



® **Health and Human Services Policy Committee Meeting**
CSAC Legislative Conference
Wednesday, April 17, 2024 — 9:00 am – 11:00 am
SAFE Credit Union Convention Center, Ballroom B2
Sacramento County, California

Supervisor Zach Friend, Santa Cruz County, Chair
Supervisor Rosemarie Smallcombe, Mariposa County, Vice Chair
Supervisor Karen Spiegel, Riverside County, Vice Chair

- 9:00 am I. Welcome and Introductions**
Supervisor Zach Friend, Santa Cruz County, Chair
Supervisor Rosemarie Smallcombe, Mariposa County, Vice Chair
Supervisor Karen Spiegel, Riverside County, Vice Chair
- 9:05 am II. A Conversation with Supervisor Holly Mitchell: Uplifting the County Voice Through the State Budget Process**
Supervisor Holly Mitchell, Los Angeles County
- 9:25 am III. California 2030 Report: Recommendations for a Future-Ready California Aging Network**
Supervisor Smallcombe, Mariposa County
Susan DeMarois, Director, California Department of Aging
- 9:55 am IV. CalAIM Justice-Involved Initiative: Planning and Implementation Update**
Autumn Boylan, Deputy Director, Office of Strategic Partnerships, Department of Health Care Services (DHCS)
Sydney Armendariz, Chief, Justice-Involved Reentry Services Branch, Office of Strategic Partnerships, DHCS
Dr. Phuong Luu, Bi-County Health Officer, Yuba County and Sutter County
Stephanie Lucio, CalAIM JI Initiative Program Manager, Yuba County Sheriff's Department and Probation Department
- 10:40 am V. 2024 Legislative and Budget Update**
Justin Garrett, CSAC Senior Legislative Advocate, Human Services
Jolie Onodera, CSAC Senior Legislative Advocate, Health & Behavioral Health
Danielle Bradley, CSAC Legislative Analyst, Health, Human Services, & Homelessness
- 11:00 am VI. Closing Comments and Adjournment**



April 17, 2024

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To: Health and Human Services Policy Committee
From: Jolie Onodera, CSAC HHS Senior Legislative Advocate
Justin Garrett, CSAC HHS Senior Legislative Advocate
Danielle Bradley, CSAC HHS Legislative Analyst

RE: A Conversation with Supervisor Holly Mitchell: Uplifting the County Voice Through the State Budget Process

Introduction. The CSAC Health and Human Services Policy Committee is honored to be joined by Los Angeles County Supervisor Holly Mitchell. Prior to first being elected to the Los Angeles County Board of Supervisors in November 2020, Supervisor Mitchell served in both the California State Assembly and then the California State Senate from 2010-2020. In 2017, she was appointed to the position of Chair of the Senate Budget and Fiscal Review Committee, where she went on to oversee the adoption of three consecutive state budgets. Given her unique experience with the California state budget process, Supervisor Mitchell joins the HHS Policy Committee to shed light on the complicated and sometimes opaque fiscal decision-making process and share insight on how to best uplift the county voice to those making decisions during a difficult budget year.

Speaker Background:

Holly J. Mitchell serves on the Los Angeles County Board of Supervisors, where she leads with a deep understanding of the vital safety net LA County provides to millions of people and a commitment to ensuring that all residents can thrive.

Supervisor Mitchell is honored to represent the two million residents of Los Angeles County’s Second District – including the neighborhood she grew up in – Leimert Park, along with the cities of Carson, Compton, Culver City, El Segundo, Gardena, Hawthorne, Hermosa Beach, Inglewood, Lawndale, Los Angeles (portions), Manhattan Beach, Redondo Beach, and a dozen unincorporated communities.

Within her first term as Supervisor, a few of her accomplishments, with the support of the Board of Supervisors, include launching a countywide RV homelessness encampment resolution program as part of the County’s Pathway Home initiative, passing a landmark countywide guaranteed income program that includes foster youth, supporting small businesses in keeping their doors open, making LA County the first in the nation to phase out urban oil drilling and strengthening the County’s ability to respond to mental health crises among our unhoused residents quickly.

Mitchell spent over a decade of service in the California Legislature – serving in both the State Assembly and Senate and authoring over 100 state laws from the Crown Act to landmark juvenile justice reforms.

Supervisor Mitchell became the first African American to serve as Chair of the Senate Budget and Fiscal Review Committee. Under her guidance, she helped the State of California successfully build its financial reserves and passed three consecutive state budgets—each totaling over \$200 billion.

