AGENDA

ASSEMBLY BUDGET SUBCOMMITTEE NO. 1
ON HEALTH AND HUMAN SERVICES

ASSEMBLYMEMBER DR. JOAQUIN ARAMBULA, CHAIR

WEDNESDAY, MAY 19, 2021

1:30 PM, STATE CAPITOL, ROOM 4202

Due to the regional stay-at-home order and guidance on physical distancing, seating for this hearing will be very limited for press and for the public. All are encouraged to watch the hearing from its live stream on the Assembly's website at https://www.assembly.ca.gov/todaysevents.

We encourage the public to provide written testimony before the hearing. Please send your written testimony to: BudgetSub1@asm.ca.gov. Please note that any written testimony submitted to the committee is considered public comment and may be read into the record or reprinted.

A moderated telephone line will be available to assist with public participation. After all witnesses on all panels and issues have concluded, and after the conclusion of member questions, the public may provide public comment by calling the following toll-free number:
1-877-692-8957 / access code: 131 54 202.

GOVERNOR'S MAY REVISION PROPOSALS ON HEALTH

ITEMS TO BE HEARD

NON-PRESENTATION ITEMS

LIST OF PANELISTS

Panel – Pandemic Response Review Proposal (Presenting Issue 1)

- Dr. Mark Ghaly, Secretary, CHHS Agency
- Dr. Tomas Aragon, Director, CDPH
- Dr. Erica Pan, State Epidemiologist and Deputy Director, CDPH
- Sonja Petek, Principal Fiscal and Policy Analyst, LAO

Q&A Only:

- Brandon Nunes, Chief Deputy Director, CDPH
- Mark Newton, Deputy Legislative Analyst, LAO

Panel – Children and Youth Behavioral Health Initiative (Presenting Issue 2)

- Dr. Mark Ghaly, Secretary, CHHS Agency
- Matt Schueller, Chief of Staff, Office of the California Surgeon General
- Will Lightbourne, Director, DHCS
- Jacey Cooper, Chief Deputy Director, Health Care Programs & State Medicaid Director, DHCS
- Kelly Pfeifer, Deputy Director, Behavioral Health
- Mary Watanabe, Director, DMHC
- Elizabeth Landsberg, Director, OSHPD
- Dr. Rohan Radhakrishna, Office of Health Equity Deputy Director, CDPH
- Toby Ewing, Executive Director, MHSOAC
- Corey Hashida, Fiscal and Policy Analyst, LAO
- Ben Johnson, Principal Fiscal and Policy Analyst, LAO

Q&A Only:

- Mark Newton, Deputy Legislative Analyst, LAO

Panel – MHSOAC (Presenting Issue 3)

- Toby Ewing, Executive Director, MHSOAC
- Iliana Ramos, Principal Program Budget Analyst, DOF
- Sonal Patel, Finance Budget Analyst, DOF
- Corey Hashida, Fiscal and Policy Analyst, LAO

Q&A Only:

- Mark Newton, Deputy Legislative Analyst, LAO

Panel – EMSA (Presenting Issues 4 - 7)

- Dr. Dave Duncan, Director
- Louis Bruhnke, Chief Deputy Director
- Rick Trussell, Chief of Administration
- Craig Johnson, Chief Disaster Medical Services Division
- Han Wang, Finance Budget Analyst, DOF
- Steven Pavlov, Principal Program Budget Analyst, DOF
- Sonja Petek, Principal Fiscal and Policy Analyst, LAO

Q&A Only:

- Mark Newton, Deputy Legislative Analyst, LAO

Panel – OSHPD (Presenting Issues 8 - 9)

- Elizabeth Landsberg, Director
- Caryn Rizell, Deputy Director, Health Care Workforce Division
- Ross Lallian, Health Care Workforce Division
- Corey Hashida, Fiscal and Policy Analyst, LAO

Q&A Only:

- Iliana Ramos, Principal Program Budget Analyst, DOF
- Madison Sheffield, Finance Budget Analyst, DOF
- Mark Newton, Deputy Legislative Analyst, LAO

Panel – DHCS (Presenting Issues 10 - 26)

- Will Lightbourne, Director
- Jacey Cooper, Chief Deputy Director, Health Care Programs & State Medicaid Director
- Lindy Harrington, Deputy Director, Health Care Financing
- René Mollow, Deputy Director, Health Care Benefits and Eligibility
- Kelly Pfeifer, Deputy Director, Behavioral Health
- Alek Klimek, Finance Budget Analyst, DOF
- Hinnaneh Qazi, Staff Finance Budget Analyst, DOF
- Iliana Ramos, Principal Program Budget Analyst, DOF
- Laura Ayala, Principal Program Budget Analyst, DOF
- Sonal Patel, Finance Budget Analyst, DOF
- Tyler Woods, Principal Program Budget Analyst, DOF
- Corey Hashida, Fiscal and Policy Analyst, LAO
- Ben Johnson, Principal Fiscal and Policy Analyst, LAO

Q&A Only:

- Mark Newton, Deputy Legislative Analyst, LAO

Panel – CDPH (Presenting Issues 27 - 29)

- Dr. Tomas Aragon, Director
- Dr. Erica Pan, State Epidemiologist and Deputy Director
- Monica Morales, Center for Healthy Communities Deputy Director
- Adrian Barraza, Center for Infectious Disease Assistant Deputy Director
- Jack Zwald, Principal Program Budget Analyst, DOF
- Erin Carson, Finance Budget Analyst, DOF
- Shelina Noorali, Finance Budget Analyst, DOF
- Sonja Petek, Principal Fiscal and Policy Analyst, LAO

Q&A Only:

- Brandon Nunes, Chief Deputy Director, CDPH
- Mark Newton, Deputy Legislative Analyst, LAO

Panel – DSH (Presenting Issues 30 - 37)

- Stephanie Clendenin, Director
- Brent Houser, Deputy Director of Administrative Services
- Nicole Hicks, Chief Operating Officer
- Chris Edens, Deputy Director of Forensic Services Division
- Mark Grabau, Chief Psychologist, Community Forensic Programs
- Stacey Camacho, Assistant Deputy Director of Forensic Services Division
- Ellen Bachman, Deputy Director of Statewide Quality Improvement Division
- Christine Ciccotti, Deputy Director of Legal Division
- Dr. Katherine Warburton, Deputy Director Clinical Operations
- Stirling Price, Chief Deputy Director
- Jessica Sankus, Staff Finance Budget Analyst, DOF
- Steven Pavlov, Principal Program Budget Analyst, DOF
- Corey Hashida, Fiscal and Policy Analyst, LAO

Q&A Only:

- Mark Newton, Deputy Legislative Analyst, LAO

Panel – COVERED CA (Presenting Issues 38 - 40)

- Katie Ravel, Director, Covered California/Policy, Eligibility and Research Division
- Ben Johnson, Principal Fiscal and Policy Analyst, LAO

Q&A Only:

- Iliana Ramos, Principal Program Budget Analyst, DOF
- Madison Sheffield, Finance Budget Analyst, DOF
- Mark Newton, Deputy Legislative Analyst, LAO

PUBLIC COMMENT WILL BE TAKEN AT THE CONCLUSION OF THE PANELS.

ITEMS TO BE HEARD

GOVERNOR'S MAY REVISIONS PROPOSALS ON HEALTH

All of the proposals referenced in this agenda are (or will be) posted on the Department of Finance (DOF) website, www.dof.ca.gov.

Please note that where the proposal notes that statutory changes are needed, the Administration is proposing trailer bill language, some of which is still pending.

ISSUE	GOVERNOR'S MAY REVISION PROPOSAL
0530 4265	**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY** **CALIFORNIA DEPARTMENT OF PUBLIC HEALTH**
1	**Pandemic Response Review—**It is requested that Item 4265-001-0001 be increased by $3 million one-time to support a review of the state's pandemic response from an emergency response perspective. The administration indicates that this review will inform the development of a subsequent proposal to be included in the Governor's 2022 January Budget to improve California's public health system. On February 8, 2021, the Subcommittee heard a proposal from Assemblymember Wood, counties, local health jurisdictions (LHJs), and other public health advocates for a significant investment into local public health infrastructure. The specific request from both stakeholders and Assemblymember Wood is for $200 million per year for LHJs, primarily to hire flexible staffing that has the skills and expertise to work on a range of public health issues, including crises, such as a pandemic. A significant, ongoing investment in local public health would ensure that LHJs have the ability to effectively address ongoing public health needs, including: • Infections disease control: HIV, other sexually-transmitted diseases, hepatitis, measles, and others; • Chronic disease prevention: heart disease, diabetes, cancer, and others; and • Behavioral health needs: depression, anxiety, serious mental illness, suicide prevention and substance abuse (including overdose prevention). Moreover, a fully-funded and fully-staffed public health system would allow LHJs to respond to crises without depleting and neglecting existing ongoing public health threats, which is what has happened throughout the pandemic. Evidence shows that STI and behavioral health rates have risen during the pandemic, in part reflecting California's diminished efforts as LHJs redirected any staff available to help with pandemic response. LHJs acknowledge that $200 million per year is an uncertain estimate of the need to fully fund California's local public health infrastructure; this reflects the fact that the current funding structure makes it very challenging to identify the

	current level of funding for public health in California. Public health was "realigned" to counties in 1991, and therefore is funded through county realignment revenue, influenced by county priorities, thereby resulting in different funding amounts for 61 different LHJs (58 counties and 3 cities: Berkeley, Long Beach and Pasadena). Not only do the funding amounts vary across the state, but arguably public health has been undervalued, and therefore underfunded, by many if not most LHJs for many years. The County Health Executives Association of California (CHEAC) reports that health realignment funding in 2019-20 was $138.5 million below 2006-2007 funding levels. In order to clearly identify current levels of public health funding, unique to each LHJ, and to determine the state's true public health infrastructure needs, Assemblymember Rodriguez has requested $3.5 million for a study to be done by CDPH. This request, which is supported by CHEAC and many other stakeholders, would inform future state budget choices in this arena, possibly leading to increases or decreases to the $200 million per year currently being requested. Many public health experts believe that core, traditional public health functions, that are adequately resourced, address public health threats effectively, and that public health does not desperately call for innovation or modernization. Rather, the case can be made that California's core, basic public health functions have never been adequately funded, and by simply addressing this fact, a significant amount of morbidity and mortality could be prevented. Health care costs could be reduced significantly as well. In addition to inadequate local public health resources, the pandemic has made the deficiencies in state leadership abundantly clear. This is in no way a criticism of CDPH staff, but rather an acknowledgement of the decades of inadequate investments in state public health functions and leadership. As has been pointed out in Subcommittee agendas nearly every year for the past decade, the percentage of CDPH's budget that is State General Fund has typically been well below ten percent. This clearly reflects the minimal value that the state places on state public health functions and leadership. As with LHJs, the department has only very limited flexible funding, and therefore very little flexibility to shift funding and reassign staff in response to the state's changing and evolving public health threats and needs. In addition to the state not being able to pivot, re-prioritize, and be responsive to the ever-changing public health landscape, the pandemic taught us that the state's ability to effectively respond to crises depends on its capacity to offer coordination, support, and leadership to local government. Finally, the pandemic easily overwhelmed the states inadequate, under-funded, antiquated laboratory and data collection systems.
0530 **4140** **4150** **4260** **4265** **4560**	**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY** **OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT** **DEPARTMENT OF MANAGED HEALTH CARE** **DEPARTMENT OF HEALTH CARE SERVICES** **CALIFORNIA DEPARTMENT OF PUBLIC HEALTH** **MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION** **CALIFORNIA OFFICE OF THE SURGEON GENERAL**

