

AGENDA
ASSEMBLY BUDGET SUBCOMMITTEE NO. 1
ON HEALTH AND HUMAN SERVICES

Assemblymember Judy Chu, Chair

MONDAY, MARCH 24, 2003
STATE CAPITOL, ROOM 4202
4:00 PM

ITEMS TO BE HEARD

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ITEM 4260 DEPARTMENT OF HEALTH SERVICES – PUBLIC HEALTH**ISSUE 1: PROPOSITION 50 – SAFE DRINKING WATER – INFORMATIONAL
SUBCOMMITTEE NO. 3 ON RESOURCES WILL HEAR THE ISSUE****BACKGROUND:**

In November, 2002 the voters passed Proposition 50, a \$3.44 billion water bond measure, the Water Security, Clean Drinking Water, Coastal and Beach Protection Act of 2002. The bond provides funding to a consortium of state agencies to address water quality issues, including the State Water Resources Control Board, CALFED, the Department of Water Resources, the Resources Agency and the Department of Health Services.

The bond provides funding for a variety of activities, including: CALFED Bay-Delta Authority projects; Urban and agricultural water use efficiency projects; Grants and loans to reduce Colorado River water use; acquisition, protection and restoration of coastal wetlands; grants for water management and quality improvement projects; River parkways; Improved security for state, local and regional water systems; and, grants for desalination.

The Governor's 2003-04 budget plan proposes nearly \$1.1 billion in expenditures from Proposition 50 funds, including: \$326.6 million for the California Bay-Delta Authority; \$112.5 million for infrastructure upgrades to water treatment facilities; and \$515.0 million for direct land acquisitions and grants for purchasing and restoring sensitive lands and protecting the State's natural resources.

Under Chapter 3 of the Bond it provides \$50 million for protecting state, local and regional drinking water systems from terrorist attacks or deliberate acts of destruction or degradation. Qualifying activities include: monitoring and early warning systems; fencing; protective structures; contamination treatment facilities; emergency interconnections; communications systems; and other projects designed to prevent damage to water treatment, distribution and supply facilities. The Department of Health Services will develop, distribute, review and evaluate pre-applications for projects intended to provide security for public water systems. In addition, the Department will create a Project Priority List based on priority ranking of the projects. The staff will review and evaluate applications and prepare a technical report for each project. The plans and specifications for each project will be reviewed and evaluated. Staff will be responsible for conducting project construction inspections and determining the cost eligibility of invoices for payment. The Department anticipates receiving \$43.2 million of the appropriation. Of that, the Department would receive \$350,000 per year for the four years for administrative activities. The Department would also receive \$9.91 million per year for four years to support the projects (see DHS table below).

Chapter 4 of the Bond provides \$435 million to the Department of Health Services to provide grants for public water systems infrastructure improvements. In addition, the state funds will be used to draw down \$356 million in Federal Fund.eligible projects including, but not limited to: grants to small community drinking water systems to upgrade monitoring, treatment or distribution infrastructure; grants to finance development and demonstration of new technologies and related facilities for water contaminant removal and treatment; grants for

community water quality monitoring facilities equipment; grants for drinking water source protection; grants for treatment facilities necessary to meet disinfectant by-product safe drinking water standards; and loans pursuant to the Safe Drinking Water State Revolving Fund Law of 1997. The Department of Health Services has a list of pre-applications for public water system infrastructure projects that totals \$8.2 billion. The infrastructure needs are grouped into four general categories: source; treatment; storage; and transmission and distribution. To implement the provisions of Chapter 4, the Department proposes to use approximately 2.2 percent of the \$435 million for administration. The Department would expend \$2.3 million per year for four years for a total of \$9.2 million (see DHS table below). Not less than 60 percent of the \$435 million, \$261 million, is for grants to Southern California water agencies to assist in meeting the state's commitment to reduce Colorado River use to 4.4 million acre-feet per year.

NOTE: The Department of Health Services will submit a finance letter to address the position resources needed to administer the programs. After the Subcommittee receives the Finance Letter it will be heard for action by the subcommittee.

