



Health and Human Services Policy Committee Meeting
CSAC 127th Annual Meeting
Tuesday, November 30, 2021 2:30 – 4:00 PM
Monterey Marriott, San Carlos I
350 Calle Principal, Monterey, Ca 93940

Supervisor Jeff Griffiths, Inyo County, Chair
Supervisor Doug Chaffee, Orange County, Vice Chair
Supervisor Carole Groom, San Mateo County, Vice Chair

Note: This policy committee meeting is an in-person meeting only and is being held as part of the CSAC 2021 Annual Conference.

Agenda

- 2:30 p.m.** **I. Welcome and Introductions**
Supervisor Jeff Griffiths, Inyo County, Chair
Supervisor Doug Chaffee, Orange County, Vice Chair
Supervisor Carole Groom, San Mateo County, Vice Chair
- 2:35 p.m.** **II. Improving Services and Supports for Highest Needs Foster Youth**
Darci Delgado, Assistant Secretary, California Health and Human Services Agency
Kim Johnson, Director, California Department of Social Services
Paula Villescaz, Director of Legislative Advocacy, County Welfare Directors Association of California
Elia Gallardo, Director of Governmental Affairs, County Behavioral Health Directors Association of California
- 3:15 p.m.** **III. The Future of Public Health Funding**
Michelle Gibbons, Executive Director, County Health Executives Association of California
Kat DeBurgh, MPH, Executive Director, Health Officers Association of California
- 3:40 p.m.** **IV. Federal HHS Policy Update**
Tom Joseph, Vice President, Paragon Government Relations
- 3:50 p.m.** **V. 2022 HHS Priorities – ACTION ITEM**
Farrah McDaid Ting, CSAC Health and Behavioral Health Senior Legislative Representative
Justin Garrett, CSAC Human Services Senior Legislative Representative
Roshena Duree, CSAC Associate Legislative Representative
- 4:00 p.m.** **VI. Closing Comments and Adjournment**
- Informational Item: 2021 Legislative Year in Review**

ATTACHMENTS

II. Improving Services and Supports for Highest Needs Foster Youth

Attachment OneCSAC Memo: Improving Services and
Supports for Highest Needs Foster Youth

III. The Future of Public Health Funding

Attachment TwoCSAC Memo: The Future of Public Health
Funding

Attachment Three.....CHEAC Document: Considerations For
Rebuilding Local Health Department
Workforce

V. 2022 HHS Priorities – ACTION ITEM

Attachment Four.....CSAC Memo: 2022 CSAC Health and Human
Services Priorities

Informational Item. 2021 Legislative Year in Review

Attachment FiveCSAC Memo: 2021 Legislative Year in
Review

Improving Services and Supports for Highest Needs Foster Youth
Attachment One

CSAC Memo: Improving Services and Supports for Highest Needs Foster Youth



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Orange County



EXECUTIVE DIRECTOR

Graham Knaus

November 30, 2021

To: Health and Human Services Policy Committee

From: Justin Garrett, CSAC Human Services Senior Legislative Representative
Farrah McDaid Ting, CSAC Health and Behavioral Health Senior Legislative Representative
Roshena Duree, CSAC Health and Human Services Associate Legislative Representative

RE: Improving Services and Supports for Highest Needs Foster Youth

Introduction. Foster youth who have experienced severe trauma face increased challenges that can impact all aspects of their lives. A top priority of both counties and the state has been to work towards improving the services and supports that are available for the highest needs foster children. While there are no easy solutions to this complex challenge, there have been a number of recent investments and initiatives to both make progress in serving children and youth who have suffered trauma, as well as to support children and youth overall who are in or at risk of entering foster care.

Key Initiatives. There have been significant state and federal investments and reforms in recent years aimed at improving care for children and youth.

State and County Coordinated Approach (AB 2083)

AB 2083 was enacted in 2018 and required counties to work with local agencies, entities, and stakeholder groups to develop Memorandums of Understanding (MOUs) to ensure coordination of trauma-informed services. It also required the state to establish an interagency placement resolution team with representatives from the relevant state departments to provide guidance and technical assistance to counties and other entities on establishing MOUs to identify and secure the appropriate services for youth who have experienced severe trauma. This initiative is being led by the California Health and Human Services Agency (CHHS) with their overall systems of care work. Recent progress includes the completion of numerous county MOUs, the submission of a report to the Legislature on identified placement and service gaps, and work towards a multiyear plan for increasing the capacity and delivery of trauma-informed care.