2	**Children and Youth Behavioral Health Initiative (*please see attachment for additional detail on this proposal*)** Proposal: Transform California's children and youth behavioral health (BH) system into a world-class, innovative, up-stream focused, ecosystem where ALL children and youth are routinely screened, supported and served for emerging and existing BH needs. Services are statewide, evidence based, culturally competent, and equity focused. $4 billion over five years, including $2.3 billion one-time and $300 million General Fund and certain federal matching funds ongoing starting in 2022-23. **CHHS Agency Public Education and Change (Issue 43)—**It is requested that Item 0530-062-8506 be added in the amount of $25.1 million and 1 positon one-time to support the Office of the Surgeon General in a public awareness campaign on Adverse Childhood Experiences (ACEs) and development of a trauma-informed training curriculum for the education sector. **CHHS Agency Coordination, Subject Matter Expertise, and Evaluation (Issue 44)—**It is requested that Item 0530-062-8506 be added in the amount of $10 million ongoing for coordination, subject matter expertise, and evaluation of the Children and Youth Behavioral Health Initiative. **OSHPD (Issue 115)—**It is requested that Item 4140-062-8506 be added in the amount of $35 million one-time and Item 4140-162-8506 be added in the amount of $665 million one-time to support behavioral health providers through existing and new health workforce development programs. For the combined fiscal years 2022-23 and 2023-24, the Budget estimates an additional $190 million one-time General Fund for workforce development programs and $10 million one-time General Fund for associated state operations. **DMHC trailer bill—**DMHC requests trailer bill to impose new requirements on health plans to support the overall implementation of this initiative. **DHCS (Issues 301 and 315)—**It is requested that Item 4260-062-8506 be added in the amount of $22 million one-time and 78 positions, Item 4260-162-8506 be added in the amount of $228 million one-time, and statutory changes be added to provide resources to support children and youth behavioral health. **CDPH Public Education and Change Campaign—**It is requested that Item 4265-062-8506 be added in the amount of $5 million and 10 positions to implement the California Youth Behavioral Health Initiative. The administration deserves significant praise for this historic, ground-breaking, and visionary proposal. Its size, scope, and complexity speak volumes about the Governor's commitment to the wellbeing of children and youth. A behavioral health system that brings both mental health and substance abuse services to all kids, regardless of insurance status or type, and that reflects the digital world in which we live, would represent a big step towards health equity and make California a pretty good place to be a kid. A few key preliminary questions arise: 1. Given that this proposal is to build a behavioral health system around schools, to what degree have schools, and the California Department of Education, been involved with the development of the proposal, and how will they be involved with its implementation? 2. In light of the extremely limited time remaining for the Legislature to thoroughly review this proposal before the end of the budget process,

	can the administration identify specific components that would benefit the most from immediate legislative action? 3. Regardless of the merits of this proposal, arguably it will take years to implement, while children and youth are currently in the midst of a behavioral health crisis that calls for an urgent state response. How can the state support kids, and address their emotional needs, this year, as children and youth struggle with multiple transitions—back to school, back to socializing, etc?
4560	**MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION**
3	**Mental Health Student Services Act Partnership Grant Program Augmentation and Evaluation Resources (Issue 25)—**It is requested that Item 4560-001-3085 be increased by $5 million one-time and Item 4560-101-3085 be increased by $25 million one-time, available over five years respectively, to support the Mental Health Student Services Act Partnership Grant Program through additional grants to county behavioral health departments for partnerships with schools. The funding will also support contract resources for an evaluation of grant awards between fiscal year 2019-20 and 2022-23. Please provide an overview of the Mental Health Student Services Act Program and respond to the following: 1. How many counties currently have funding through the program and how are they using this funding? 2. How many more counties can be funded with the proposed $50 million ($25 million each in the Governor's Budget and the May Revision)? 3. Will there still be a shortfall in terms of sufficient resources to assist all counties that have submitted applications? Or for all counties potentially interested in participating in this program? 4. What are key pathways for the state to provide an immediate, urgent response to the current behavioral health crisis for children and youth?
4120	**Emergency Medical Services Authority**
4	**Increased Emergency Preparedness and Response Capability (Issue 030)—**It is requested that Item 4120-001-0001 be increased by $8,495,000 and 14 positions to maintain and store critical equipment and medical supplies acquired during the COVID-19 Pandemic, and provide resources for the Operations Center and for exercises and training.
5	**Medical Surge Staffing Program (Issue 031)—**It is requested that Item 4120-001-0001 be increased by $1,414,000 and 6 positions for recruitment, on-boarding, and program management of the California Health Corps Program,

	California Medical Assistance Teams program, and the Disaster Healthcare Volunteers/Medical Reserve Corps Program.
6	**Human Resources Workload Support (Issue 032)—**It is requested that Item 4120-001-0001 be increased by $851,000 and 5 positions for administrative services support for the Human Resources Unit to address workload associated with routine and emergency response personnel services functions.
7	**Statewide Emergency Medical Services Data Solution (Issue 045)—**It is requested that Item 4120-001-0001 be increased by $10 million and 2 positions one-time for planning and readiness activities to establish a statewide emergency services data infrastructure that strengthens real-time information sharing and data analytics for the state and locals, emergency medical services providers, and health care providers.
4140	**Office of Statewide Health Planning and Development**
8	**Geriatric Care Workforce Programs (Issue 113)—**It is requested that Item 4140-101-0001 be increased by $5 million one-time, available over six years, to provide an augmentation to the $3 million one-time General Fund proposed at the Governor's Budget for geriatric workforce programs. It is also requested that corresponding provisional language be amended to effectuate the augmentation.
9	**Song-Brown Healthcare Workforce Program Augmentation (Issue 114)—**It is requested that Item 4140-101-0001 be increased by $50 million one-time, available over six years, for additional awards to support and sustain new primary care residency programs through the Song-Brown Health Care Workforce Training Program. It is also requested that provisional language be added to effectuate the augmentation and to specify correct expenditure timelines.
4260	**Department of Health Care Services**
10	**Withdraw Program Suspensions—**It is requested that Provision 2 of Item 4260-001-3305, Provision 17 of Item 4260-101-0001, Provision 4 of Item 4260-101-0890, and Provision 10 of Item 4260-101-3305 be eliminated to withdraw program suspensions proposed in the Governor's Budget. Additionally, related statutory changes are requested to withdraw suspensions in current law.
11	**Medi-Cal Estimate (Issues 237, 307, 310, 312, and 315)—**It is requested that the adjustments below be made to the following items to reflect these miscellaneous adjustments outlined in the Medi-Cal estimate: • Item 4260-101-0001 be increased by $642,395,000 and reimbursements be increased by $146,251,000 • Item 4260-101-0232 be increased by $20,692,000

• Item 4260-101-0233 be increased by $5,759,00

• Item 4260-101-0236 be increased by $16,693,000

• Item 4260-101-0890 be increased by $2,840,960,000

• Item 4260-101-3168 be increased by $905,000

• Item 4260-101-3305 be increased by $240,691,000

• Item 4260-101-3375 be decreased by $615,000

• Item 4260-102-0001 be decreased by $7,433,000

• Item 4260-102-0890 be decreased by $1,381,000

• Item 4260-103-3305 be decreased by $4,896,000

• Item 4260-106-0890 be increased by $5,556,000

• Item 4260-113-0001 be increased by $47,326,000

• Item 4260-113-0890 be increased by $96,858,000

• Item 4260-117-0001 be decreased by $5,000

• Item 4260-117-0890 be decreased by $59,000

These adjustments reflect revised cost/savings estimates based on updates to caseload estimates, cost estimates, and proposed policy changes. The May Medi-Cal estimate, compared to the 2020 Budget Act, proposes:

Total Expenditures	FY 2020-21 Appropriation	May 2021 Estimate	Change	
			Amount	Percent
Total Funds	$115,423.0	$115,575.0	$152.0	0.1%
Federal Funds	$76,002.6	$79,018.4	$3,015.8	4.0%
General Fund	**$23,623.9**	**$21,480.3**	**($2,143.7)**	**-9.1%**
Other Non-Federal Funds	$15,796.6	$15,076.4	($720.2)	-4.6%

(Dollars in Millions)

Following are the major drivers of changes in estimated General Fund spending in FY 2021-22 between the November 2020 and May 2021 Estimates:

• $183 million related to various May Revision proposals.

• -$1.8 billion related to COVID-19 impacts.

• -$236 million primarily due to increased availability of Proposition 56 revenues to cover supplemental payment costs.

• -$99 million related to changes in payments related to state only claiming.

• -$60 million related to the shift of audit settlement payments from FY 2021-22 to FY 2020-21.

• -$42 million due to the delay in implementation of pharmacy retroactive adjustments.