Attachment II

**DEPARTMENT OF HEALTH SERVICES
4-YEAR EXPENDITURE PLAN
FOR
PROPOSITION 50**

JULY 1, 2003 – June 30, 2007

CHAPTER 3 – WATER SECURITY \$43.2 MILLION

Description	Year 1	Year 2	Year 3	Year 4	4-Year Total
Bond Costs @ 5%	625	625	625	625	2,500
State Operations	350	350	350	350	1,400
Local Projects	9910	9,910	9,910	9,570	39,300
TOTAL	10,800	10,800	10,800	10,545	43,200

CHAPTER 4 – SAFE DRINKING WATER \$435 MILLION

Description	Year 1	Year 2	Year 3	Year 4	Year 5	5-Year Total
Bond Costs @ 5%	5,437	5,437	5,437	5,437		21,750
State Operations	2,300	2,300	2,300	2,300		9,200
Local Projects						
Grants	13,513	13,513	13,513	13,513		54,050
Colorado River Water Reduction	65,250	65,250	65,250	65,250		261,000
State Match for Capitalization Grant	21,000	17,000	17,000	17,000	17,000	89,000
TOTAL	107,500	103,500	103,500	103,500	17,000	435,000

The Legislative Analyst Office (LAO) notes that the administration's proposals for spending the funds are sparsely defined and in some cases provide no more detail than what is provided in the initiative. The LAO notes the budget does not propose any criteria to evaluate the grant proposals, nor does it make funding priorities clear. Also, the LAO raises the issue of co-ordination amongst the agencies responsible for the implementation of the various programs.

The budget does not provide information on how the Departments will co-ordinate their efforts in the program area.

COMMENTS:

- Department of Health Services please provide an overview of Proposition 50 and the Department's responsibilities to implement it.
- Legislative Analyst Office please provide your assessment of the issues and difficulties in implementing Proposition 50.

ITEM 4260 DEPARTMENT OF HEALTH SERVICES – PUBLIC HEALTH**ISSUE 2: TRANSFER INDIAN HEALTH PROGRAM TO MANAGED RISK MEDICAL INSURANCE BOARD - INFORMATIONAL****BACKGROUND:**

In the 2003-04 Budget: Issues and Perspectives, the LAO, in the section on additional options for reducing state spending, outlines as an option the transfer of the Indian Health Program from the Department of Health Services to the Managed Risk Medical Insurance Board. The program would then be merged into the Rural Health Demonstration Project. The LAO notes that the mission of the programs and purpose of the programs overlap significantly.

- The Indian Health Program provides financial and technical assistance to clinics that provide community health information, medical services and dental services to American Indians.
- The Rural Health Demonstration Project (RHDP) provides funding to improve health care access for the children of rural residents and other special populations that have limited access to health care services and are eligible for the Healthy Families Program. The RHDP projects include mobile dental vans, telemedicine centers, school-based dental programs, and nutrition counseling. The program makes funding available, through the Healthy Family Program's contracting health plans, to clinics that are geographically isolated in rural areas and to urban and rural clinics serving children of migratory and seasonal farm workers, American Indians, and fishing and forestry workers.

The LAO believes the programs serve similar populations. However, the LAO notes the Indian Health Program provides funding for clinics that serve both children and adults, whereas the RHDP provides funding for health care services and associated needs that serve both children and adults. The LAO options assume that, given the other funding sources some clinics use to support operations, they would have some flexibility to redirect some of their available funding to serve clients not eligible for RHDP assistance while using funds that are shifted within the program requirements of RHDP.

The California Primary Care Association notes that because of the availability of the Healthy Families Program, Rural Health Demonstration Projects and Medi-Cal for children in these communities the Indian Health Program resources serve uninsured Native Americans. The California Primary Care Association states the Indian Health funding is to serve the most medically underserved in the communities, uninsured adults, would be lost if the funding were to be transferred to the RHDP.