Early in her career, Supervisor Mitchell had transformative leadership opportunities. She served as a CORO Foundation Fellow, was a legislative advocate for Californians experiencing poverty at the Western Center on Law and Poverty and worked for pioneering legislative leaders like the Honorable Diane Watson. Before running for public office, Supervisor Mitchell led the nonprofit Crystal Stairs for seven years – California’s largest nonprofit dedicated to child and family development. As CEO, she fought for low-income families across Los Angeles County to gain access to childcare and poverty prevention resources.

As a Los Angeles County Supervisor, Mitchell also serves as the inaugural chair of the Los Angeles County Affordable Housing Solutions Agency and is a member of the Board of Directors for the Los Angeles County Metropolitan Transportation Authority, Los Angeles County Children and Families First (First 5 LA), Los Angeles Memorial Coliseum Commission, Los Angeles County Sanitation Districts and South Coast Air Quality Management District.

Supervisor Mitchell was awarded an honorary Doctorate Degree of Humane Letters from Charles Drew University and is a proud UC Riverside Highlander.

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To: Health and Human Services Policy Committee

From: Justin Garrett, CSAC HHS Senior Legislative Advocate
Danielle Bradley, CSAC HHS Legislative Analyst

RE: California 2030 Report: Recommendations for a Future-Ready California Aging Network

Introduction. The HHS Policy Committee has engaged on the Master Plan for Aging (MPA) through the development and into the implementation phase. Beginning in 2021, the committee provided direct feedback to the California Department of Aging (CDA) and continued to hear direct updates from CDA Director Susan DeMarois about next steps related to the MPA initiative to revisit California’s Area Agency on Aging (AAA) local leadership structures to meet the growing and changing needs of California’s aging population.

CA 2030 Steering Committee: At the end of 2022, the CA 2030 Steering Committee was formed to develop recommendations to create a future-ready California Aging Network that is prepared to serve the growing aging population in California. The steering committee was comprised of representatives from counties, county human services departments, AAAs, the California Commission on Aging, and independent living centers. CSAC’s representatives on the committee were Mariposa County Supervisor Rosemarie Smallcombe and Justin Garrett, CSAC Senior Legislative Advocate. The committee met several times over a 12-month period (December 2022—December 2023), with what became nine areas of focus:

CA 2030 Report: Following the year of meetings and work by the CA 2030 Steering Committee, CDA released “[California 2030: Recommendations for a Future-Ready California Aging Network](#)” in January of this year. The report includes recommendations in nine areas of focus: (1) Strategic Planning; (2) Funding; (3) Services; (4) Communications; (5) PSAs & Designations; (6) Performance; (7) Data & Information Technology; (8) Workforce; and (9) Advocacy. Some recommendations are already in development, while others are brand new. Each recommendation identifies who within the California Aging Network (CDA and/or AAAs) may be most appropriate to lead or support activities within the recommendation, and in many cases will involve key local, state, and federal stakeholders. Each of the recommendations align with one of the eight traits of an ideal future-ready California Aging Network, as refined by the CA 2030 Steering Committee: (1) Aging and Disability Forward; (2) Inclusive and Equitable; (3) Well-Known and Accessible; (4) Consistent; (5) Locally Responsive; (6) Strategic and Action-Oriented; (7) Performance-Based and Outcomes-Driven; and (8) Integrated.

[SB 1249 \(Roth\)](#) – Mello-Granlund Older Californians Act

In February, Senator Richard Roth (D-Riverside) introduced Senate Bill 1249, which is sponsored by the California Commission on Aging. This bill follows up on the CA 2030 Steering Committee process and would move forward on some of the recommendations in the final report. SB 1249 would create an option for counties to elect to change their Area Agency on Aging (AAA) administrative entity to a county-administered structure, as well as move forward on the development of core services, performance measurements, and an engagement strategy for AAA programs and services. CSAC surveyed counties for

feedback on this legislation. Counties highlighted how this bill would provide more flexibility on how to administer aging services, can be used as a catalyst for additional funding, and can lead to strengthening services and program advancements. Counties also raised some concerns related to funding levels if there are more public service areas (PSA), needing new funding for increased performance requirements, and getting clarity on the process for changes to AAA administrative entity and PSA boundaries. CSAC has discussed with the County Welfare Directors Association (CWDA), the author's office, California Commission on Aging (sponsor), and CDA, and will continue to engage on this as a high priority bill.