• $116 million from increases in retroactive managed care rate adjustments

	• $126 million to remove caseload savings due to minimum wage increases. • $159 million related to accelerated claiming of Designated State Health Program funds. • $189 million from the delay of the Affordable Care Act (ACA) DSH reduction. • $240 million related to changes in deferred claims. • $372 million related to changes in the Medi-Cal Rx implementation timeline. In FY 2021-22, the Medi-Cal Estimate also includes $828 million from the Coronavirus Fiscal Recovery Fund of 2021, to support a variety of new proposals, including the following items described in previous sections: • $300 million to support the Behavioral Health Continuum Infrastructure program. • $300 million for grants to designated public hospitals. • $100 million for capacity and infrastructure grants for school behavioral health. • $83 million for a behavioral health services and supports platform. • $45 million to continue to the CalHOPE Student Supports program. Please briefly present the May Medi-Cal estimate and describe the most significant changes and adjustments.
12	**COVID-19 Medi-Cal Caseload Impacts (Issue 296)—**It is requested that Item 4260-101-0001 be decreased by $1,715,828,000 one-time, Item 4260-101-0890 be decreased by $2,162,073,000 one-time, Item 4260-113-0001 be decreased by $92,673,000 one-time, and Item 4260-113-0890 be decreased by $172,126,000 one-time to reflect COVID-19 impacts on Medi-Cal caseload. Compared to Governor's Budget, caseload is estimated to decrease by approximately 371,800 average monthly enrollees in 2020-21 and 1,107,400 average monthly enrollees in 2021-22. The change is primarily due to updated actuals and the assumption that only the continuous coverage requirement, and not labor market impacts, will drive COVID-19 caseload increases.
13	**Expand Medi-Cal to Undocumented Older Adults 60+ (Issue 313)—**The May Revision includes $69 million ($50 million General Fund) in 2021-22 and $1 billion ($859 million General Fund) ongoing to expand Medi-Cal, including In-Home Supportive Services, to undocumented adults aged 60 and older effective no sooner than May 1, 2022, and statutory changes be added to expand Medi-Cal coverage to undocumented adults aged 60 and older. The LAO developed the following updated cost estimates for expanding Medi-Cal eligibility to undocumented adults which are significantly lower than the administration's estimates:

LAO Estimate (In Millions)

	Cost of Full-Scope Coverage			Cost of Restricted-Scope Coverage[b]			Additional Cost to Expand Full-Scope Coverage	
	Total Funds	General Fund	-	Total Funds	General Fund	=	Total Funds	General Fund
Ages 26-35	$740	$450		$370	$110		$370	$340
Ages 36-49	1,930	1,190		630	180		1,300	1,010
Ages 50-64	820	510		520	150		300	370
Ages 65+	600	500		200	100		400	400
Totals	**$4,090**	**$2,650**		**$1,730**	**$540**		**$2,360**	**$2,120**

[a]Assumes long-run caseload and In-Home Supportive Services takeup levels have been reached and 2021-22 service-cost levels.

[b]Estimated costs for emergency- and pregnancy-related services that otherwise would be incurred if the state did not extend full-scope coverage to this population.

Note: Numbers may not add due to rounding.

Please present this proposal and describe key assumptions used to develop the cost estimates.

14

Telehealth—Proposes to extend Medi-Cal telehealth services by providing a reimbursement rate for audio-only services at 65 percent of the fee-for-service rate, and via a comparable alternative to prospective payment system (PPS) rates for clinics to maintain an incentive for in-person care. Provides that this reimbursement will only be available to providers within California or border communities, and who are able to provide in-person services to any client served by audio-only telehealth.

The Governor's January Budget included proposed trailer bill to make permanent various flexibilities for Medi-Cal providers to utilize telehealth, as provided during the Public Health Emergency. This proposal updates the proposed payment structure for audio-only telephonic care. The Governor's telehealth trailer bill proposal was heard in Subcommittee on May 12, 2021.

15

Behavioral Health Continuum Infrastructure Program (Issues 302 and 314)— Increases the Governor's Budget proposal for behavioral health infrastructure ($750 million General Fund) by $10 million ARPA and shifts $300 million General Fund to ARPA. Also includes $1.4 billion ($1.2 billion General Fund and $220 million ARPA) for the program in 2022-23 (some of these amounts are included in the Children and Youth Behavioral Health Initiative described above). Of the funding, a minimum of $10 million ARPA in 2021-22 and $255 million ($220 million ARPA and $25 million General Fund) in 2022-23 is available for increased infrastructure targeted to individuals age 25 and younger.

Includes $250 million one-time General Fund to provide competitive grants for increased infrastructure targeted to justice-involved individuals with a serious mental illness who are deemed incompetent to stand trial (IST). Related to an intent to reallocate Relinquished County Jail Bond Authority to purchase or modify community mental health facilities, this proposal is intended to provide community based alternatives to incarceration or unnecessary state hospitalization.

	It is requested that Item 4260-001-0001 be increased by $12.5 million one-time, Item 4260-062-8506 be added in the amount of $10 million one-time, Item 4260-101-0001 be decreased by $62.5 million one-time, Item 4260-162-8506 be added in the amount of $300 million one-time, and statutory changes be added to augment the Behavioral Health Continuum Infrastructure Program proposed in the Governor's Budget. It is also requested that provisional language be added to Items 4260-001-0001 and 4260-101-0001.
16	**California Advancing and Innovating Medi-Cal (CalAIM) Population Health Management Service (Issue 294 and 304)—**It is requested that Item 4260-001-0001 be increased by $1.5 million, Item 4260-001-0890 be increased by $13.5 million, Item 4260-101-0001 be increased by $30 million, and Item 4260-101-0890 be increased by $270 million one-time to provide Medi-Cal population health management services utilizing administrative and clinical data as part of CalAIM efforts proposed in the Governor's Budget. It is also requested that provisional language be added to Item 4260-101-0001 and Item 4260-101-0890.
17	**Unfreeze Intermediate Care Facilities for the Developmentally Disabled Rates (Issue 289)—**It is requested that Item 4260-101-0001 be increased by $8,778,000 ongoing, Item 4260-101-0890 be increased by $10,464,000 ongoing, and statutory changes be added to unfreeze rates for Intermediate Care Facilities for the Developmentally Disabled. **Unfreeze Free-Standing Pediatric Subacute Facility Rates (Issue 290)—**It is requested that Item 4260-101-0001 be increased by $2,328,000 ongoing, Item 4260-101-0890 be increased by $2,873,00 ongoing, and statutory changes be added to unfreeze rates for Free-Standing Pediatric Subacute Facilities. While it is long-overdue to be eliminating 2008-09 rate freezes for facilities that are 100 percent Medi-Cal, and serve some of Medi-Cal's most vulnerable patients, according to representatives of these facilities, this particular proposal results in no fiscal benefit, and possibly a loss, for these facilities. Please present this proposal and respond to the following: 1. Please explain how these facilities will see a financial benefit, and the timing of any anticipated rate increase. 2. Please also explain how this proposal treats the Proposition 56-funded supplemental payments currently being provided to these facilities. 3. Finnaly, please describe the overall fiscal condition of these facilities? I.e, are they operating right at the margin, at significant risk of closing?
18	**Medication Therapy Management Program (Issue 292)—**It is requested that Item 4260-101-0001 be increased by $4,181,000, Item 4260-101-0890 be increased by $7,736,000, Item 4260-113-0001 be increased by $237,000, Item 4260-113-0890 be increased by $441,000 on an ongoing basis, and statutory changes be added, to implement a program for specialty pharmacy services in Medi-Cal.
19	**Doula Benefit (Issue 297)—**It is requested that Item 4260-101-0001 be increased by $147,000 ongoing, Item 4260-101-0890 be increased by $242,000 ongoing, Item 4260-113-0001 be increased by $5,000 ongoing, and Item 4260-

	113-0890 be increased by $9,000 ongoing—growing annually thereafter—to cover doula services in the Medi-Cal program, effective January 1, 2022.
20	**Community Health Workers (Issue 298)—**It is requested that Item 4260-101-0001 be increased by $6,154,000 ongoing and Item 4260-101-0890 be increased by $10,169,000 ongoing—growing annually thereafter—to cover services provided by Community Health Workers in the Medi-Cal program, effective January 1, 2022.
21	**Medically Tailored Meals Expansion (Issue 299)—**It is requested that Item 4260-101-0001 be increased by $9.3 million one-time, and statutory changes be added, to continue providing medically tailored meals, and to cover additional health conditions, until their availability through the CalAIM initiative.
22	**Medi-Cal Providing Access and Transforming Health (PATH) (Issue 300)—** It is requested that Item 4260-101-0001 be increased by $100 million one-time and Item 4260-101-0890 be increased by $100 million one-time, and statutory changes be added, to build capacity for effective pre-release care for justice-involved populations to enable coordination with justice agencies and Medi-Cal coverage of services 30 days prior to release. It is also requested that provisional language be added to Items 4260-101-0001 and 4260-101-0890
23	**Medi-Cal Eligibility Extension for Postpartum Individuals (Issue 303)—**It is requested that Item 4260-101-0001 be increased by $45,273,000, Item 4260-101-0890 be increased by $45,273,000, and statutory changes be added to extend Medi-Cal eligibility from 60 days to 12 months for most postpartum individuals. This proposal aligns with the American Rescue Plan Act of 2021, which allows states to receive federal funding if they extend Medi-Cal eligibility from 60 days to 12 months for most postpartum individuals, effective April 1, 2022 for up to five years. Estimated costs to implement the extension between 2022-23 and 2027-28 are $362.2 million ($181.1 million General Fund) annually.
24	**Restoration of Dental Fee For Service in Sacramento and Los Angeles Counties—**It is requested that Item 4260-101-0001 be decreased by $8,026,000, Item 4260-101-0890 be decreased by $11,930,000 one-time, and statutory changes be added to eliminate dental managed care and restore dental fee for service in both Sacramento and Los Angeles counties. While there is significant support for this proposal by various stakeholders and health advocates, Medi-Cal dental managed care plans raise the following concerns and objections: **"Data is not Comparable**. FFS utilization and DMC utilization are not comprised of the same data so comparing without adjustment misrepresents the data. Under state reporting requirements, participating dental plans can only report services related to dental care unlike fee-for-services utilization reports that include services provided for "other dental services." By removing dental services provided by "other health care practitioners," utilization in DMC plans is higher than fee-for-services counties in the state. **Statewide Average**. DHCS points to statewide utilization and suggests that DMC is underperforming as a result. The problem is the statewide average takes very diverse counties and treats them the same. Liberty is nearly on par with