COMMENTS:

- Department of Health Services, please provide the subcommittee with an overview of the Indian Health Program and the population it serves.

- Legislative Analyst Office, please provide an overview of your proposal to transfer the Indian Health Clinic from the Department of Health Services to the Managed Risk Medical Insurance Board and merged into the Rural Health Demonstration Project.
- Legislative Analyst Office, how would the lost services to the adults in Indian Health Program be replaced?

ITEM 4260 DEPARTMENT OF HEALTH SERVICES – PUBLIC HEALTH**ISSUE 3: TRANSFER SEASONAL, AGRICULTURAL AND MIGRATORY WORKER PROGRAM TO MANAGED RISK MEDICAL INSURANCE BOARD - INFORMATIONAL****BACKGROUND:**

In the 2003-04 Budget: Issues and Perspectives, the Legislative Analyst Office, in the section on additional options for reducing state spending, outlines as an option the transfer of the Seasonal, Agricultural and Migratory Worker Program from the Department of Health Services to the Managed Risk Medical Insurance Board. The program would then be merged into the Rural Health Demonstration Project. The LAO notes that the mission of the programs and purpose of the programs overlap significantly.

- The Seasonal, Agricultural and Migratory worker Program awards funding to clinics that serve a minimum number of seasonal agricultural and migratory workers and their families. The Seasonal, Agricultural Migratory Worker Program funds services including: primary medical and dental health care services, health screening and diagnosis, referral and client outreach, immunization and other preventive services, health education, nutrition services, and community outreach.
- The RHDP provides funding to improve health care access for the children of rural residents and other special populations that have limited access to health care services and are eligible for the Healthy Families Program. The RHDP projects include mobile dental vans, telemedicine centers, school-based dental programs, and nutrition counseling. The program makes funding available, through the Healthy Family Program's contracting health plans, to clinics that are geographically isolated in rural areas and to urban and rural clinics serving children of migratory and seasonal farm workers, American Indians, and fishing and forestry workers.

The LAO believes the programs serve similar populations. However, the LAO notes the Seasonal, Agricultural and Migratory Worker Program provides funding for clinics that serve both children and adults, whereas the Rural Health Demonstration Program provides funding for health care services and associated needs that serve both children and adults. The LAO options assumes that, given the other funding sources some clinics use to support operations, they would have some flexibility to redirect some of their available funding to serve clients not eligible for Rural Health Demonstration Project assistance while using funds that are shifted within the program requirements of Rural Health Demonstration Project.

The California Primary Care Association notes that because of the availability of the Healthy Families Program, Rural Health Demonstration Projects and Medi-Cal for children in these communities the Seasonal, Agricultural and Migratory Worker Program resources serve uninsured farm work adults. What children that are served by the program, undocumented children, are not eligible for the Healthy Family or Medic-Cal Programs. The California Primary Care Association states the Season, Agricultural and Migratory Worker Program funding to

serve the most medically underserved in the communities, uninsured adults, would be lost if the funding were to be transferred to the Rural Health Demonstration Project.

COMMENTS:

- Department of Health Services, please provide the Subcommittee with an overview of the Seasonal, Agricultural and Migratory Worker Program and the population it serves.
- Legislative Analyst Office, please provide an overview of your proposal to transfer the Seasonal, Agricultural and Migratory Worker Program from the Department of Health Services to the Managed Risk Medical Insurance Board and merged into the Rural Health Demonstration Project.
- Legislative Analyst Office, how would the lost services to the adults in Seasonal, Agricultural and Migratory Worker Program be replaced?

ITEM 4260 DEPARTMENT OF HEALTH SERVICES

ISSUE 4: CHILDHOOD ASTHMA INITIATIVE - INFORMATIONAL**BACKGROUND:**

The Department of Health Services is requesting the continuation of budget and expenditure authority to continue the Childhood Asthma Initiative for the fourth year. In April 2002, the California Children and Families Commission voted for the continuation of the program for Budget Year 2002-03 and 2003-04 and awarded the Department a total of \$6.4 million. The proposal is for \$6.967 million in expenditure authority and the continuation of five limited term positions, three full-time and two part-time. The funding for the program is \$6.4 million from the California Children and Families Proposition 10 Account and \$567 thousand in unspent funds.

