 Refresh of the Rehabilitation Act and continuous compliance with the Government Code (GO) section 4455. This request will have no impact on the General Fund.

The Department of Rehabilitation (DOR) is requesting three (3) permanent full time positions and \$400,000 increase in reimbursement budget authority, to increase employment, independence, and access for individuals with disabilities in state and local government and private sector. These positions will meet the Workforce Innovation and Opportunity Act (WIOA) performance measure for business engagement activities and services. Through education and technical assistance, state and local government and private businesses will be engaged and educated about program and physical accessibility to increase equal employment opportunities of Californians with disabilities. This request will have no impact on the General Fund.

The three permanent full time positions requested are:

- Two (2) Associate Governmental Program Analysts (AGPA).
 - One AGPA to meet the recently increased and anticipated future demand for DOR accessible documents and forms services due to the Section 508 Refresh of the Rehabilitation Act and continuous compliance with Government Code (GC) section 4455.
 - One AGPA position to conduct the required inspections for physical accessibility of the annually increasing number of California State Lottery (CSL) facilities and products.
- One (1) Training Officer I (TOI) for technical assistance and training for business engagement activities related to the California Workforce Association contract for the WIOA.

The vision of the DOR is employment, independence and equality for all Californians with disabilities, and its mission is to work in partnership with consumers and other stakeholders to provide services and advocacy resulting in employment, independent living and equality for individuals with disabilities. Since its establishment in 1963, the DOR has provided leadership and subject matter expertise to other state departments, focused together on increasing employment and independence for Californians with disabilities in state service and the private sector.

In 1992, the DOR was designated by Governor Pete Wilson as the lead state agency in California's efforts to implement the Americans with Disabilities Act (ADA) in state government. The DOR established the Disability Access Services (DAS) section in 1992 to serve as subject matter experts and a resource that provides public information, consultation, training and technical assistance to state and local government, consumers, employers and businesses to increase access, independence and employment.

The DOR is required, by law and policy, to assist in making places and information as available to Californians with disabilities as to Californians without disabilities. GC section 4455 states that the DOR must educate the public and work with officials of cities, counties, municipalities, and other political subdivisions, private architects, designers, planners, and other interested parties in order to encourage and help them make all buildings, facilities, and improved areas accessible to and usable by persons with disabilities for purposes of rehabilitation, employment, business, recreations, and all other aspects of normal living. The DOR is also mandated under WIOA to collaborate with local workforce systems to ensure competitive integrated employment for individuals with disabilities and the physical and programmatic accessibility of the programs, services, and activities provided by local jurisdictions to the public. However, DOR's existing resources are insufficient to provide the education that WIOA requires for business engagement, which includes the public and private sector, as the number of requests for technical assistance, policy consultation, training, and education has increased.

Staff Recommendation:

Hold open.

5180 DEPARTMENT OF SOCIAL SERVICES**ISSUE 1: SFL ON IN-HOME SUPPORTIVE SERVICES (IHSS) COLLECTIVE BARGAINING AND STATE ADMINISTRATION****PANEL**

- Department of Social Services
- Iliana Ramos, Department of Finance
- Jackie Barocio, Legislative Analyst's Office
- Public Comment

BACKGROUND AND BUDGET PROPOSAL

The Department of Social Services requests two-year limited-term resources to address a temporary increase in workload associated with recent statutory changes (Chapter 25, Statutes of 2017 and Chapter 8, Statutes of 2018) to the IHSS program related to collective bargaining for IHSS provider wages and benefits and county maintenance of effort provisions

The DSS requests two-year resources to support the equivalent of the following positions:

- 1.0 Staff Services Manager I
- 3.0 Research Analyst II

These resources will allow CDSS to address a temporary increase in workload in the Fiscal Forecasting and Policy Branch's Children and Adult Program Estimates Bureau (CAPEB) associated with implementing Chapter 25, Statutes of 2017 (effective July 1, 2017) and Chapter 8, Statutes of 2018 (effective March 13, 2018). These statutory changes temporarily significantly increase the complexity and workload related to IHSS collective bargaining for IHSS provider wages and benefits and county maintenance of effort (MOE) provisions.