	the statewide average and far outperforming the FFS counties surrounding Sacramento. **Dental Managed Care Beneficiaries are Guaranteed Access to Dental Care**. Under rigorous state contracts, participating dental plans must contract with enough dentists in the county to meet the dental needs of the participants. There is no such requirement under the Denti-Cal Fee-For-Service program. **Disruption to Beneficiaries, Providers and Employees**. Nearly one million beneficiaries will lose their dental plan (with hundreds of thousands more projected) and potentially their dental provider at the same time we expect Medi-Cal enrollment to spike. Moreover, provider networks will dissipate during an ill-timed conversion to FFS and hundreds of good union jobs could be lost. **Lost Quality and Consumer Protections**. DMC Plans are subject to extensive State statutory and regulatory standards and oversight. Members receiving care in the DMC program are afforded extraordinary consumer protections to ensure patients receive services when needed. DMC Plans assist providers and beneficiaries to ensure continuity and quality of care. Quality data measures are required of DMC plans that are both patient and provider-centered and protected by law. **Elimination of Cost-Effective Program**. We do not believe the proposal to eliminate DMC provides budget savings. Any analysis of cost must acknowledge that DMC plans are responsible for all administrative functions and perform a variety of functions that are absent in current FFS expense calculations." The 2020 Governor's Budget included this proposal, and the Legislature chose to defer without prejudice primarily for two reasons: 1) to avoid creating an additional disruption in the health care of this population during the pandemic; and 2) the Legislature's limited public hearing time in 2020. The 2021 Governor's Budget did not include this proposal, however it is included in the May Revision. DHCS explains that its contracts with dental managed care plans were set to expire last year, however they had the option to extend the contracts for one year. According to DHCS, they have no more contract extension options, and therefore, if the Legislature does not approve of this proposal, DHCS will have to re-procure these contracts.
25	**San Mateo Dental Integration Pilot Program—**It is requested that Item 4260-101-0001 be increased by $243,000, Item 4260-113-0001 be increased by $38,000, Item 4260-101-0890 be increased by $345,000, and Item 4260-113-0890 be increased by $71,000 one-time to implement a dental integration pilot program in San Mateo County pursuant to SB 849 (Committee on Budget and Fiscal Review, Chapter 47, Statutes of 2018).
26	**Support for Public Hospitals and Health Systems (Issue 295)—**It is requested that Item 4260-162-8506 be added in the amount of $300 million one-time to support public hospitals and health care systems' unreimbursed costs associated with providing care to COVID-19 Medi-Cal FFS patients. This proposal is for $300 million in federal funds, which means that these funds cannot be matched with additional federal funds, as General Fund would be. Please present this proposal and explain the justification for using federal funds for this purpose.

4265	**California Department of Public Health**
27	**Expansion of Pre-Exposure Prophylaxis (PrEP) Assistance Program (PrEP-AP)—**It is requested that statutory changes be added to amend Health and Safety Code section 120972, subdivision (a)(4), to allow PrEP-AP to pay for specified ancillary services for a person dispensed or furnished PrEP and post-exposure prophylaxis medication pursuant to Business and Professions Code sections 4052-4052.03.
28	**Resources for COVID-19 Pandemic Response External Challenges—**It is requested that Item 4265-001-0001 be increased by $6 million one-time to support costs incurred from legal challenges to the state's COVID-19 pandemic response. It is also requested that provisional language be added to allow the Department of Public Health to use this appropriation for this specific purpose.
29	**Support for Alzheimer's Disease Awareness, Research, and Training—**It is requested that Item 4265-001-0001 be increased by $5,375,000 one-time and Item 4265-111-0001 be increased by $2,125,000 to supplement the Governor's Budget proposal activities in public awareness and promulgating standards of care.
4440	**Department of State Hospitals**
30	**Community Care Demonstration Project (Issue 113)—**It is requested that Item 4440-011-0001 be decreased by $233,187,000 and 4 positions to reflect the withdrawal of the Governor' Budget Community Care Demonstration Project proposal. Ongoing funding of $136,437,000 annually and associated provisional language and statutory changes are also withdrawn.
31	**Discontinue Lanterman-Petris-Short Patient Contracts with Counties (Issues 093 and 094)—**It is requested that Item 4440-011-0001 be increased by $16,602,000 and reimbursements be decreased by $24,704,000, and Item 4440-017-0001 be increased by $480,000 to discontinue the state hospitals as a treatment option for Lanterman-Petris-Short (LPS) patients over three years, provide treatment for these patients at the county level only, and utilize the state hospital beds for Incompetent to Stand Trial (IST) treatment. The Department will repurpose bed capacity currently used for LPS patients for IST patients. Funds increase to $145,526,000 General Fund in 2024-25 and annually thereafter. This funding includes resources equivalent to 3 limited-term positions to manage the implementation. It is also requested that that provisional language be added to authorize the Department of Finance to approve expenditures in excess of the appropriation caused by unanticipated changes in patient caseload, with notification to the Legislature. County behavioral health directors have raised concerns with this proposal stating that counties do not have the capacity, or appropriate facilities, to treat this population. Please present this proposal and respond to the following: 1. Does DSH believe that counties either have, or will have (given other significant resources in the budget), sufficient capacity to treat this population?

	2. Would DSH be open to considering a longer transition time for this population in order to give counties ample time to establish appropriate treatment facilities?
32	**Jail Based Competency Treatment Program (Issues 080 and 081)—**It is requested that Item 4440-011-0001 be increased by $13,293,000 and 7 positions to reflect updated assumptions regarding the timing of contract execution and program activation for existing counties, and reflect the expansion of Jail Based Competency Treatment Programs into 11 new counties. Funding increases to $22,477,000 in 2022-23 and annually thereafter.
33	**Community-Based Restoration Program (Issue 082)—**It is requested that Item 4440-011-0001 be increased by $28,330,000 and 4.5 positions to expand the current Los Angeles County Community-Based Restoration program and establish new programs in 17 additional counties. Funding increases to $49,755,000 in 2024-25 and annually thereafter. It is also requested that provisional language be added to expedite any contracts necessary to establish the new programs.
34	**Re-Evaluation Services for Felony Incompetent to Stand Trial Patients (Issue 104)—**It is requested that Item 4440-011-0001 be increased by $12,729,000 and 15.5 positions to partner with local county jails to re-evaluate individuals deemed Incompetent to Stand Trial on a felony charge who have waited in jail 60 days or more pending placement to a state hospital treatment program. Funding decreases to $9,176,000 in 2023-24 and annually thereafter.
35	**Non-Restorable Felony Incompetent to Stand Trial Patient Statutory Changes—**The Administration proposes statutory changes to require felony Incompetent to Stand Trial patients deemed not restorable to mental competency to be returned to the county within 10 days and remain in the county, otherwise the Department will charge the county a daily bed rate, and corresponding statutory changes to allow the Department to collect a daily bed rate.
36	**Felony Mental Health Diversion Program Expansion—**The Administration proposes statutory changes that authorize the Department to require counties expanding a current state-funded Diversion program to exclusively divert Incompetent to Stand Trial patient defendants. The proposed changes will also eliminate the county match requirement for expanding programs if a county has already met its maximum match requirement under the original program contract. The Governor's Budget included $47,584,000 one-time General Fund to expand the Mental Health Diversion Program to 33 additional counties.
37	**COVID-19 Worker's Compensation Claims (SB 1129) (Issue 074)—**It is requested that Item 4440-011-0001 be increased by $16,489,000 with resources equivalent to 7 limited-term positions for payment and processing of worker's compensation claims resulting from illness or injury sustained by state hospitals' employees who contract COVID-19 while performing essential work duties at a state hospital facility. Funding for worker's compensation claims is included annually until fiscal year 2024-25. It is also requested that provisional language be added to this item for additional worker's compensation expenditures, if necessary, and to revert unspent funds at the close of the fiscal year.

4800	Covered California
38	**Advanced Premium Assistance Subsidy Program (Issue 23)—**It is requested that Item 4800-101-0001 be decreased by $405,647,000 one-time, and corresponding provisional language changes be made, to reflect savings resulting from new federal subsidy levels pursuant to the American Rescue Plan Act of 2021 subsuming the state subsidy program.
39	**Statutory Changes: Health Care Affordability Reserve Fund—**It is requested that statutory changes be added to establish the Health Care Affordability Reserve Fund and to provide a one-time General Fund transfer of $333,439,000 for the purpose of future health care affordability measures. The total equals the projected individual mandate penalty revenue in fiscal year 2020-21 and 2021-22, less the 2021-22 cost of the proposed One-Dollar Premium Subsidy Program described below.
40	**One-Dollar Premium Subsidy Program (Issue 24)—**It is requested that Item 4800-101-0001 be increased by $20 million ongoing, and corresponding statutory changes made, to provide payments, on or after January 1, 2022, of no less than one dollar to qualified health plan issuers on behalf of qualified individuals enrolled in a qualified health plan through the exchange in the individual market that equal the cost of providing abortion services for which federal funding is prohibited.

NON-PRESENTATION ITEMS

The Subcommittee does not plan to have a presentation of the items in this section of the agenda, unless a Member of the Subcommittee requests that an item be heard. Nevertheless, the Subcommittee will ask for ***public comment*** on these items.