Asthma is a chronic respiratory disease of public health significance. It affects an estimated 2.3 million people in California, approximately two hundred thousand of them are children under the age of five. Asthma adversely affects the quality of life of the family members as well as the sufferer because of the restrictions of activities in which they participate, nights of lost sleep and disruption of daily family routines.

The proposal is to continue implementation of a multifaceted childhood asthma program targeted to children from birth to five years of age. The program provides appropriate and timely interventions to address asthma in California communities, drug subsidies and medical monitoring of uninsured and underinsured children under five years of age with asthma and targeted provider education programs.

COMMENTS:

- Department of Health Services, please review the history of the Childhood Asthma Initiative
- Department of Health Services please describe the level of awareness of asthma and access to care for children affected with disease.

ITEM 4260 DEPARTMENT OF HEALTH SERVICES**ISSUE 5: NEWBORN HEARING SCREENING PROGRAM OUTREACH****BACKGROUND:**

The budget proposes a \$290,000 General Fund (GF) budget reduction for the Newborn Hearing Screening Outreach Program. The reduction would eliminate funding for informational materials that California Childrens Services approved and Newborn Hearing Screening Program certified hospitals are required to provide families at the time of the birth stay in the hospital. In addition, the proposed trailer bill language would amend the statute and make it discretionary for hospitals to provide written information on the availability of community resources and services for children with hearing loss, including those provided in accordance with the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), through the reporting and tracking system follow-up procedures. Information would include listings of local and statewide nonprofit deaf and hard-of-hearing consumer-based organizations, parent support organizations affiliated with deafness, and programs offered through the State Department of Social Services, Office of Deaf Access, State Department of Developmental Services, and the State Department of Education.

The California Newborn Hearing Screening program, a component of the 1998-99 Early Childhood Development Initiative, establishes a comprehensive coordinated system ([see flowchart](#)) of early identification and provision of appropriate services for infants with hearing loss by:

- Offering the parents of approximately 400,000 infants the opportunity to have their newborn babies screened for hearing loss at the time of the hospitalization for birth.
- Tracking and monitoring of up to 25,000 infants to assure that appropriate follow-up testing and diagnostic evaluations are completed.
- Providing access to medical treatment and other appropriate educational and support services
- Providing coordinated care through collaboration with those agencies delivering early intervention services to infants and their families.

The incidence of permanent significant hearing loss is approximately 2-4 per every 1000 infants. It is the most common congenital condition for which there is a screening program. It is estimated that the Newborn Hearing Screening Program will identify 1200 infants with hearing loss each year.

The major focus of the program is to assure that every infant, who does not pass a hearing test, is linked quickly and efficiently with the appropriate diagnostic and treatment services and with the other intervention services needed for the best possible outcome. Recent research shows infants with hearing loss, who have appropriate diagnosis, treatment and early intervention services initiated before six months of age, are likely to develop normal language and communication skills.

COMMENTS:

- Department of Health Services please provide an overview of the Newborn Hearing Screening Program.
- Department of Health Services how will the families of affected children receive the information if the hospitals do not provide it?

ITEM 4260 DEPARTMENT OF HEALTH SERVICES**ISSUE 6: CANCER RESEARCH PROGRAM****BACKGROUND:**

The budget proposes to eliminate funding for the Cancer Research Program. In the 2001-2002 budget the program was funded with \$25 million GF. In the 2002-2003 budget the funding for the program was reduced to \$12.5 million GF. In the Mid-Year Adjustments, the Administration proposed cutting the funding in half to \$6.25 million GF. The Legislature did not adopt the proposed cut in the Mid-Year Adjustment bill that was sent to the Governor. The proposed budget for the 2003-2004 budget year assumes the mid-year cut and proposes to eliminate the remaining \$6.25 million GF.