Speakers. The HHS Policy Committee will hear from two speakers involved in the development of the CA 2030 Report:

- Mariposa County Supervisor Rosemarie Smallcombe was first elected in 2014. She serves on the JPA Board of Directors for the Area 12 Agency on Aging and has been actively involved in CSAC's efforts on MPA issues, including serving as a member of the CA 2030 Steering Committee.
- CDA Director Susan DeMarois was appointed as Director in October 2021. Previously, she served as the Director of Public Policy and Advocacy for the Alzheimer's Association. She was a member of both the Governor's Master Plan for Aging Stakeholder Advisory Committee and the Task Force on Alzheimer's Prevention and Preparedness.

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To: Health and Human Services Policy Committee
Administration of Justice Policy Committee

From: Jolie Onodera, CSAC HHS Senior Legislative Advocate
Ryan Morimune, CSAC AOJ Legislative Advocate
Danielle Bradley, CSAC HHS Legislative Analyst
Michaela Schunk, CSAC AOJ Legislative Analyst

RE: CalAIM Justice-Involved Initiative: Planning and Implementation Update

Introduction. In January 2023, California became the first state in the nation approved to offer a targeted set of Medicaid services to youth and eligible adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release. The Justice-Involved (JI) Initiative is just one of several components of California Advancing and Innovating Medi-Cal (CalAIM), a framework that seeks to transform Medi-Cal to create a more coordinated, person-centered, and equitable health system that integrates care coordination across physical health, behavioral health, and local service providers through a broad-based delivery system, program, and payment reform.

California received federal approval from the Centers for Medicare and Medicaid Services (CMS) to implement CalAIM on December 29, 2021, and effective through December 31, 2026 (five years). The waiver, collectively with Medi-Cal state plan amendments, will enable the state and counties to fully execute CalAIM initiatives that prioritize prevention and address social drivers of health disparities.

California also received approval to authorize federal Medicaid matching funds for selected Medicaid services for eligible JI individuals in the 90-day period prior to their release from a correctional facility. Under a provision of federal Medicaid law known as the “inmate exclusion,” states are prohibited from drawing down federal Medicaid funds to finance the health care of any individual committed to a jail, prison, detention center or other penal facility unless the incarcerated individual is treated in a medical institution outside the jail or prison for 24 hours or more. The JI Initiative afforded by the Section 1115 demonstration provides waiver and expenditure authority for a limited set of Medi-Cal services to incarcerated individuals in the 90-day period prior to release. In summary:

WHO: The JI Initiative will serve *adults* who are in custody and meet one or more of the following health needs criteria: a confirmed or suspected mental health diagnosis, substance use disorder (SUD) or suspected diagnosis, a chronic clinical condition or significant non-chronic clinical condition, a traumatic brain injury, intellectual or development disability, a positive test or diagnosis of HIV or AIDS, or are pregnant or within a 12-month postpartum period. The JI Initiative will also serve *youth* who are in custody of a youth correctional facility. These youth do not need to meet clinical criteria.

WHAT: Offered through a federally approved amendment to the Medicaid Section 1115 demonstration waiver, the state is partnering with multiple county departments (behavioral health, public health, social services, sheriff, and probation), providers, managed care plans (MCPs), and community-based organizations to establish a coordinated community reentry process to assist those transitioning from incarceration connect to the physical and behavioral health services they need prior to release and reentering their communities.

Pre-release Medi-Cal services include:

- Reentry care management services.
- Physical and behavioral health clinical consultation services provided through telehealth or in person, to diagnose health conditions, provide treatment, and support pre-release care managers' development of a post-release treatment plan and discharge planning.
- Laboratory and radiology services.
- Medications and medication administration.
- Medication-Assisted Therapy (MAT) for all FDA-approved medications, including coverage for counseling.
- Services provided by community health workers (CHWs) with lived experience.

In addition, individuals will receive covered outpatient prescribed medications, over-the-counter drugs, and durable medical equipment upon release. A care manager will be assigned – either on-site in the carceral setting or via telehealth – to establish a relationship with the individual, understand their health needs, coordinate vital services, and plan for community transition, including connecting the individual to a community-based care manager they can work with upon their release.

WHEN: Stakeholder engagement activities by the state began in late 2021 to inform the Section 1115 demonstration negotiations and to provide input on development of JI Initiative policy and operational guidance. Planning efforts, including training, policy and operational guide development, and technical assistance, have been ongoing. As a condition of the demonstration, all prisons, jails and youth correctional facilities are required to demonstrate readiness to participate in the JI Initiative prior to going live with pre-release services.