Issue	Governor's May Revision Proposal
4140	**Office of Statewide Health Planning and Development**
41	**Withdrawal of Proposed Loan from the Hospital Building Fund to the General Fund (Issue 105)—**It is requested that Item 4140-011-0121 be eliminated to withdraw a proposed $40 million one-time loan from the Hospital Building Fund to the General Fund included in the Governor's Budget.
42	**Medically Underserved Account for Physicians, HPEF Extension of Encumbrance Liquidation Period—**It is requested that Item 4140-494 be amended to extend the period to liquidate encumbrances from Item 4140-001-8034, Budget Act of 2018 and encumbrances from Item 4140-001-8034, Budget Act of 2019 to support the Steven M. Thompson Physician Corps Loan Repayment Program. This will allow Program grantees additional time to fulfill their respective service grant agreements.
4260	**Department of Health Care Services**
43	**Miscellaneous Baseline Adjustment: Behavioral Health Federal Funds Right-Sizing (Issues 283 and 284)—**It is requested that Item 4260-115-0890 be increased by $138,040,000 and Item 4260-116-0890 be increased by $334,966,000 to reflect the projected federal funds to support mental health and substance use disorder services.
44	**Family Health Estimate (Issue 236)—**It is requested that Item 4260-111-0001 be increased by $7,108,000 ongoing, reimbursements be increased by $77,000 ongoing, and Item 4260-114-0001 be decreased by $2,582,000 ongoing. These changes reflect revised expenditures due to caseload and other miscellaneous adjustments outlined in the Family Health Estimate.
45	**Medi-Cal Drug Rebate Fund Reserve in Current Year (Issue 293)—**In fiscal year 2020-21, expenditures in Item 4260-101-0001 are increasing by $222 million one-time to maintain a reserve of the equivalent amount in the Medi-Cal Drug Rebate Fund. The reserve is intended to alleviate the General Fund impact related to drug rebate volatility.
46	**Proposition 56 Loan Repayment Program (Issue 286)—**It is requested that Item 4260-112-3305 be increased by $1,953,000 one-time to reflect additional funds available for the Proposition 56 Loan Repayment Program based on past-year and estimated current year expenditures.

47	**Office of Statewide Health Planning and Development (OSHPD) Recast and Modernization (Issue 251)—**It is requested that Item 4260-001-0001 be decreased by $690,000 and 4 positions, Item 4260-001-0890 be decreased by $676,000, and Item 4260-111-0890 be decreased by $498,000 ongoing to recast and modernize OSHPD, and shift various activities from the Department of Health Care Services to the new Department of Health Care Access and Information. See related issue in the OSHPD Finance Letter.
48	**Health Information Exchange Extension of Funding—**It is requested that provisional language be added to Item 4260-101-0001 extending the availability of any available General Fund in the California Health Information Exchange Onboarding Program (Cal-HOP) through the end of 2021-22 for interoperability or data exchange purposes.
49	**CalAIM: Behavioral Health Quality Improvement Program—**It is requested that Provisions 18 and 19 of 4260-101-0001 be amended to withdraw program description language and instead adopt statutory changes to implement the proposal as part of CalAIM
50	**California Community Transitions—**DHCS proposes statutory changes to institute closer alignment between state funding and federal Money Follows the Person Program funding and requirements.
51	**Accelerated Enrollment for Adults—**DHCS proposes to expand accelerated enrollment to adults, ages 19 through 64, using the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) at the time of application. Accelerated enrollment for adults provides immediate and temporary benefits while income verifications are pending. The budget includes costs of $14.3 million total funds ($7.2 million General Fund) in FY 2021-22.
4265	**California Department of Public Health**
52	**AIDS Drug Assistance Program Estimate—**It is requested that funding for Health and Safety Code section 120956 be decreased by $13,927,000 ongoing to reflect a projected decrease in medication expenditures, insurance premium expenditures, and medical out-of-pocket costs.
53	**Genetic Disease Screening Program Estimate—**It is requested that Item 4265-111-0203 be decreased by $230,000 ongoing to reflect adjusted expenditure estimates.
54	**Women, Infant, and Children Program Estimate—**It is requested that Item 4265-111-0890 be increased by $52,946,000 ongoing and Item 4265-111-3023 be increased by $15,497,000 ongoing to reflect adjusted expenditure estimates.

55	**Center for Health Care Quality (CHCQ) Estimate—** Current Year 2020-21 CDPH/CHCQ projects a revised 2020-21 expenditure authority of $344.9 million, which is a $3.8 million increase from the 2021-22 Governor's Budget. This increase is due to $3.8 million in supplemental awards related to the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). Budget Year 2021-22 For 2021-22, CDPH estimates expenditures will total $394.0 million, which is an increase of $2.5 million from the 2021-22 Governor's Budget. This increase includes $2.5 million in supplemental awards related to the CARES Act.
56	**ADJUSTMENTS TO SPECIAL FUNDS**: **Proposition 99 Expenditure Adjustments—**It is requested that the following items be amended to reflect changes in the cigarette tax revenue estimates: • Item 4265-001-0231 be increased by $16,231,000 ongoing • Item 4265-001-0234 be increased by $767,000 ongoing • Item 4265-001-0236 be increased by $651,000 ongoing • Item 4265-111-0231 be increased by $1,833,000 ongoing **Adjustment to Reflect Available Resources in the Breast Cancer Research Fund—**It is requested that Item 4265-001-0007 be increased by $1,234,000 one-time to reflect changes in cigarette tax revenue estimates. **Adjustment to Reflect Available Resources in Vectorborne Disease Account—**It is requested that Item 4265-001-0478 be decreased by $60,000 ongoing to reflect available resources in 2021-22. **Adjustment to Reflect Available Resources in Medical Marijuana Program Fund—**It is requested that Item 4265-001-3074 be decreased by $15,000 ongoing to reflect available resources in 2021-22. **Adjustment to Reflect Available Resources in Registered Environmental Health Specialist Fund—**It is requested that Item 4265-001-0335 be decreased by $70,000 ongoing to reflect available resources in 2021-22. **Adjustment to Reflect Available Resources in Occupational Lead Poisoning Prevention Account—**It is requested that Item 4265-001-0070 be increased by $41,000 ongoing to reflect available resources in 2021-22. **Adjustment to Reflect Redistributed Resources—**It is requested that Schedule (1) of Item 4265-001-3098 be decreased by $138,000 ongoing and Schedule (2) of Item 4265-001-3098 be increased by $138,000 ongoing to reflect the correct distribution and use of resources.
57	**Rescind Rhesus Isoimmunization Hemolytic Disease (Rh-HDN)Disease Reporting Requirement—**It is requested that Health and Safety Code section 125075 be eliminated to allow hospitals and physicians attending newborn infants not be required to report each occurrence of the disease Rh-HDN due to its extremely low morbidity and mortality rate. This would allow providers to focus on treatment and prevention of higher priority disease and conditions in newborns.

58	**Exemption from Public Contract Code (PCC) for Lesbian, Bisexual, Transgender and Queer (LBTQ) Women's Health Equity Initiative—**It is requested that statutory changes be added to provide a PCC exemption for the LBTQ Women's Health Equity Initiative, which was included by the Legislature in the 2019 Budget Act, to allow smaller community-based organizations to successfully compete for grants and contracts.
59	**TECHNICAL ADJUSTMENTS**: **Emergency Item Reimbursement—**It is requested that provisional language be added to build reimbursement authority in Item 4265-001-0001 for the Department's Emergency Preparedness Office to take in Federal Emergency Management Agency monies related to wildfires. **Adjustment to Reflect Substance Use Disorder Response Navigators Technical Adjustment—**It is requested that provisional language be added to allow the Department of Public Health to transfer $1.8 million from Item 4265-001-0001 to Item 4265-111-0001 in 2020-21 to bolster local harm reduction resources. **Epidemiology and Laboratory Capacity Grants—**It is requested that provisional language be added to Item 4265-001-0001to allow the Department of Public Health to accept federal grants for epidemiology and laboratory capacity and to transfer funds to Item 4265-111-0001. **American Rescue Plan Grants—**It is requested that provisional language be added to Items 4265-001-0890 and 4265-111-0890 to allow the Department of Public Health to accept federal grants from the American Rescue Plan Act
4440	**Department of State Hospitals**
60	**Statewide Integrated Healthcare Provider Network (Issue 108)—**It is requested that Item 4440-011-0001 be increased by $6,346,000 with resources equivalent to 6 limited-term positions to contract for a healthcare provider network, including prior authorization and third-party administration services. Funding decreases to $2,246,000 in 2022-23 and 2023-24.
61	**MR Infrastructure Package–One-Time Deferred Maintenance (Issue 114)—**It is requested that Item 4440-011-0001 be increased by $85 million one-time to fund 8 critical deferred maintenance projects across the five state hospital facilities. It is also requested that provisional language be added to extend the encumbrance and expenditure period to June 30, 2025.
62	**Metropolitan State Hospital Increased Secure Bed Capacity (Issue 075)—**It is requested that Item 4440-011-0001 be increased by $17,000 and be decreased by 1.2 positions in 2021-22 and annually thereafter to correct a position funding calculation that was not made ongoing in the 2020 Budget Act.

63	**CONDITIONAL RELEASE PROGRAM**: **Sexually Violent Predator Caseload Update (Issue 077)—**It is requested that Item 4440-011-0001 be increased by $1,845,000 in 2021-22 and annually thereafter to reflect the Department of State Hospital's updated caseload for the Sexually Violent Predator Conditional Release Program. **Continuum of Care (Issue 078)—**It is requested that Item 4440-011-0001 be decreased by $2,738,000 in 2021-22 and annually thereafter due to delays in construction and contract negotiations. **Mobile Forensic Assertive Community Treatment Team (Issue 079)—**It is requested that Item 4440-011-0001 be increased by $4,090,000 to contract for an additional 80 Conditional Release Program beds with the Mobile Forensic Assertive Community Treatment Team model. Funding increases to $6,465,000 in 2024-25 and annually thereafter.
64	**Mission Based Review: Protective Services (Issue 083)—**It is requested that Item 4440-011-0001 be increased by $6,534,000 and 35.8 positions to restore resources to implement a standardized staffing model for Protective Services at Napa State Hospital and Outside Custody functions at all five hospitals. Funding increases to $11,846,000 and 82.1 positions in 2024-25 and annually thereafter.
65	**Mission Based Review: Direct Care Nursing (Issue 084)—**It is requested that Item 4440-011-0001 be increased by $434,000 in 2021-22 and annually thereafter to address updated bargaining unit contract negotiations and pay differentials for previously approved, unestablished positions phased-in over several years.
66	**Mission Based Review: Treatment Team (Issue 085)—**It is requested that Item 4440-011-0001 be increased by $22,778,000 and 44.3 positions to align resources with the staffing study methodology for standardize clinician-to-patient ratios. Funding increases to $54,091,000 and 213.3 positions in 2025-26 and annually thereafter.
67	**Mission Based Review: Workforce Development (Issue 088)—**It is requested that Item 4440-011-0001 be decreased by $40,000 in 2021-22 and annually thereafter to reclassify 1 position to perform enhanced recruitment and outreach efforts.
68	**Mission Based Review: Court Evaluations and Reports (Issue 091)—**It is requested that Item 4440-011-0001 be increased by $222,000 in 2021-22 and annually thereafter to address updated bargaining unit contract negotiations and pay differentials for previously approved, unestablished positions phased-in over several years.
69	**Enhanced Treatment Program (Issue 090)—**It is requested that Item 4440-011-0001 be increased by $329,000 and decreased by 8.2 positions in 2021-22 to address updated bargaining unit contract negotiations and pay differentials for previously approved, unestablished positions phased-in over several years. Funding increases to $1,015,000 in 2022-23 and annually thereafter.
70	**Felony Mental Health Diversion Program Reappropriation (Issue 109 and 097)—**It is requested that Item 4440-011-0001 be increased by $6.6 million to reflect the carryover and reappropriation of the unencumbered balance of the Diversion Program funding until June 30, 2022. It is also requested that Item 4440-490 be amended to reflect the reappropriation.