The CAPEB is responsible for developing the local assistance portion of the Governor's Budget that includes the IHSS, Supplemental Security Income/State Supplementary Payment, and Cash Assistance Program for Immigrant programs with the activities geared toward budgeting the appropriate amount of federal, state and county funds for the programs in accordance with federal and state requirements. Current staff have a full workload and consistently work overtime completing budget drills for decision makers, requests for various fiscal reports, caseload development, estimates for legislation, and participation on workgroups.

The CDSS is responsible for adequately developing the local assistance portion of the Governor's Budget and May Revision budget cycles for all local county programs administered by the Department within statutory deadlines. Failure to adequately perform all functions necessary to develop the budget could adversely affect the Department's ability to properly budget costs, the counties' ability to operate their programs, and result in litigation by advocates or counties.

The requested two-year resources are needed to provide technical assistance to counties and collective bargaining representatives and review of county-negotiated collective bargaining proposals for compliance with increasing complex IHSS program state law. Chapter 25, Statutes of 2017, among other provisions, establishes an IHSS collective bargaining mediation and fact-finding process with specified timelines through the Public Employment Relations Board, if a county and the collective bargaining representative for IHSS providers fail to reach agreement by January 1, 2018. This process sunsets on January 1, 2020. The requested CAPEB resources will address questions in 2018-19 and 2019-20 raised by counties and collective bargaining representatives during the IHSS collective bargaining process. The need for collective bargaining technical assistance is anticipated to decrease after the process sunsets on January 1, 2020.

The changes under Chapter 25, Statutes of 2017 and Chapter 8, Statutes of 2018 have increased the CAPEB workload associated with providing technical assistance and review of county-negotiated collective bargaining proposals. Chapter 8, Statutes of 2018 requires that any increase in IHSS provider wages or benefits that are locally negotiated, mediated, or imposed, or adopted by ordinance shall not take effect until the increase is determined by CDSS to be in compliance with state law. If a county meets specified state law, CDSS guidelines and regulatory requirements. Chapter 25, Statutes of 2017 authorizes state participation in IHSS provider wages and health benefit. Such statutory changes require that CAPEB review county-negotiated collective bargaining proposals for compliance with State law. For example, the review workload includes confirming that any wage supplement negotiated by a county is in addition to the highest wage rate paid since June 30, 2017, except for counties that submitted a wage change request to CDSS prior to January 1, 2018.

CAPEB is also required to review the timing for when an IHSS provider wage supplement is applied to the county individual provider wage, for counties that choose to provide a wage supplement to an IHSS provider. Additionally, CAPEB provides technical assistance through the analyses of the federal, state, and county fiscal impacts of collective bargaining proposals. CDSS anticipates the workload to provide a fiscal analysis on a collective bargaining proposal will significantly increase because all 58 counties can submit various wage and benefit increase scenarios.

The requested resources will also support the increased administrative workload associated with the revised county IHSS MCE funding structure. The CAPEB administrative workload includes coordinating with program staff to adequately budget local assistance IHSS funding, writing and reviewing county fiscal letters regarding the

allocation and reconciliation of county funding, reviewing of all county letters, producing fiscal impact analyses and drills pertaining to the County IHSS MCE, and providing technical assistance to stakeholders.

Without adequate resources necessary to complete this new workload, counties will not be notified of their funding, costs will not be able to be tracked, and there will be a lack of coordination with accounting, program, and the counties, which could result in county non-compliance with the statute. This new workload is significant and current resources are not able to absorb the increases.

Staff Recommendation:

Hold open.