Family First Prevention Services Act

The federal Family First Prevention Services Act (FFPSA) was enacted in 2018. This legislation aims to reduce the use of congregate care placements and allows federal funding to be utilized for certain prevention services to support families and keep children from entering foster care. A state budget trailer bill, AB 153, adopted in July contained provisions to support implementation in California.

For the congregate care requirements, states were required to meet certain components related to congregate care by October 1, 2021. The Department of Social Services (CDSS) has issued initial guidance on the provisions in AB 153 that will allow placements of children into Short-Term Residential Therapeutic Programs (STRTPs) to be consistent with FFPSA requirements and eligible for federal funding. CDSS has indicated that further guidance on a number of elements will be forthcoming in the coming months.

For prevention services, the state budget included \$222.4 million for use over a multi-year period. This funding will be used to leverage federal funding to provide evidence-based prevention services. These services to families, children, and youth can include behavioral health services, substance abuse, parenting skills, and tangible supports. This will allow the state, counties, and local communities to work together to keep families together, reduce the risk of maltreatment, and support the safety and well-being of children in their home.

Services/Pilot Program for Foster Youth with Complex Needs

The state budget included an investment of \$139.2 million to support counties with serving foster youth with complex needs and behavioral health conditions, including those who recently returned from out-of-state placements. In addition, AB 153 established a Children's Crisis Continuum Pilot Program. This program will be a five-year pilot that would require the creation of several types of crisis stabilization and residential programs, intensive services foster care homes with integrated mental health services, and community-based support services that would be available 24/7. CDSS is required to issue an RFP for the pilot program by January 1, 2022 and award funding by March 31, 2022.

Speakers. We have invited Darci Delgado, Assistant Secretary, California Health and Human Services Agency; Kim Johnson, Director, California Department of Social Services; Paula Villescaz, Director of Legislative Advocacy, County Welfare Directors Association of California; and Elia Gallardo, Director of Government Affairs, County Behavioral Health Directors Association of California, to provide more details about the implementation of AB 2083 and next steps, discuss federal and state program changes and investments, and the role of county departments in ensuring good outcomes for the youth in our communities.

Resources.

CHHS System of Care website - www.chhs.ca.gov/home/system-of-care/
[CHSS Recommendations to the Legislature on Gaps in Placements and Services](#)
CDSS FFPSA website - www.cdss.ca.gov/inforesources/ffpsa

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The Future of Public Health Funding
Attachment Two
CSAC Memo: The Future of Public Health Funding



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From: Farrah McDaid Ting, CSAC Health and Behavioral Health Senior Legislative Representative

Justin Garrett, CSAC Human Services Senior Legislative Representative

Roshena Duree, CSAC Health and Human Services Associate Legislative Representative

Representative

RE: The Future of Local Public Health Funding

Introduction. California’s 61 local health jurisdictions – 58 counties and three cities – and health officers have long anticipated a worldwide event such as the coronavirus pandemic, but decades of dwindling funding and a lack of attention for ongoing public health issues hampered the response from the start. Despite these challenges, local public health jurisdictions and health officers mounted the initial COVID-19 response, coordinated the nation’s most successful vaccine rollout, and led efforts to reach underserved communities.

While the pandemic has thrown a spotlight onto the critical work and expertise of local public health jurisdictions, it is important to note that each jurisdiction also coordinates a host of additional public health activities, including outreach to special populations and health equity work, disease prevention campaigns, and evidence-based population health management initiatives.

Push for Sustainable Funding. As the pandemic continued through 2020, it became clear that local public health jurisdictions, regardless of size, require additional funding to continue to perform basic public health responsibilities as well as continue the COVID-19 response.

The County Health Executives Association of California (CHEAC) and Health Officers Association of California (HOAC) spearheaded the effort to obtain sustainable state funding by building the California Can’t Wait Coalition (#CACan’tWait). CSAC, along with other county affiliates, labor, and nonprofits all joined the coalition to advocate for \$200 million in annual ongoing state funding for local public health jurisdictions.