71	**Technical Adjustment (Issues 099 and 100)—**It is requested that Items 4440-011-0001 and reimbursements, and 4440-017-0001 be amended to reflect a net-zero funding shift between subprograms to accurately display expenditures.

PUBLIC COMMENT

(PUBLIC COMMENT WILL BE TAKEN ON ALL ITEMS)

California Health and Human Services Agency
Children and Youth Behavioral Health Initiative
May Revision 2021-22

Proposal: Transform California's children and youth behavioral health (BH) system into a worldclass, innovative, up-stream focused, ecosystem where ALL children and youth are routinely screened, supported and served for emerging and existing BH needs. Services are statewide, evidence based, culturally competent, and equity focused. $4 billion over five years, including $2.3 billion one-time and $300 million General Fund and certain federal matching funds ongoing starting in 2022-23.

Why and Why Now?

- Serving young people and doing it well pays off. Half of all lifetime cases of diagnosable mental illnesses begin by age 14 and three-fourths of all lifetime cases of diagnosable mental illness begin by age 25.
- Historically the adolescent substance use disorder system in California has been underresourced and under-scaled. The need has never been greater.
- The Covid-19 pandemic has intensified already swelling children's BH issues. Addressing these needs is vital to California's recovery.
- The state's children's BH system is inadequate to meet current needs. There is too little focus on prevention, too few programs, too few behavioral health professionals, too few emergency services, and too few acute care services and beds.
- The most glaring BH challenges are borne inequitably by communities of color, low-income communities, LGBTQ+ communities, and in places where adverse childhood experiences are widespread and prominent.
- The state has the resources now to take a statewide, comprehensive approach to this persistent service gap and major long-term state problem. The opportunity to build a true system of care for all 0-25 year old Californians will change the arc of the lives of the next generation of Californians having the potential to alter the drivers of homelessness, incarceration and poverty.
- This proposal takes advantage of significant one-time investments to create tremendous opportunity for long-term impact on Californian's future community leaders.

State Funding Summary *(rounded in millions)***:**

Major Items	Amount over five years	Lead
Behavioral Health Service Virtual Platform	680	DHCS
Capacity/Infrastructure-Health Plans, County Mental Health Plans, CBOs, and Schools	550	DHCS
Develop & Scale-up BH Evidence Based Programs	430	DHCS

Building Continuum of Care Infrastructure	245	DHCS
Enhance Medi-Cal Benefits	800	DHCS
School BH Counselor and BH Coach Workforce	430	OSHPD
Broad BH Workforce Capacity	430	OSHPD
Pediatric, Primary Care and Other Healthcare Providers	165	DHCS
Public Education and Change Campaign	125	CDPH & OSG
Coordination, Subject Matter Expertise and Evaluation	50	CHHS
Total	~$4,000	

Memo Summary: This memo describes the base assumptions and principles of this proposal, the division of responsibilities for state operations, and the details of this proposal.

Base Assumptions and Principles

1. Services are for children and youth 0-25 years old.
2. Applies to commercial plans and Medi-Cal
3. A minimum set of interactive tools and BH services and supports would be available via a virtual platform 24 hours a day, seven days a week.
    a. Think "Employee Assistance Program" but a Behavioral Health Assistance Program for children and youth, statewide.
    b. Voluntary, community-based program that offers free and confidential assessments, short-term individual counseling, group counseling, peer supports, connections to community based organizations and referrals for higher-level follow-up services with their health insurance plan.
    c. Services address a broad and complex body of issues affecting mental and emotional well-being, including alcohol and other substance use, stress, trauma, grief, family problems, and psychological disorders.
4. Build on existing infrastructure. All plans would still be required to cover all BH essential health benefits.
5. A significant portion of this budget request is focused on short-term (over next five years) investment in infrastructure to ensure success.
6. Build upon the work that has already been done to support collaboration and coordination with educational partners such as the System of Care (AB 2083) work, SB 75 and decades of existing knowledge, lessons learned, and programs that demonstrate effective schoolbehavioral health partnerships
7. Leverage existing work and knowledge including the Surgeon General's Roadmap to Resilience and the MHSAOC's School Mental Health Report Every Young Heart and Mind: Schools as Centers of Wellness.

8. Partnerships will include agencies and departments outside of CHHS – including K-12 and higher education
9. Build out the currently insufficient workforce to meet the BH of all Californians 0-25.
10. Build out the currently insufficient quantity of BH facilities and crisis services needed for all Californians 0-25.

Timeline and Division of Responsibilities

The first year of this initiative will focus on research, planning, convening subject matter experts, and engaging with stakeholders to guide program development. In years two through five, the focus will be on developing, launching, and implementing these efforts with continuous quality improvement and evaluation. The funds allocated under this initiative will be available over multiple years.

CHHS

- Lead on cross-departmental coordination.
- Convene and engage with stakeholders, including youth-focused engagement and linkages to discussions at the Office of Youth and Community Restoration and Child Welfare/Foster Youth
- Draft and run procurement for services including subject matter experts (SME)/BH thinktank.
- Commission initiative-wide independent evaluator for all program components to identify best and innovative practices and to inform future policy and program work.

DHCS

- Manage Grants/Incentives: Capacity/infrastructure for health plans, county mental health plans, CBOs and schools
- Manage Grants/Incentives: Develop and scale-up age appropriate behavioral health evidence-based programs
- Additional work to build BH Continuum of Care Infrastructure for children and youth
- Maintain any virtual platform contracts and/or BH Network contracts, including payment
- Implement new Medi-Cal benefits: ACEs screening and Dyadic Services

DMHC

- Provide guidance to plans through All Plan Letters on coverage and reimbursement for offered BH Services.
- Monitor plan compliance through existing oversight processes.

CDPH

- Public Education and Social Change Campaign ○ General Public Acceptance and Awareness – Raising Behavioral Health Literacy and Supporting Youth Empowerment

  ○ Culturally Specific Campaigns – Developed from the community up and lead by the Office of Health Equity within CDPH

OSG

- Public Education and Social Change Campaign ○ ACEs and Toxic Stress

OSHPD

- Children and Youth Behavioral Health Workforce, Education, and Training ○ Build out School Behavioral Health Counselor and Coach Workforce to serve students

  K-12 and at IHE ○ Invest and build out a workforce that is culturally and linguistically proficient and capable of providing age-appropriate BH services

  ○ Invest and expand workforce capacity to address substance use disorders and cooccurring mental health and substance use disorders
  ○ Expand effective workforce, education and training models to children, youth and families

Model Overview

Behavioral Health Service Portal		
WHO PAYS	**Expand CalHOPE**	**BUDGET**
State (Payer Agnostic)	All children and youth (0-25 years old) have access to virtual BH Services and interactive tools/supports • App/Virtual Platform with artificial intelligence (AI) backbone – culturally specific behavioral health information, education, and engagement via ageappropriate apps, games, resources and support services • 24/7 Warm Line • Regular automated assessments/screenings and self-monitoring tools • Tiered model to deliver and monitor BH treatment so that the most effective, least resource-intensive treatment is delivered first (such as educational resources, app-based care, videos, book suggestions, automated cognitive behavioral therapy or mindfulness exercises). • Provides peer supports, individual and group counseling, as needed • Connects to community-based organizations and community wellness programs • Referrals to plans for higher level of services	App/Virtual Platform with 24/7 Warm Line BH Providers Contract Build statewide CBO network Development of infrastructure, partnerships and capacity via incentives and strategic grants Program development to fuel virtual environment and expand evidence based practices statewide (partner with academic SMEs and BH think tank) Comprehensive public education and change campaign that is age appropriate and culturally and linguistically proficient

Behavioral Health Services			
WHO PAYS Plans	**School-Linked BH Services** • No changes to multitiered system of support • Connect existing or new counselors into a	**Plan Offered BH Services** □ Network providers and rates	**BUDGET** Invest in workforce, training and education that is culturally,
	□ statewide BH School-Linked Counselor* Network Statewide fee schedule adopted by all plans to pay for onsite counselor services	□ Expand children and youth evidence-based practice models	linguistically, trauma-informed, and ageappropriate Build out children and youth BH and toxic stress continuum of care Enhanced Medi-Cal Benefit: Add ACEs and Dyadic Services

*School-linked counselors would be employees of school/district, community colleges, universities, community-based organizations or counties. Health plans would pay for their services based on a fee schedule established by DHCS and DMHC. As part of the

"Capacity/Infrastructure" proposal, incentive payments could be made to schools/districts to hire school counselors.

Behavioral Health Service Virtual Platform

Goal: Implement behavioral health service virtual platform to be integrated with screening, clinic-based care and app-based support services. This virtual platform would support regular automated assessments/screenings and self-monitoring tools and would develop tools to help families navigate how to access help regardless of pay source.

While half of youths report increased anxiety and depression symptoms due to the pandemic, penetration rates in managed care and specialty mental health services remain around 3%. This may be due to young people's hesitance in reaching out for help, long standing stigma.

and the lack of a trained and relevant resource that is available in a timely, convenient manner.