ISSUE 2: ADVOCACY REQUEST ON EXPANDING CALWORKS ELIGIBILITY FOR SPONSORED NON-CITIZENS**PANEL**

- Assemblymember Bill Quirk
- Anissa Basoco-Villarreal, Policy Director, Office of Policy, Evaluation, and Planning, Alameda County Social Services Agency
- Department of Social Services
- Tyler Woods, Department of Finance
- Chas Alamo, Legislative Analyst's Office
- Public Comment

BACKGROUND AND BUDGET PROPOSAL

The Subcommittee is in receipt of the following proposal from Assemblymember Bill Quirk and supporters:

"Please consider allowing additional funding to provide indigent sponsored noncitizens an opportunity to renew their California Work Opportunity and Responsibility to Kids (CalWORKs) program benefits for up to 48 months. This eligibility would be in alignment with CalFresh benefits. My office is currently working with county and state departments to compile the numbers to find an exact dollar amount to cover this specific population. I estimate the cost to cover this small minority to be minor and absorbable. For example, while there are over 300 sponsored noncitizens throughout Alameda County, only 34 are receiving CalWORKs benefits.

Existing law provides for various public social services programs including, the CalWORKs, which provides cash assistance and other benefits to qualified low-income families and individuals, and the CalFresh program, under which supplemental nutrition assistance benefits are allocated to the state by the federal government and distributed to eligible individuals by each county.

Most legal immigrants in the United States are eligible for CalWORKs and CalFresh, provided they meet financial and categorical eligibility requirements. Sponsored noncitizens – individuals who had financial sponsors when they entered the U.S. – constitute a significant portion of eligible immigrants. Generally, when a sponsored noncitizen applies for public benefits, the welfare agency certifying their benefits eligibility treats both the income and resources of their sponsor as available to them – a process known as “sponsor deeming.” In cases where a sponsor is unable to support them, the welfare agency may issue an indigence exemption to sponsor deeming, which allows the agency to certify the noncitizen’s case. In California, if a determination is made by the county that a sponsored noncitizen would go hungry and homeless without aid, the sponsored noncitizen is determined to be indigent.

Indigence determinations are valid for 12 months from the date the indigence determinations are made. In CalFresh, these determinations are renewable annually without restriction regardless of who the applicant is, so long as they qualify. However, in CalWORKs, whereas most people who qualify can receive up to 48 months of benefits, sponsor deeming indigence exceptions may only be granted once in a noncitizen's lifetime.

Sponsor deeming involves a complex income verification process. Noncitizen clients are frequently reluctant, or unable, to ask their sponsor for help providing income verifications for reasons ranging from strained personal relationships to a fear of exposing their sponsor to financial liability based on their legal support for the noncitizen. The misalignment between the state regulations guiding CalFresh and CalWORKs, for the same vulnerable population, serves as a costly barrier both to the efficient administration of benefits across programs, and to the consistent, reliable access to public assistance."

Staff Recommendation:

Hold open.

ISSUE 3: ADVOCACY REQUEST ON FOSTER YOUTH ENRICHMENT ACTIVITIES**PANEL**

- Assemblymember Dante Acosta
- Assemblymember Ken Cooley
- Lucy Salcido Carter, Policy Advocate, Youth Law Center
- Summer Rae, Foster Youth, CA Youth Connection
- Department of Social Services
- Iliana Ramos, Department of Finance
- Lourdes Morales, Legislative Analyst's Office
- Public Comment

BACKGROUND AND BUDGET PROPOSAL

The Subcommittee is in receipt of the following proposal from Assemblymember Dante Acosta and Assemblymember Ken Cooley, joined by other Assemblymembers:

I respectfully request Assembly Budget Subcommittee No. 1 on Health and Human Services consider a proposal to direct \$15,250,000 in General Fund dollars to provide grants of \$500 or less to qualified foster youth to participate in enrichment activities that enhance the foster youth's skills, abilities, self-esteem, or overall well-being. This dollar figure represents an estimate of 30,500 eligible foster youth receiving a maximum grant award.