Pursuant to the enabling legislation, the Cancer Research Program is to provide funding for research applications that best address "the cause and prevention, cure, diagnosis, and treatment of cancer, including, but not limited to, intramural and extramural research in the fields of biomedical science and engineering, economics, epidemiology, diet and lifestyle, public health, and technology development and translation, with emphasis on non-invasive treatments. The priorities for funding of research are primarily aimed at fostering research on gender specific cancers such as prostate and ovarian cancers. Further, the legislation intends the research priorities "...shall reflect and the program shall fund, innovative and creative research with special emphasis on research that complements, rather than duplicates, the research funded by the federal government and other entities." The legislation directs the Cancer Research Program "...will consider a broad range of cross disciplinary cancer research including, but not limited to, research into the cause and prevention, cure, diagnosis and treatment of cancer, emphasizing gender specific cancers, based on magnitude of incidence, that have not previously received state funding. Finally, the Cancer Research Program restricts funding to projects where the principal investigators are conducting research within the state of California.

COMMENTS:

- Department of Health Services please provide an overview of the program.
- Department of Health Services please review the effectiveness of the Cancer Research Program in achieving its objectives.

ITEM 4260 DEPARTMENT OF HEALTH SERVICES**ISSUE 7: CONTRACTING FOR CALIFORNIA CHILDRENS SERVICES AND GENETICALLY HANDICAPPED PERSONS PROGRAMS****BACKGROUND:**

The budget proposes to authorize the Department of Health Services to engage in contracting for the delivery of health care services, medical supplies, pharmaceuticals, including blood replacement products and equipment for clients enrolled in California Children's Services (CCS) and Genetically Handicapped Persons Programs (See trailer bill handout). This would authorize five new positions for the contracting in the California Children's Services (CCS) and Genetically Handicapped Persons Programs (GHPP). The intent of the Department of Health Services is to develop, implement and operate a rebate/contracting program for drugs, medical supplies and durable medical equipment for California Children's Services and Genetically Handicapped Persons Programs in tandem with and parallel to that which is done in the Medi-Cal program. The CCS and GHPP are similar in many ways to the Medi-Cal program but substantial differences do exist and the Department of Health Services believes a separate system is necessary. Federal law prohibits the expenditure of funds for non-Medi-Cal program activities.

GHPP is a state operated program that serves approximately 1800 patients statewide. The beneficiaries of the program have genetically transmitted handicapping conditions such as hemophilia, cystic fibrosis and sickle cell anemia. Approximately one half of the beneficiaries are non-Medi-Cal. The caseload utilizes large amounts of pharmaceuticals, including blood factor products.

CCS is a state and county operated program serving approximately 170,000 children with complex chronic, devastating illnesses requiring multi-disciplinary, multi-specialty care at tertiary level healthcare institutions. The conditions include cancer, leukemia, hemophilia, serious congenital defects and infants requiring neonatal intensive care. Drugs, medical supplies and durable medical equipment constitute a major expenditure for the program.

The Department proposes to add five full-time staff people to the Children's Medical Services Branch, the Medi-Cal Policy Division, the Payment System Division and the Administration Division for implementation of a CCS/GHPP drug and medical supplies rebate/contracting program. It is estimated the California Children's Services Program contracting will save \$2.6 million in the Budget Year. The Department projects the state will save \$7.4 million for contracting for Blood Factor in Genetically Handicapped Persons Program in the Budget Year. Combined the Department of Health Services projects it will save a total of \$10 million dollars in the Budget Year from the authorized contracting.

COMMENTS:

- Department of Health Services please describe the proposed contracting for CCS and GHPP.

- What are the services and products for which the Department proposes to contract in the Budget Year? In Budget Year +1 and +2?

ITEM 4260 DEPARTMENT OF HEALTH SERVICES**ISSUE 8: GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP)****BACKGROUND:**

The budget proposes the Department of Health Services add three additional staff and \$100,000 in contract funds for the Children's Medical Services Branch to contain the rapidly increasing expenditures of the GHPP. It is expected the Department will achieve \$1.0 million of savings in the budget year.