After much back and forth, the Governor and Legislature came to a compromise this summer and promised to provide up to \$300 million annually starting in 2022-23. The compromise also provided \$3 million for a public health workforce study and required the creation of a “Future of Public Health” working group, of which CSAC was a member.

Speakers. We have invited Michelle Gibbons, Executive Director of CHEAC, and Kat DeBurgh, Executive Director of HOAC, to provide more details about the California Can’t Wait Coalition effort, discuss the draft recommendations from the Future of Public Health

working group, and outline the strategy for ensuring the appropriation of the state funding in 2022-23.

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The Future of Public Health Funding
Attachment Three
CHEAC Document: Considerations for Rebuilding Local Health Department
Workforce



CONSIDERATIONS FOR REBUILDING LOCAL HEALTH DEPARTMENT WORKFORCE

The job of public health is to keep everyone safe and promote health for all, but public health departments in California and across the nation have been neglected for over a decade, most notably demonstrated by the consequences of the COVID-19 pandemic. Severe disinvestment in our state's public health infrastructure has had a disproportionate impact on California's disadvantaged communities, resulting in needless sickness and death.

While there is currently recognition of how a lack of investment has led to a significant decline in the public health workforce, there is also an expectation that local jurisdictions begin rebuilding critical staffing infrastructure now. State and federal funding sources have been made available to public health departments explicitly for this purpose, and our ongoing success in ensuring a continued investment in public health broadly requires an immediate and robust response.

This document provides information on the ongoing state General Fund investment expected next fiscal year, lists recent federal funding streams that provide flexibility to hire permanent staff while we await the sustained investment, highlights various findings related to the lack of public health infrastructure across the nation, and notes recruitment and retention challenges facing public health.

\$300 MILLION ANNUAL FUNDING COMMITMENT FOR PUBLIC HEALTH

For several years, CHEAC has been working to elevate the lack of funding for public health staffing and infrastructure. This year, CHEAC led the California Can't Wait Coalition alongside SEIU, HOAC, CSAC, RCRC, UCC, and Public Health Advocates and, through our collective advocacy, secured a commitment for at least \$300 million ongoing state General Fund for public health. While further details will be fleshed out in the 2022-23 budget process, both the Legislature and Administration have affirmed their commitment to ensuring ongoing funding to bolster the capacity of local health departments.

What the Administration is saying:

- "The Budget includes \$300 million ongoing General Fund beginning in 2022-23 for investments in Public Health infrastructure." - FY 2021-22 Budget Summary
- "An investment of \$300M annually is coming to support rebuilding our local public health workforce." - Dr. Tomás Aragón at the 2021 CHEAC Annual Conference

What the Legislature is saying:

- "Builds the foundation for a 21st century public health system to address preventable death and disease, reduce health disparities, and support an agile public health workforce, with \$300 million annually beginning in 2022-23." - Assembly Budget Summary

OTHER FUNDING SOURCES THAT ALLOW FOR HIRING OF ADDITIONAL PERMANENT EMPLOYEES

While the state's investment will not begin to flow until 2022-23, it is important that local health departments start hiring permanent staff now. In addition to the ongoing COVID-19 response activities, public health departments are also facing concurrent public health threats that have been exacerbated throughout the pandemic and will likely require additional resources to address.

Below, we outline various federal funding provided to local health jurisdictions that can be used to meet local needs, including hiring staff.

COVID-19 Public Health Crisis Response and Public Health Workforce Development Supplemental Funding

- \$64 million for Local Health Departments (LHDs)
- Term: July 2021 - June 2023

Coronavirus Response and Relief Supplemental Appropriations Act of 2021 - Enhanced Laboratory Capacity, Enhancing Detection Expansion Funding

- \$1.2 billion to LHDs
- January 2021 - July 2023

Paycheck Protection Program and Health Care Enhancement Act of 2020, Enhanced Laboratory Capacity, Enhancing Detection Funding

- \$286 million to LHDs
- Term: May 2020 - November 2022

Coronavirus Aid, Relief, and Economic Security Act of 2020, Enhanced Laboratory Capacity Funding

- \$20 million to LHDs
- Term: March 2020 - March 2022

Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020

- \$41.8 million to LHDs
- Term March 2020 to March 2021

Note: Funding amounts listed above do not include funding provided directly from the federal government to Los Angeles County.