California has been a trailblazer in aligning policy with the needs of foster youth. Extracurricular and enrichment activities are proven to have a positive impact on a young person's attendance, motivation, academic achievement, self-esteem, and behavior. Examples of these activities include lessons in music, dance or drama, school trips, college campus visits, test prep courses, coding and STEM courses, summer camps, graduation festivities, etc. Healthy relationships are fostered outside of the classroom through participation in sports, school-sponsored trips, and after-school clubs. These bonds contribute to a foster youth's sense of belonging and connection, especially when evidence shows that 70% of foster youth experience three or more home placements.

Furthermore, enrichment activities are an essential ingredient for all high school students to build a robust and well-versed college application. These activities allow them to be more competitive so they can eventually advance into higher education.

While we would prefer a fully funded statewide program, if budgetary restrictions prevent this from becoming a reality, we are amenable to instituting a pilot program. For the Foster Youth Enrichment Pilot Program, we would request \$5,825,000 in order to fund the program for Los Angeles, Sacramento, Merced, and Imperial counties.

Staff Recommendation:

Hold open.

ISSUE 4: ADVOCACY REQUEST ON CHAFEE GRANT FOSTER YOUTH SUPPORT**PANEL**

- Assemblymember Sydney Kamlager-Dove
- Cristal Harris, Former Foster Youth, University of San Francisco School of Law Graduate
- Jesse Aguiar, Director, Beyond Foster Care, Journey House
- Department of Social Services
- Iliana Ramos, Department of Finance
- Lourdes Morales, Legislative Analyst's Office
- Public Comment

BACKGROUND AND BUDGET PROPOSAL

The Subcommittee is in receipt of the following proposal from Assemblymember Sydney Kamlager-Dove and supporters:

California has the largest population of foster youth in the nation, with currently more than 60,000 children and youth under guardianship of the state. In California only about 50% of young people in the child welfare system graduate from high school, with just 4-6% of former foster youth obtaining a four-year degree by the age of 26, as compared to over 33% of the same age general population.

A significant factor leading to low college education attainment amongst the foster youth community is due to a lack of stability for youth. Frequently older foster youth are faced with food insecurity, lack of consistent, safe housing and support needed to apply, enroll and complete college. Financial support and relief is at the top of needs and solutions proven to improve educational and therefore life outcomes for former foster youth. Special programs are needed in order to support foster students' academic and emotional needs; helping to set them up for success in college and beyond. **The impact of receiving a college degree on lifetime income is significant: an individual without a high-school diploma earns an average of \$504 weekly compared to those with a bachelor's degree who earn an average of \$1,156 weekly, which is a difference of over \$30,000 annually.**

Chafee Educational and Training Voucher Program

The California Student Aid Commission (CSAC) administers the Chafee Educational and Training Voucher program (Chafee) through an interagency partnership with the California Department of Social Services (CDSS). This program is funded by a combination of federal and state funds, subject to annual availability of funds. Students may qualify for a maximum award of \$5,000 per year for college or career and technical training. Chafee grants can be used at any California postsecondary institution or out-of-state college that participates in the federal Pell Grant program.

Young people who were in California's foster care system on or after their 16th birthday and are 22 years or younger are eligible. While grant amounts do not exceed just \$5,000 per young person, the program yields significant student results. **Youth who receive a Chafee grant are 52% more likely to complete three semesters or more of community college, have a higher likelihood of course completion and receive higher grades.**

The Need

Unfortunately Chafee eligibility is capped at age 22. Many eligible foster youth are not able to enroll in college immediately after high school and are therefore unable to take full advantage of the Chafee program. Often times, foster youth do not learn of the program until they have already exceeded the age limit or are only able to benefit from the program for a limited time despite not having completed their degree. Additionally, many former foster youth leaving community college and entering 4-year colleges and universities find themselves ineligible for this modest grant while also facing higher tuition and other educational costs. To foster youth receiving college assistance, many see Chafee as a gold-star program that supports them in their college experience and their ability to stay in school and graduate.