Costs in the program are increasing rapidly as a result of: increases in blood factor expenditures for the hemophilia population; use of the GF to pay for services that should have been paid for by third-party payers because annual re-determinations for other health care coverage are delayed or not done at all and non-review of provider claims for other third party sources of reimbursement because of the lack of staff; inability to assess and collect fees; and increasing enrollment of persons with marginally eligible conditions (clients who are not handicapped or ill from GHPP-eligible diagnosis). The Department does not expect to achieve any budget savings in the budget year from de-enrolling those on the rolls with marginally eligible conditions. The services in GHPP include all medically necessary medical and dental services needed by the client by the client, not just for services related to the GHPP condition.

The budget proposes to add a staff person to work with hematology experts to develop authorization guidelines to assure factor is not being over prescribed or expensive factor is being used when a less expensive product would be appropriate.

COMMENTS:

- Department of Health Services please provide an overview of the GHPP program and why its costs have risen.
- How will the new staff and contract funds be allocated to control the rising General Fund costs? What are the projected first and second year savings?
- Describe the process the Department will utilize in developing the authorization guidelines for factor.

ITEM 4260 DEPARTMENT OF HEALTH SERVICES – PUBLIC HEALTH**ISSUE 9: GYNECOLOGICAL CANCER INFORMATION PROGRAM****BACKGROUND:**

The Gynecological Cancer Information Program was established to increase awareness and education regarding gynecological cancers. The budget proposes to save \$150 thousand GF in the Budget Year through the elimination of the program. The Program was established by AB 833 (Ortiz) Chapter 754, Statutes of 1997. The statute requires medical providers to provide information to their patients on gynecological cancers, including signs and symptoms. The material must be presented in a standardized summary in a layperson's language that can be understood by patients at the time of patients' annual gynecological examination. The program produces and distributes patient education materials to health care providers to assist them comply with the statutory mandate to provide the materials

COMMENTS:

- Department of Health Services please provide a brief overview of the program.
- Department of Health Services how will the women gather the information in the absence of the program?

ITEM 4260 DEPARTMENT OF HEALTH SERVICES**ISSUE 10: UNSERVED/UNDERSERVED DOMESTIC VIOLENCE PREVENTION PROGRAM****BACKGROUND:**

The budget proposal would reduce funding to the Unserved/Underserved Domestic Violence Program by \$1.25 million GF, a 50 percent reduction. The program is the only source of funding to provide services to populations not accessing Domestic Violence services, women of color and teens. The populations served by the funding do not access Domestic Violence services for many reasons related to the nature of Domestic Violence and how relationships differ among different groups. The Department of Health Services works with local shelters to provide services in a unique manner so that the affected population may access these services. The programs are co-operative arrangements between battered women's shelters that have expertise and services available to victims of domestic violence and non-profit organizations and governmental entities who have access to, experience with and understanding of the cultural norms, language needs and barriers and barriers to seeking help in this population. The Unserved/Underserved component of the program was established in a legislative budget augmentation in FY 1999-2000.

There are 15 contractors in the Unserved/Underserved program currently. Reducing the allocation to the Unserved/Underserved by 50 percent would require seven or eight of the contracts to be canceled. According to the Department of Health Services, a 50 percent reduction to each of the 15 contractors would cause all of the programs to close because they could not sustain themselves on the diminished funding level.

COMMENTS:

- Department of Health Services, please provide a brief overview of the Unserved/Underserved Domestic Violence Program.
- How will the affected population access services if the program is reduced?
- How is the program different from outreach programs generally?
- Department of Health Services, what would be the effect of a 50 percent funding reduction be on the programs?