DECIMATED PUBLIC HEALTH INFRASTRUCTURE

In the past decade, California has seen a steady hollowing out of our local public health staff and closures of vital public health labs, among other devastating impacts. Listed below are recent reports that have affirmed that public health departments lack adequate staffing to adequately protect our communities.

De Beaumont Foundation:

[Staffing Up Workforce Levels Needed to Provide Basic Public Health Services for All Americans](#)

"According to a new analysis, state and local health departments need to hire a minimum of 80,000 more full-time equivalent positions (FTEs) — an increase of nearly 80% — to provide adequate infrastructure and a minimum package of public health services." [More here](#)

PLOS ONE: [The impact of the COVID-19 response on the provision of other public health services in the U.S.: A cross sectional study \(October 2021\)](#)

"Since 2008, the public health workforce has shrunk by 20%, with 62% of local health departments seeing their budgets flat line or reduce over time. U.S. public health systems cannot currently maintain many essential public health services while responding to the COVID-19 pandemic." [More here](#)

Trust for America's Health: [The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations, 2020](#)

"Public health spending as a proportion of total health spending has been decreasing since 2000 and falling in inflation-adjusted terms since the Great Recession. Health departments across the country are battling 21st-century health threats with 20th century resources." [More here](#)

Kaiser Health News and Associated Press: [Hollowed-Out Public Health System Faces More Cuts Amid Virus](#) (Part of [Underfunded and Under Threat Collaboration Project](#))

"Since 2010, spending for state public health departments has dropped by 16% per capita and spending for local health departments has fallen by 18%, according to a KHN and Associated Press analysis of government spending on public health. At least 38,000 state and local public health jobs have disappeared since the 2008 recession, leaving a skeletal workforce for what was once viewed as one of the world's top public health systems." [More here](#)

California Health Line: [Labs With No One to Run Them: Why Public Health Workers are Fleeing the Field](#)

"Across California, public health departments are losing experienced staffers to retirement, exhaustion, partisan politics and higher-paying jobs. Even before the coronavirus pandemic throttled departments, staffing numbers had shrunk with county budgets. But the decline has accelerated over the past year and a half, even as millions of dollars in federal money has poured in. Public health nurses, microbiologists, epidemiologists, health officers and other staff members who fend off infectious diseases like tuberculosis and HIV, inspect restaurants and work to keep communities healthy are abandoning the field." [More here](#)

RECRUITMENT CHALLENGES

Recruitment and retention of public employees is a challenge system-wide, but it is important to understand the unique recruitment challenges public health departments face.

- Fewer than 1 in 6 graduates of schools of public health are going into governmental public health.
- State and local public health departments in the United States have lost 50,000 staff in the last decade and 50% are considering leaving or retiring by 2023.
- Public health requires highly skilled and credentialed workers, such as public health nurses, epidemiologists, and microbiologists. City and county salaries are often not competitive with the sectors that these staff are lost to, such as hospitals, private labs, and academic/research institutions.
- Public health department leaders and staff have had to endure harassment and threats, which has made it more challenging to recruit new workers into public health.
- Limited-term positions are difficult to recruit for and risk the opportunity to keep trained professionals that can support the ongoing work of the department.

Local health jurisdictions will need to use innovative recruitment strategies to support the retention of a skilled and experienced workforce that serves your communities.



**FEWER THAN 1 IN 6
GRADUATES OF
SCHOOLS OF PUBLIC
HEALTH GO INTO
GOVERNMENTAL
PUBLIC HEALTH**



**REDUCTION OF 50K
STAFF IN THE LAST
DECADE AND 50% ARE
CONSIDERING LEAVING
OR RETIRING BY 2023**

2022 HHS Priorities – ACTION ITEM
Attachment Four
CSAC Memo: 2022 CSAC Health and Human Services Priorities



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RE: **2022 CSAC Health and Human Services Priorities – ACTION ITEM**

Note: Please review these draft 2022 CSAC health and human services priorities and prepare for a discussion and action during the November 30 meeting of the policy committee.