The Department of Health Care Services (DHCS) is implementing a phased approach for the state prison system, county correctional agencies (including county jails and youth correctional facilities), and county behavioral health agencies to go live in several readiness-based cohorts over the period of the demonstration.

- Correctional facilities and county behavioral health agencies may go live as early as **October 1, 2024**, depending on their readiness assessments, as detailed below. The initial start date was delayed six months by DHCS after internal assessments and county feedback regarding readiness.
- At this time, all correctional facilities and county behavioral health agencies must go live no later than **September 30, 2026**. Correctional facilities will determine their go-live date, and county behavioral health agencies will align with their county correctional facility's go-live date.
- Correctional facilities must submit their readiness assessments to DHCS for review at least five months prior to their proposed go-live date. As an example, a correctional facility seeking to implement on October 1, 2024, must have submitted their completed readiness assessment to DHCS by April 1, 2024.
- Correctional facilities and county behavioral health agencies are to coordinate with their social services department on implementation timing to ensure that the social services department's processes will be ready by the planned go-live dates

WHY: The goal is to ensure continuity of health care coverage after incarceration, enabling access to programs and services like Enhanced Care Management and Community Supports, linkages to medical and behavioral health services, and prescription medications upon release. Stabilizing the needs of this population that is at higher risk for poor health outcomes, injury/trauma, violence, and death will help to address disparities by reducing gaps in care, enhance quality of care, improve physical and mental health outcomes, advance health equity, and prevent unnecessary admissions to inpatient facilities and emergency departments.

HOW: Planning and implementation efforts require an incredible level of collective and close working partnerships between all entities involved – the state, county agencies including but not limited to behavioral health, public health, social services, probation, sheriff departments, community-based organizations, managed care plans, and communities at large – to be successful. Such significant policy and operational changes will also take time to fully implement.

Some support is being offered through the Providing Access and Transforming Health (PATH) initiative – funding available to implementing agencies (correctional facilities, county social service departments, county behavioral health agencies, and the California Department of Corrections and Rehabilitation) to build capacity for workforce, information technology (IT) changes, and data sharing that support justice-involved initiatives. However, it should be noted that PATH funding support is **one-time** in nature.

PATH funding consisted of an initial \$151 million for collaborative planning and IT investments intended to support implementation of pre-release Medi-Cal application and enrollment processes. The subsequent CalAIM JI waiver approval provided an additional \$410 million in PATH funding to support collaborative planning for, and IT investments in, implementation of pre-release Medi-Cal services.

According to DHCS, PATH funding is designed to support the planning and initial implementation of the JI Initiative but is not intended as a long-term funding source to support the ongoing operating costs beyond the start-up phase. DHCS has committed to its correctional implementation partners that it will work collaboratively with them to identify other ongoing and sustainable sources of funding to transition from the short-term PATH funding.

This is an incredibly complex initiative – the [Policy and Operational Guide for Planning and Implementing the JI Initiative](#) released in June 2023 is nearly 200 pages covering planning activities, readiness assessment requirements, details on pre-release Medi-Cal services delivery model, provider enrollment/payment specifications, reentry planning, MCP requirements, and monitoring and evaluation. It is expected that the Guide will be an evolving document with updates on an ongoing basis to reflect new and updated policy decisions and operational requirements.

Speakers. We have invited the following speakers from the Administration to provide an outline of the CalAIM JI Initiative as well as an update on planning activities and implementation timelines, including technical assistance being provided to counties, providers, managed care plans, and community partners. We have also invited a local representative to provide the county perspective on the planning activities to date, including the opportunities and challenges associated with the JI Initiative:

- Autumn Boylan, MPH, Deputy Director, Office of Strategic Partnerships, DHCS
- Sydney Armendariz, MA, Chief, Justice-Involved Reentry Services Branch, Office of Strategic Partnerships, DHCS
- Phuong Luu, MD, MHS, FACP, Bi-County Health Officer, Yuba County and Sutter County
- Stephanie Lucio, Project Manager, CalAIM JI Initiative, Yuba County Sheriff's Department and Probation Department

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To: Health and Human Services Policy Committee

From: Jolie Onodera, CSAC HHS Senior Legislative Advocate
Justin Garrett, CSAC HHS Senior Legislative Advocate
Danielle Bradley, CSAC HHS Legislative Analyst

RE: 2024 Legislative and Budget Update

Introduction:

The start to the second year of the 2023-2024 Legislative Session has been anything but dull. In just the first few months, we have seen a change in legislative leadership and committee chairs, a daunting budget deficit, and a primary election that proved every vote truly does count. While the CSAC Health and Human Services policy team is following hundreds of legislative and budget proposals, we want to provide the Health and Human Services Policy Committee with highlights of some of the key proposals we are engaging on so far this year.