State Budget Proposal – Request for \$4 Million Chafee Program Support:

- **\$4 Million annual increase in State General Funds to Chafee program**
- **This additional \$4 million annual investment of State General Funds will allow the State to expand eligibility of California foster students to age 26**
- **This \$4 million in new Chafee funding would specifically be allocated for foster youth recipients between the ages of 23 to 26, eligible for to up 5 years total in grant awards, consistent with all other eligible aged applicants**

Summary

The State of California has a unique relationship to foster youth because the state determination was made to remove these children from their home and to assume responsibility for them. The investment in foster youth at this stage of life as they transition to adulthood pays substantial dividends down the road. Foster youth who have completed college have a far greater chance of becoming self-sufficient, thereby reducing the costs spent on other state-funded programs, as well as increasing state tax revenues, which benefits all Californians, as well as foster students.

Staff Recommendation:

Hold open.

ISSUE 5: ADVOCACY REQUEST ON HOLOCAUST SURVIVOR ASSISTANCE PROGRAM**PANEL**

- Assemblymember Marc Levine
- Ashley Harrington, Manager, Public Affairs, Jewish Family Service of San Diego
- Nancy Volpert, Director of Public Policy & Strategic Initiatives, Jewish Family Service of Los Angeles
- Department of Social Services
- Iliana Ramos, Department of Finance
- Lourdes Morales, Legislative Analyst's Office
- Public Comment

BACKGROUND AND BUDGET PROPOSAL

The Subcommittee is in receipt of the following proposal from the Legislative Jewish Caucus, signed by Assemblymember Marc Levine and Senator Ben Allen. Supporters of this proposal have also weighed in with the Subcommittee:

On April 16, 2018 at the annual Holocaust Remembrance Ceremony, the legislature will commemorate those who perished in the Holocaust, and celebrate the resilience of survivors and their families. It is timely that as the leaders of the legislative Jewish Caucus, we are writing to request a \$3.6 million appropriation to the Department of Social Services for a Holocaust Survivor Assistance Program. Holocaust survivors in California are increasingly frail and vulnerable, and they have staggering unmet needs related to home-care, nutrition, transportation and housing. Existing aging and community-based services are inadequate, and additional state resources are needed to ensure Holocaust survivors can live out their final years with dignity.

While the size of the survivor population is decreasing, the number of survivors needing assistance is increasing. As survivors age and become more frail, many who did not need assistance previously now need help to get through their daily lives.

Jewish Family Services agencies throughout the state currently serve over 3,300 survivors each year who rely on essential services to live independently. The one-time appropriation we seek is to establish a grant program to help these individuals avoid institutionalization by providing services such as home Care, culturally appropriate case management, home-delivered meals, transportation, and emergency financial assistance.

This appropriation would ensure that Holocaust survivors are able to live in dignity in their communities and foster the development of replicable models of care to serve other aging victims of trauma, such as veterans, refugees, and first responders. Through this program, we can

help to prevent the very things survivors should never have to face again - eviction, hunger, inadequate medical care, loneliness, social isolation, and despair.

In the last five years, elected leaders in the US Congress, the State of Illinois, the State of New Jersey and the City of New York have recognized the unique needs of vulnerable Holocaust Survivors. As such, they have appropriated funding to provide supportive services like home-delivered meals, trauma-informed mental health and home care services, transportation, and culturally relevant services for aging survivors turning to community based organizations with significant unmet needs.

Additional background information on this proposal is included on the following pages.

Overview

Holocaust Survivors are increasingly frail and vulnerable, and they have staggering unmet needs related to home-care, nutrition, transportation and housing. Existing community based services are inadequate to serve their needs.

While the size of the survivor population is decreasing, the number of survivors needing assistance is increasing. Many survivors who did not need assistance previously now need help to get through their daily lives. Jewish Family Services agencies throughout the state serve an estimated 3,300 Survivors each year who rely on essential services to live independently.