Introduction. Each year, CSAC establishes priority advocacy issues for the Association for approval by the Board of Directors. The CSAC advocacy team assesses the policy and political landscape for the coming year and drafts suggested priorities to conform to the Association’s existing platform language.

Each policy committee is then tasked with examining and discussing the proposed priorities in their issue area and voting to approve draft priorities. Once approved by the policy committee, these draft priorities will be forwarded to the CSAC Board of Directors for final approval in early 2022. The CSAC Board is also considering a list of initial priorities at the December Board Meeting that are driven by the most pressing county needs.

The below proposed 2022 HHS priorities were developed with the current state and federal political landscapes in mind. The list of the highest-level priorities reflects that reality, though CSAC will continue to engage on a myriad of HHS issues in 2022.

County COVID-19 Response and Recovery

CSAC will work to secure the resources, flexibility, and workforce necessary to maintain local ongoing coronavirus response efforts, including outreach to underserved populations and collaboration with schools and businesses. This includes negotiating a sustainable state investment in local public health activities while obtaining short-term funding and/or statutory flexibility for urgent needs. CSAC will partner with county affiliates to increase awareness of county public health activities while protecting the public health workforce and fostering a new generation of public health workers.

Behavioral Health Funding

The state is making historic investments in behavioral health housing, children’s behavioral health services, and CalAIM. To successfully harness these investments to make transformative change requires addressing underlying county mental health plan funding shortfalls and state administrative inefficiencies, as well as the formation of new partnerships and an assessment of the expanding set of roles and responsibilities placed upon county specialty mental health services and Drug Medi-Cal. CSAC will also advocate for behavioral health workforce assistance and adequate funding to match existing and any new responsibilities.

Conservatorship Issues

The conservatorship conversation intersects with multiple county priorities, including homelessness, behavioral health, aging, and the Incompetent to Stand Trial (IST) backlog, and yet county conservatorship duties are neither funded through Realignment nor receive any state funding. CSAC is a founding member of a coalition seeking sustainable state funding assistance for county conservatorship workload. Additional pressures on conservatorships, including a raft of bills and possibly a statewide initiative to make it easier to conserve folks, will also require close attention and negotiation to ensure sufficient resources for any changes to current statute and county responsibilities.

Aging Programs

California’s Master Plan for Aging has created and furthered numerous opportunities to strengthen and enhance services for older adults. CSAC has engaged on a number of these efforts including significant advocacy related to the ongoing initiative to revisit the local leadership structure for aging services. Advocacy efforts have and will continue to focus on ensuring that counties have the local flexibility and decision-making authority, as well as enhanced resources, to meet the diverse and growing needs of this population. As implementation of the Master Plan moves forward, CSAC will remain engaged on recommendations related to services administered by Area Agencies on Aging (AAA), In-Home Supportive Services (IHSS), Adult Protective Services (APS), Public Administrators/Public Guardians/Public Conservators, and Alzheimer’s disease.

In-Home Supportive Services

CSAC will continue to maintain a leadership role on IHSS advocacy. This will include prioritizing the fiscal sustainability of the program, engaging on IHSS collective bargaining issues, and partnering with the state, counties, and partner organizations on implementation of recent budget provisions.

Child Welfare/Foster Care

There have been a number of recent reforms and budget investments at both the state and federal level to support children and youth in or at risk of entering foster care. This includes the Family First Prevention Services Act (FFPSA), system of care work to better serve youth who have experienced trauma, and developing services and supports for complex needs foster youth. Successful implementation of these initiatives will be critical to ensure that vulnerable children and youth are protected and supported. CSAC will continue to engage with state agencies, partner with county affiliates, and advocate for budget investments.

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2021 Legislative Year in Review
Attachment Five
CSAC Memo: 2021 Legislative Year in Review



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RE: **2021 Legislative Year in Review**

There were several significant issues that dominated the focus of the HHS team in 2021 – the sustainability of local public health departments and services, In-Home Supportive Services, and behavioral health services. We also engaged on numerous other key legislative issues. This section describes the outcomes for the most significant HHS issues in 2021.