This goal is a population health model to deliver and monitor BH treatment so the most effective, least resource-intensive treatment is available to young people who may not need individual counseling, but need help managing stress and building resilience. The platform will provide support and resources, such as interactive education, self-monitoring tools, app-based games, videos, book suggestions, automated cognitive behavioral therapy and mindfulness exercises, all designed to build skills and enhance well-being. Young people with more significant needs would be guided to peers or coaches who can deliver more personal touches, including offering ongoing continuity relationships. Those whose interactions with the platform show they may need clinical services for mental health conditions and/or substance use disorders would be guided to their health plan to set up assessment visits, allowing ongoing continuity relationships with licensed clinicians through telehealth or in-person. The platform also builds in coverage by licensed clinical social workers, so assessments can be performed to determine which children need ongoing clinical services, and which children have needs that can be met by peers or coaches.

In response to the public health emergency, DHCS launched CalHOPE, a crisis counseling program with multiple components:

- ***Media campaign*** to normalize stress and guide people to services, with many specific populations of focus based on age, language, race/ethnicity, gender identity and geographies. This program has already resulted in over 1.9 billion impressions, through social media, TV, radio, national magazines, billboards, and other digital media.
- ***Web-based resources and services***, including on-line chat with CalHOPE Connect (again, matched for language, race/ethnicity, and age); specific sections for youth encourage youth to chat, call, or participate in on-line support and educational groups; people can be connected to one-on-one crisis counseling with peers matched by language, race/ethnicity and age. To date, CalHOPE website has had over 2.5 million page views since June of 2020. CalHOPE has provided crisis counseling and educational sessions almost 160,000 times. The CalHOPE Connect Chat service began in April 2021. In the first two weeks of operation, more than 14,000 conversations with peer crisis counselors were conducted.
- ***24/7 warm line*** to help callers manage stress, and connect them with needed resources, including counseling when needed. An average of more than 500 callers per week use this service.
- ***CalHOPE Student Support***, offering training and learning communities in schools to support Social/Emotional Learning. Trainings and tools from the UC Berkeley

Center for Greater Good are being delivered in 57 of the 58 County Offices of Education.

The CalHOPE program is similar to a website launched in Canada, Wellness Together.

Working with academic and industry leaders, we propose to leverage the brand and presence of CalHOPE to build out a dramatically expanded suite of app-based and on-line offerings, beginning with regular, age-appropriate, evidence based screenings and assessments which feed into a tiered system of care.

The tiered model will deliver and monitor behavioral health treatment so that the most effective, least resource-intensive treatment is delivered first (such as educational resources, app-based care, videos, book suggestions, automated cognitive behavioral therapy or mindfulness exercises). If the consumer's needs are not met, the care steps up to interpersonal interactions - one-time or a short series of sessions with an age-appropriate trained peer or BH coach. If needed, care is stepped up to virtual professional counselor sessions or connection to the health plan (or county behavioral health plan for some Medi-Cal services) for more intensive clinical services, using a facilitated hand-off. When evaluated in Europe, this model (Stepped Care) has proven to be at least as effective as traditional care in primary care settings. The model is based on the premises that people should get immediate responses when asking for help, different people require different levels of care, and finding the right level of care often depends on monitoring outcomes.

The State would issue an RFP for a vendor to launch and manage a robust platform just for children, youth and their families, linking to relevant CalHOPE resources designed for youth (with seamless experience for users, so it feels like one platform and one experience). The platform would add sophisticated components to appeal to children and youth: turning cognitive behavioral therapy interventions into compelling games and interactive stories, using avatars to guide users through tools, automating screening and self-monitoring tools (like happy/sad faces, brief questionnaires that triage to more services if a child in need is identified) to keep children and youth engaged. Consumers have access to and control their own data, with tools to monitor social activity and moods.

People with warning signs based on response to apps are escalated to texts or chats with peers or BH coaches, who can refer to managed care or county mental health or SUD services where needed. Children and youth can also be connected to community-based organizations and wellness programs locally.

While the platform is designed to screen for mental distress and unsafe substance use, and guide the user to increasingly stepped up levels of care, the program will be much more effective if the platform also links to resources that can address unmet needs such as food or

housing insecurity for families, as these are major drivers of mental distress for children and youth. These linkages will be made to the greatest extent possible.

The downloadable app(s) would be heavily promoted to children, youth, and families through primary care, pre-schools, K-12 schools, community colleges, universities, public health campaign, social media and other channels. Features and front doors of the app(s) would be designed for age cohorts. Contingencies for alternate screening approaches would be established if children/youth do not routinely use the app.

In addition, the platform would develop strategies and tools to help people navigate step-bystep and access help regardless of payer source, and would explore ways technology can support locating available services and supports, including to address unmet needs (such as food or housing insecurity) that can lead to anxiety, stress and trauma.

Total budget: $680M

School-Linked BH Services: Capacity/Infrastructure for Health Plans, County Mental Health Plans, CBOs, and Schools

Goal: Build infrastructure, partnerships, and capacity statewide to increase the number of students receiving preventive and early intervention behavioral health services from schools, providers in schools, school-affiliated community-based organizations, or school-based health centers, in collaboration with managed care plans.

Description: This proposal would add $550M to the Governor's Budget $400M School Behavioral Health (BH) proposal, creating a $950M program to ensure a robust system of school-linked behavioral health prevention and services available to all students and families. The additional funding would allow direct incentive payments to counties, tribal entities, schools, Local Education Agencies, school districts, health care service plans, Medi-Cal managed care plans, community-based organizations, and behavioral health providers to supplement the $400M available for Medi-Cal managed care plan incentives.

Funding is allocated to build infrastructure supporting ongoing behavioral health prevention and treatment services on or near school campuses, by expanding access to BH schools counselors, peer supports, and BH coaches, building a statewide community-based organization network and connecting plans, counties, CBOs and schools via data sharing systems.

Funding examples include:

- Administrative costs: capital improvements or new facility costs, planning and project management, training and technical assistance
- Linking plans, counties and school districts with local social services and community-based organizations (such as connecting youth to LGBTQ organizations, connecting survivors of sexual assault to support groups, etc.); funding local wellness programs near schools or expanding evidence based CBO programs
- Incentive payments for hiring BH school counselors and/or BH coaches (two-year associate degree with additional training)
- Implementing telehealth equipment and virtual systems in schools or near schools
- Implementation of data sharing, interfaces, IT investments, etc. to connect plans to BH services onsite at and affiliated with schools
- Flexible funding to address student needs identified by teachers, staff, students and families that, left unmet, are at high risk of progressing to mental illness or substance use disorders.

Total budget: $550M

DHCS would manage the $550M budget and allocate grants through a third-party, determined by competitive application.

Plan Offered BH Services: Develop and Scale-up Age-Appropriate BH Evidence Based Programs

Goal: Support statewide scale and spread of evidence-based interventions proven to improve outcomes for children and youth with or at high risk for mental health conditions, with a particular focus on young people experiencing their first break or first episode of psychosis, and/or developing substance use disorders (SUDs).

Description:

Agency/DHCS in consultation with the new stakeholder workgroup and BH think tank/SME, would select a limited number of evidence-based practices to scale and spread throughout the state, based on robust evidence for effectiveness, impact on racial equity, and sustainability. This proposal would issue the funding through grants counties, tribal entities, commercial plans, MediCal managed care plans, community-based organizations, and behavioral health providers. to support implementation of these practices and programs for children and youth. Grants for county behavioral health departments would be administered through DHCS' Behavioral Health Quality Improvement Project (BHQIP). Grants and incentives for commercial health care and for-profit delivery systems would be administered through a third-party grant administrator, obtained through RFP.

The grantees would be required to share standardized data in a statewide behavioral health dashboard. The projects can evolve over the course of five years, based on learnings in early years. Probable funding priorities include:

1. ***First break or first episode psychosis programs*** proven effective in preventing chronic mental illness and disability
2. ***Efforts that are tailored and focused on disproportionately impacted communities and communities of color*** and where language and other cultural features are needed to enhance effectiveness and penetration***.***
3. ***Youth drop-in wellness centers*** proven to improve well-being and outcomes for youth, providing in-person and virtual services
4. ***Intensive outpatient programs for youth*** (telehealth and in-person), to address alternatives to out-of-home placement for children and youth with mental illness and/or substance use disorders with a focus on continuity and building relational wealth.
5. ***Prevention and early intervention services for youth*** (telehealth and in-person), to provide safe places for youth to receive evidence-based prevention services

If the project is covered by a learning collaborative offered by the Mental Health Services Oversight and Accountability Commission, such as early psychosis services, grantees would be required to participate in the learning network as a condition of funding.

Total budget: $430M

DHCS would manage the $430M budget and allocate funding through the BHQIP and third party grant administrator**.**

Plan Offered BH Services: Building Continuum of Care Infrastructure

Goal: Ensure youth living in every part of California can access the care they need without delay and, wherever possible, without having to leave their home county, by building up sites where they can receive MH and SUD services and care (e.g., urgent care, intensive outpatient, crisis stabilization, crisis residential, crisis stabilization, mobile units, inpatient).

Description: This proposal would issue an additional $245M through grants to support implementation of BH infrastructure, as part of the BH Continuum Infrastructure project proposed in the Governor's Budget and May Revision. DHCS would issue grants to counties, tribal entities, non-profit entities, for-profit entities, and other entities, as determined by the department, through a competitive RFP process, based on a gap and capacity analysis

scheduled to be completed by end of 2021. Grants may be used to add child/adolescent beds to existing facilities, or to set up new facilities or new crisis mobile services. A strong focus would be on offering social model, residential settings, as an alternative to institutional settings, providing crisis stabilization and crisis residential services in a home-like setting. The goal is to decrease the trauma of the experience and allow youth to build skills that are transferable to community living. This builds on the System of Care (AB 2083, 2018) work and focus on linkages to ongoing community based supports.