A proposal for the state of California to make a one-time appropriation of \$3.6 million to the Department of Social Services for a Holocaust Survivor Assistance Program would fund the establishment of a grant program to increase services to this population, including home care, culturally appropriate case management, home-delivered meals, transportation and emergency financial assistance.

This appropriation would ensure that Holocaust survivors are able to live in dignity in their communities and foster the development of replicable models of care to serve other aging victims of trauma, such as veterans, refugees, and first responders. Through this cost-effective program, we can help to prevent the very things survivors should never have to face again - eviction, hunger, inadequate medical care, loneliness, social isolation, and despair.

Background

The Holocaust was the state-sponsored persecution and murder of the Jewish people by the Nazi regime and its collaborators between 1933 and 1945. The brutality Jews experienced during the Holocaust was comprehensive, systematic, and multi-leveled. Jews were first dispossessed of their property and deprived of their livelihoods. In total, six million Jewish men, women, and children were killed – two-thirds of the Jewish population in Europe before World War II.

More than 337, 000 Jewish refugees came to the U.S during and after the Holocaust. Today it is estimated that between 100,000 to 130,000 Holocaust survivors remain in the U.S. The youngest are 71 years old, but most are much older.

In the last five years, the US Congress, the states of Illinois and New Jersey, and the City of New York, have recognized the unique needs of Holocaust survivors. As such, they have provided funding for supportive services like home-delivered meals, trauma informed mental health and home care services, transportation, and culturally relevant services for them.

It is estimated that 25% of survivors live at or below the poverty line, although survivors living in Los Angeles, San Diego, and the Bay Area face poverty rates closer to 50% due to the high cost of living. They struggle to meet their basic needs for housing, food, and health care, and often rely on Supplemental Security Income (SSI), energy assistance

programs, home-delivered meals, and other programs in order to obtain the basic necessities of life. In some cases, poverty can be a triggering event for survivors as it can remind them of experiences of deprivation during the Holocaust.

The greatest needs are in the area of home care and culturally appropriate case management.

Many survivors benefit from home care through In-Home Supportive Services (IHSS) or private care which allows them to remain in their home. An aide in the home helps with transportation, meal preparation, housework, personal care and companionship. However, when/if a survivor is admitted to a hospital, assisted living or rehab facility their normal caregiver cannot be paid to follow them into the facility, due to Claims Conference and state (IHSS) restrictions.

Many survivors are triggered and re-traumatized when they are in a hospital or rehab facility. What seems like an ordinary request such as, "It's time for you to take a shower," can be anything but ordinary for a Holocaust survivor. At these moments, it would be immensely beneficial to have their trusted aide provide companionship, reassurance and compliance.

Virtually all survivors have endured significant, often prolonged exposure to traumatic events as children or young adults. Cumulatively, these experiences can magnify the challenges of aging for survivors, creating a group that ages differently and has more acute needs than do other older Americans.

Public health experts agree that overall health outcomes for older adults who age in place are often better than for those in unnecessary or premature institutional care. For survivors, removal from one's home can have added meaning as the loss of autonomy, control, and independence can be reminiscent of losses experienced in the Holocaust.

Jewish Family Service agencies in Los Angeles and San Diego currently have a waitlist of Russian-speaking survivors that need assistance. While they employ Russian-speaking social workers, their caseloads are completely full which limits the number of survivors these agencies can support with activities of daily living. Additional Russian-speaking, bachelors-level social workers would help survivors navigate and take advantage of benefits to which they are entitled.

In 2015, Congress appropriated \$12 million over five years for Holocaust Survivor Assistance programs within the Department of Health and Human Services, Administration for Community Living, with a renewal in the FY 18 budget for \$5 million. This funding is administered through the Jewish Federations of North America, which grants out funding to provide supportive services for elderly Holocaust survivors who suffer from complex physical and mental health needs. These federal dollars are unable to meet the need of an increasingly frail population of Holocaust survivors turning to service providers for help.

Staff Recommendation:

Hold open.