Outcomes of Health and Human Services Issues 2021

In-Home Supportive Services (IHSS)

CSAC was successful in leading a coalition budget proposal to maintain the existing funding mechanisms for IHSS collective bargaining. Without this action, county costs for locally negotiated wage and benefit increases would have nearly doubled on January 1, 2022. The human services budget trailer bill, AB 135, maintained the existing sharing ratio of 35% county/65% state for local wage increases up to the cap and the sharing ratio will no longer flip on January 1, 2022. In addition, the ten percent over three years tool that allows counties to secure state participation above the cap will continue. The final language makes it clear that all counties are able to use the tool two times for three-year periods beginning on or after January 1, 2022, no matter how many times a county has utilized the tool prior to that date.

Collective Bargaining Fiscal Penalty

AB 135 also included the IHSS fiscal penalty proposal that CSAC and counties opposed. This means that a county without a collective bargaining agreement could be subject to a 1991 Realignment withholding, but only if certain conditions are met. The conditions are the same and the penalty language is nearly identical to the 2019 penalty provision, with the penalty amount now being at seven percent of the county’s IHSS MOE. With a strong county advocacy effort, CSAC was able to prevent the penalty from being an ongoing penalty and keep it as a one-time penalty, which is significantly better.

The language reenacts the IHSS mediation and fact finding process as of October 1, 2021. A county could then be subject to the withholding only if all of the following four conditions are met: (1) A county and provider union have completed the full IHSS

mediation and factfinding process; (2) the factfinding panel has issued recommended settlement terms that are more favorable to the union; (3) the county has an expired IHSS collective bargaining agreement; and (4) the county and union have not reached an agreement within 90 days after the release of the factfinding recommendations.

Local Public Health Funding

CSAC joined the California Can't Wait Coalition, led by the County Health Executives Association of California (CHEAC) and Health Officers Association of California (HOAC), along with Service Employees International Union of California (SEIU-CA) in the request for \$200 million in ongoing state funding for local public health jurisdictions. The Governor and Legislature came to a compromise in 2021 after much back and forth. The compromise promised an out-year commitment to provide up to \$300 million annually starting in 2022-23.

The out-year funding commitment which also included \$3 million for a public health workforce study in 2021-22. Also included for 2021-22 is \$13 million to support investments to end the epidemics of HIV/AIDS, Hepatitis C, and sexually transmitted infections until June 30, 2025.

CSAC also participated in the state's Future of Public Health working group, which will inform the state's plan for providing up to \$300 million in support for local public health infrastructure

Other State Budget Items

CSAC was able to successfully advocate for investments and prevent cuts to critical health and human services programs.

The key human services budget successes include:

- Resource Family Approval True-up – CSAC and CWDA advocated for this true-up funding within the Continuum of Care Reform (CCR) for the last several years. The final budget included \$85 million.
- Family First Prevention Services Act (FFPSA) – Implementation of the federal FFPSA continues at the state level. CSAC supported the CWDA and Children Now budget ask for additional funding for FFPSA prevention services above the May Revision. The final budget included that additional amount and provided a total of \$122.4 million to help counties establish local services and supports to prevent children and youth from entering foster care.
- Children's Crisis Continuum Pilot Program – The five-year pilot program would require the creation of several types of crisis stabilization and residential programs, intensive services foster care homes with integrated mental health services, and community-based support services that would be available 24/7. The child welfare trailer bill also requires the California Health and Human Services Agency to submit a plan to develop the services that are needed for those youth whom counties had difficulty providing services and securing placements. The statute prohibits the placement of youth in out-of-state residential facilities as of July 1, 2021, but provides a one-year exemption if certain conditions are met.
- Aging Programs – CSAC supported several investments for aging programs that are aligned with the implementation of the Master Plan for Aging. These include funding for senior nutrition programs, technology access, and for Area Agencies on Aging (AAAs).