Total budget: $245M

DHCS would manage the $245M budget and allocate funding through a third party administrator

Plan Offered BH Services: Enhance Medi-Cal Benefits

Dyadic Services: Implement dyadic services in Medi-Cal effective July 1, 2022. This proposal is based on the HealthySteps model of care, a model that has been proven to improve access to preventive care for children, rates of immunization completion, coordination of care, child social-emotional health and safety, developmentally appropriate parenting and maternal mental health. HealthySteps has also been proven to be cost-saving. In this integrated behavioral care model, pediatric mental health professionals are available to address developmental and behavioral health concerns as soon as they are identified, bypassing the many obstacles families face when referred to offsite behavioral health services. Furthermore, in this model, health care for the child is delivered in the context of the caregiver and family (i.e. “dyadic health care services”) so that families are screened for behavioral health problems, interpersonal safety, tobacco and substance misuse and social determinants of health such as food insecurity and housing instability. Families who are given referrals receive follow-up to make sure they received the services. HealthySteps is one of several evidence-based models of dyadic care (e.g., DULCE, Parent-Child Interaction Treatment and Child-Parent Psychotherapy).

Medi-Cal would add Dyadic Behavioral Health Visits, as well as, slight modifications to other existing Medi-Cal benefits, including but not limited to: Case Management Services; Psychiatric Diagnostic Evaluation; Caregiver Depression Screening; and Family Therapy.

Total budget: $ 100M GF and $100M FF, annually starting 2022-23

Workforce, Education and Training

Without a thorough investment in a skilled, diverse, and supported workforce, the goals of this initiative are not possible. The community of individuals surrounding children and youth, ranging from teachers and school personnel to primary care and trusted community service providers and leaders, all deserve the training and support they need to be active and effective. This section is divided into workforce strategies that will result in increased numbers of capable and diverse providers, while the education and training strategies will focus on providing more resources for natural "helpers" who can support the mental health and wellness of children and youth.

School BH Counselor and BH Coach Workforce

Goal: OSHPD, in partnership with subject matter experts including education and behavioral health, will develop a multi-year plan that will launch and implement a school behavioral health counselor system where students statewide can receive in-person and/or virtual one-on-one and group supports, as needed. Within 5 years, produce up to 10,000 culturally and linguistically proficient counselors and coaches to serve school and college age children and youth.

Description: Educators and students need support and access to behavioral health counselors and coaches trained to provide a variety of interventions. These include universal prevention (e.g. positive school climate, universal screening, mental health literacy, trauma-informed practice, and mindfulness), early intervention (small group instruction; social skills, toxic stress/trauma and substance use groups), and, if needed, provide or refer children and youth with more serious behavioral health conditions to more appropriate and intensive services. These counselors and coaches will be skilled and focused on improving health outcomes by enhancing the ability of educators to improve educational outcomes. Furthermore, it is critically important that behavioral health school counselors and coaches reflect the communities they serve and that they can function as trusted messengers and cultural brokers. Several strategies will achieve this objective including providing robust professional support mentorship, covering tuition and other training and educational costs, as well as providing a stipend for two years of service.

Students will need different levels of intervention so behavioral health counselors and coaches recruited and trained will have various levels of existing knowledge to build upon. For example, a student in community college could receive an additional 12 weeks of specialized training as a Behavioral Health Coach while a recent masters level social work graduate can complete a Pupil Personnel Services Credential (PPSC) certificate and serve as

a resource on mental health and substance use issues to teachers and administrators on campus.

Much of the work counselors and coaches will be doing is virtual. Kids will have choice in how, where and when they receive services, including services that secure privacy and provide anonymity. This could take the form of morning, evening, during school or weekend services and will be virtual – this flexibility will be key. As described above, the virtual system would connect children and youth to additional on demand behavioral health services, including counseling, support groups, etc., and if appropriate behavioral health counselors and coaches will provide linkages to in-person services.

Total budget: $430M

Broad BH Workforce Capacity

Goal: Build and expand workforce, education and training programs to support a workforce that is culturally and linguistically proficient and capable of providing age-appropriate services. Through OSHPD coordination, link back to partners implementing the student behavioral health counselor system to leverage efforts, exchange information and lessons learned, and strategize on sustainability and innovation.

Description: Build upon existing efforts underway at OSHPD to invest in the diversity and range of behavioral health providers needed, including investments to support the staff with ageappropriate skill sets and cultural and linguistic proficiencies, including a focus on SUD counselors and providers, working with families, and treating complex co-occurring mental health and substance use disorders. Historically, the majority of OSHPD investments in workforce, education, and training have been limited to a mental health focus because the funding source was the Mental Health Services Act (MHSA). A substantial investment in the SUD workforce can help close the parity gap between investments in SUD and MH workforce, education, and training programs. Identified programs could include but are not limited to:

- Youth SUD Counselor/Specialist: build as part of a new certificate/training program/credential
- Psychiatric Nurse Practitioners: work with nursing and other health professional schools to provide or develop enhanced online stimulated training – provide free tuition and stipends for 5000-7500 RNs or other appropriate professionals to become Psych NPs to serve in CA for at least 5 years
- Earn and Learn Apprenticeship Models: provide tuition support and on-the-job training at a behavioral health provider organization while attending school (post-secondary). The employer would provide a position for the graduate and there would

be a period of service obligation. The program would provide financial support to the employer to supervise and mentor the student. A range of providers would be created with these programs including SUD counselors, Community Health Workers, and Psychosocial
Rehabilitation specialists.

- Specialized training to serve Justice and System-Involved Youth: provide enhanced training to existing and new staff across a variety of sectors including child welfare, education and probation on effective BH strategies with justice and system involved youth – including preventing such involvement among high-risk vulnerable youth and their families.
- Peers Support Specialists: train, recruit, and provide stipends as well as a specific skills for youth peer support specialists and family and caregiver support specialists
- Social Workers: expand certificate programs at Higher Educational Institutions that train Child and Adolescent Social Worker and Child Welfare Workers.
- Sustain and Grow the WET Psychiatric Education Capacity Expansion Program: open additional funding cycles to support psychiatry residency and psychiatric mental health practitioner training programs.

Many people laid off from the service sector with a customer service orientation may not be able to afford the advanced degree needed to be a licensed behavioral health professional, but they could become excellent coaches or counselors, allowing career advancement and filling a significant workforce gap. Training them in existing evidence-based curricula (Community Health Worker, Peer Support Specialist, Behavioral Health Coach, Substance Use Counselor, and Rehabilitation Specialist) would help diversify the workforce by many important measures – language, race/ethnicity, geography, gender identity, and system involvement. As California continues to strengthen our ability to build cultural, linguistic and accessibility competencies, these are the professionals we need. We are already developing sustainable financing for their services (e.g., CalAIM/Medi-Cal Reform).

Total Budget: $430M

Pediatric, Primary Care and Other Healthcare Providers

Goal: Provide opportunities for primary care and other health care providers to access cultural proficient education and training on behavioral health and suicide prevention.

Description: Pediatric, primary care and other healthcare providers are well situated to recognize and identified signs and symptoms of behavioral health care need. In addition, leveraging current programs can strengthen the ability of health care providers to play an integral role in preventing behavioral health crisis and intervening early to stop the

progression of more serious conditions. The provider might be additionally trained to address the issue within their own skill set, or trained on how to screen and referral the individual to appropriate care.

A core part of this strategy will be to build out a statewide eConsult/eReferral service with the requisite professional workforce to support the service to allow primary care pediatric and family practice providers to receive asynchronous support and consultation to manage behavioral health conditions for patients in their practices. The workforce that will support the eConsult/eReferral service will be part of the statewide network of providers supporting the Behavioral Health Service virtual platform described above.

Total Budget: $165M (at DHCS)

Comprehensive and Culturally and Linguistically Proficient Public Education and Change Campaign

Goal: Raise the behavioral health literacy of all Californians to normalize and support the prevention and early intervention of mental health and substance use challenges. Teach Californians how to recognize the early signs and symptoms of distress and where to turn to ask for help. Empower children and youth to take charge of their mental health and wellness. Tackle disparities and inequities by empowering diverse communities to develop their own culturally and linguistically appropriate tools to break down the stigma associated with behavioral health conditions and increase help seeking behavior.

Description: In 2011-12, California launched a multi-year statewide effort to prevent suicide, reduce stigma and discrimination and improve student mental health, known as the Prevention and Early Intervention (PEI) Statewide Projects. Using MHSA funds, the counties through CalMHSA (joint power authority) implemented over 30 different programs and 2 social marketing campaigns. These efforts were comprehensively studied by RAND and demonstrated significant promise, including an analysis of the costs that could be saved by preventing the negative outcomes associated with not receiving behavioral health care until a crisis, including school dropout, hospitalization, incarceration, homelessness and even death by suicide.[1] In 2016 when RAND assessed the impact of the effort, they documented increased knowledge, skills, awareness but in order to achieve behavior change efforts would need to be sustained. As RAND noted *"California's progress toward broader goals — including*

[1] RAND published dozens of studies on the PEI statewide project which are summarized in this report - https://www.rand.org/pubs/research_briefs/RB9917.html

reducing suicide, improving early receipt of needed services, reducing discrimination, and avoiding some of the negative social and economic consequences associated with mental illness — will require a long-term commitment to a coordinated PEI strategy that is continuously informed by population needs, evidence regarding promising and best practices, and indicators of program performance and quality."

Considering the need and urgency, lessons learned from this effort can guide and build a more effective public education and change campaign appropriately resourced to reach and impact California's populous and diverse state. The campaign will take a strategic and effective public health approach to behavioral health led by CDPH with support from the OSG and close collaboration with DHCS among other agencies and departments participating in this initiative. The Office of Health Equity (OHE) and the new Office of Suicide Prevention (OSP) will play important roles ensuring efforts are developed and implemented through a lens of reducing disparities and addressing inequities. The comprehensive campaign will have four components: 1) General Public Acceptance and Awareness – Raise Behavioral Health Literacy, Increase Help Seeking Behavioral.

2) ACEs and Toxic Stress – Raise awareness about prevention, recognizing the signs and selfcare strategies.
3) Culturally Specific Campaigns – Led by Office of Health Equity in partnership with community leaders, build on existing or promising local efforts.
4) Youth Empowerment – Create local youth-led BH focused engagement and education efforts that use social media and other popular apps/programs to create positive messaging by youth, for youth.

Total: $125M (CDPH and OSG for ACEs and toxic stress component)