ITEM 4260 DEPARTMENT OF HEALTH SERVICES

ISSUE 11: TEENSMART OUTREACH PROGRAM**BACKGROUND:**

The budget proposes to eliminate the Office of Family Planning TeenSMART Outreach Program in the Family PACT (Planning, Access, Care and Treatment) Program. The elimination will result in no community based prevention education program for adolescents. The elimination would provide \$848 thousand in GF Savings.

TeenSMART Outreach targets adolescents at risk for pregnancy or causing pregnancy, including those who may already be parenting, are homeless, in foster care, victims of abuse, and/or school dropouts. The purpose of the TeenSMART Outreach Program is to help adolescents make and sustain "smart" decisions related to their sexual behavior and use of family planning reproductive health services including contraception. Intensive educational sessions are provided either individually, or in-group settings, to ensure pregnancy prevention messages are given to teens. The information helps teens make decisions about their sexual behavior and to prevent pregnancies.

COMMENTS:

- Department of Health Services please provide an overview of the TeenSMART Outreach Program. With how many agencies does the Department contract? How many clients are served in total and how many new clients are added annually?
- How will the affected population access the information if the program is eliminated?

ITEM 4260 DEPARTMENT OF HEALTH SERVICES**ISSUE 12: TEEN PREGNANCY PREVENTION MEDIA CAMPAIGN****BACKGROUND:**

The budget proposes to eliminate Teen Pregnancy Prevention Media Campaign for budgetary savings of \$7.817 million GF in the budget year.

Using research as a foundation, the Teen Pregnancy Prevention Media Campaign uses the power of mass to tailor culturally sensitive messages, in six languages, to reach the state's most high risk populations. Through the use of proactive messages aimed at teens, parents, young men and the general public, the Teen Pregnancy Prevention Media campaign produces ethnically diverse mass media messages for the millions of the state's residents. Since the launch of the Media Campaign with the theme "It's Up To Me" in 2000, nearly 35,000 commercials have appeared on television, 62,000 ads have aired on the radio and 28,000 print pieces have appeared in malls, on lunch trucks, on billboards and in newspapers throughout the state.

Public relations activities, involving grassroots community agencies, complement the advertising effort throughout California. The "It's Up To Me" media campaign has proven to be an extremely effective way to deliver proactive messages of teen pregnancy: providing information and access to contraceptive services for low-income men, women and teens through promotion of the Family PACT program; delivering messages of male responsibility; assisting teens with information to make "smart" choices; and by encouraging adults to talk to their teens about sex and peer pressure.

COMMENTS:

- Department of Health Services, please provide an overview of the Teen Pregnancy Media Campaign for the last few years. What percentage of the state's population has been reached? How many advertising impressions have been achieved? (Advertising impressions are the total number of times a member of the media message target audience is exposed to an advertisement.)
- How will the affected population access the information if the program is almost eliminated?
- Department of Health Services, what has been the effect of the campaign on the reduction of teen pregnancies?

ITEM 4260 DEPARTMENT OF HEALTH SERVICES**ISSUE 13: INFORMATION AND EDUCATION PROJECTS****BACKGROUND:**

The budget proposes to save \$1.741 million GF in the budget year from a 50 percent reduction of funds for Information and Education Projects of Family PACT (Planning, Access, Care and Treatment). The reduction is part of the Administration's effort to reduce or eliminate outreach efforts throughout all state programs.

The Information and Education projects have been in place for 30 years. The goal of the projects is to decrease teen and unintended pregnancy through prevention education. The projects are designed to equip Californians at high risk of unintended pregnancy with knowledge, attitudes, and behavioral skills necessary to make responsible decisions. Target populations include youths in grades 6-12, as well as parents and other adults responsible for serving youth at risk. Services are provided in partnership with school, juvenile justice facilities, churches, social service and youth agencies and foster care settings.

COMMENTS:

- Department of Health Services please provide an overview of the Information and Education projects.
- Department of Health Services with how many community agencies does DHS contract? How many people does the program serve? What is the demographic profile of those people served?
- How will the affected population access the information if the program is cut in half?
- How would the proposed funding reduction be allocated amongst the projects? Why?