The key health and behavioral health budget successes include:

- Public Hospital Funding – \$300 million in one-time assistance to shore up safety net hospitals, including county public hospitals, in the aftermath of the state’s three COVID-19 surges. CSAC supported this request.
- Behavioral Health Continuum Infrastructure Program – CSAC supported the final budget appropriation of \$443.5 million in competitive grants to construct, acquire and/or rehabilitate behavioral health facilities. The program guidelines for this program are currently being determined and will be closely linked to the Community Care Expansion Program that the Department of Social Services is leading as well.
- Children and Youth Behavioral Health Initiative – More than \$4 billion in funding for county-school behavioral health partnerships, millions for qualifying Medi-Cal managed care plans to implement school interventions, and more earmarked for other youth behavioral health efforts led by health plans, schools, counties, and community-based organizations for Californians aged 0 to 25. This funding will be distributed over a four-year period.
- Incompetent to Stand Trial (IST) Solutions – The final budget negotiation appropriated funding for the Department of State Hospitals (DSH) to allow contracts for additional capacity in the community. Additionally, it created a state-led IST Solutions Workgroup tasked with identifying short, medium, and long-term solutions for the IST waitlists. CSAC staff have membership on all IST workgroups. A report is due by November 30 on short-term solutions that can be achieved by April 1, 2022, medium-term solutions that can be achieved by January 10, 2023, and long-term solutions that can be achieved by January 10 of 2024 and 2025.

Health and Human Services Bills Sent to the Governor

2021 is the first year of the two-year 2021-22 Legislative session. The bills below represent the high priority bills that made it to the Governor’s desk and were either signed or vetoed.

AB 226 (Ramos) – Children’s crisis psychiatric residential treatment facilities.

CSAC supported AB 226 that would reclassify existing children’s crisis residential programs in the state as children’s crisis psychiatric residential treatment facilities (PRTFs) and transfer responsibility for licensing PRTFs from the California Department of Social Services (CDSS) to the Department of Health Care Services (DHCS). This technical designation was intended to increase the number of PRTFs operating in the state to provide non-hospital step-down care to children in crisis. AB 226 would also allow counties to access federal reimbursement for room and board costs at PRTFs. CSAC supported AB 226, which was passed by the Legislature on September 10, but was vetoed by the Governor. The Governor’s veto message is available [here](#).

AB 451 (Arambula) – Health care facilities: treatment of psychiatric emergency medical conditions. Signed.

CSAC dropped opposition of AB 451 after Assemblymember Arambula addressed county concerns and removed county-owned and operated facilities from the bill. AB 451 will require a psychiatric unit within a general acute care hospital, an acute psychiatric hospital, and a psychiatric health facility (PHF) to treat any patients who presents with an emergency psychiatric condition, regardless of whether the facility has an emergency department. The bill was approved by the Assembly and enrolled on September 8. CSAC was neutral on AB 451 after dropping our opposition. AB 451 was signed by the Governor.

AB 636 (Maienschein) – Protecting elder and dependent adults from abuse. Signed.

CSAC supported AB 636 which will allow Adult Protective Services (APS) programs to share information with additional entities to help prevent and investigate instances of elder abuse. AB 636 will explicitly

allow APS programs to share information with a federal law enforcement agency and local code enforcement agencies under certain circumstances to help investigate instances of abuse and protect the health and safety of elder and dependent adults. This measure will strengthen the APS program so that counties can effectively respond to the increased and complex reports of abuse for this growing population. The Legislature approved AB 636 and Governor Newsom signed AB 636.

AB 640 (Cooley) – Extended Foster Care eligibility redetermination. *Signed.*

CSAC supported AB 640 that will allow counties to establish federal Title IV-E eligibility for many youth who do not currently meet that eligibility as they enter Extended Foster Care. This measure, sponsored by the County Welfare Directors Association, will provide some needed fiscal relief for counties for the Extended Foster Care program, which has not been fully funded as intended when the program was established. The Extended Foster Care program has led to improved outcomes for foster youth up to age 21 and this eligibility redetermination would bring in additional federal resources and be done without any interruption in services or supports to these youth. The Governor signed AB 640 into law.

SB 395 (Caballero) – Excise tax: electronic cigarettes: Health Careers Opportunity Grant Program: Small and Rural Hospital Relief Program. *Signed.*

CSAC supported SB 395 which will impose an additional excise tax on all electronic cigarette products sold in the state. Portions of the new funding will support local county First 5 Commissions and local health jurisdictions. Additionally, the bill establishes the Health Careers Opportunity Grant Program to support access by underrepresented students from disadvantaged backgrounds to postsecondary health profession programs. SB 395 provides an opportunity to reduce the consumption of electronic cigarette products while funding public health, early childhood development programs, and health professions in California. The Senate enrolled SB 395 on September 9 and the bill was chaptered on October 4.

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