Budget Items

Homelessness:

Homeless Housing, Assistance and Prevention (HHAP) Program

The Governor’s Budget proposal maintains the \$1.1 billion commitment for HHAP Round 5 and describes it as an investment across 2023-24 and 2024-25. The \$260 million in supplemental HHAP funding included in the 2023 Budget Act is proposed to be delayed until 2025-26. The Governor’s Budget proposal includes the previously planned transition of the administration of homelessness grant programs from the California Interagency Council on Homelessness (Cal ICH) to the Department of Housing and Community Development (HCD).

For new HHAP investments, the Governor proposes to defer discussion about additional funding until the Spring once more information is known about actual revenues and to continue the conversation about accountability. The Governor’s Budget proposal outlines a commitment from the Administration to work with the Legislature on additional funding to support the efforts of local governments to address the homelessness crisis. In addition, it details that this new funding is dependent upon funded entities achieving performance commitments made for HHAP Round 3 and HHAP Round 4 and completing the regional planning and collaboration requirements of HHAP Round 5.

Homelessness Funding Delays/Reductions

The Governor’s Budget proposal includes several delays or reductions to homelessness and housing related investments within human services programs. These include:

- Bringing Families Home – This program provides housing-related supports to child welfare involved families and those at risk of homelessness. The Governor’s Budget proposal would delay \$80 million General Fund to 2025-26.

- Home Safe – This program helps prevent homelessness for victims of elder and dependent adult abuse and neglect served by Adult Protective Services (APS). The Governor’s Budget proposal would delay \$65 million General Fund to 2025-26.
- Housing and Disability Advocacy Program – This program serves people who are homeless or at risk of homelessness and are likely eligible for disability benefits and housing supports. The Governor’s Budget proposal would delay \$50 million to 2025-26.
- Housing Navigators – This program helps young adults between 18 to 21 years secure and maintain housing, with a priority given to young adults in the foster care system. The Governor’s Budget proposal includes an ongoing \$13.7 million General Fund Reduction for this program, eliminating the program.
- Housing Supplemental for Foster Youth in Supervised Independent Living Placements (SILP) – The 2023 Budget Act created a housing supplement to the basic rate paid for a nonminor dependent placed in a SILP. The monthly housing supplement payment would be added to the rate paid to a nonminor dependent. The Governor’s Budget proposal would reduce funding by \$195,000 in 2024-25 and \$25.5 million (\$18.8 million General Fund) in 2025-26 and ongoing, eliminating the program.

CSAC joins a large coalition in [opposition](#) to the elimination of the Housing Navigators and SILP programs.

Behavioral Health/Health:

Proposition 1

Last month, California voters approved Proposition 1, which makes significant revisions to California’s existing mental health system and authorizes a \$6.4 billion bond to finance supportive housing and behavioral health treatment settings. In addition to authorizing new funding for behavioral health treatment infrastructure and permanent supportive housing for veterans and others experiencing or at risk of homelessness, Proposition 1 renames the Mental Health Services Act to the Behavioral Health Services Act, broadens the eligible uses of funds to include the provision of substance use disorder treatment services, revises the funding categories to include a prioritization for housing interventions for those with the most severe needs, and establishes additional oversight and accountability measures.

CSAC, in consultation with counties and county partners, will be working closely over the coming months with the Administration in the development of various standards and metrics, evaluation of needed resources, and development of recommended solutions to reduce the Behavioral Health Services Fund’s revenue volatility to better support the sustainability of county programs.

Behavioral Health Infrastructure

To address the projected budget shortfall, the Governor’s Budget included the following proposals around behavioral health infrastructure, which are also included in the early action budget package agreement between the Governor and legislative leaders:

- Delays \$235 million General Fund for the Behavioral Health Bridge Housing (BHBH) Program by one year, from 2024-25 until 2025-26.
- Delays \$140.4 million General Fund for the Behavioral Health Continuum Infrastructure Program (BHCIP) by one year, from 2024-25 until 2025-26.

Additionally, with the passage of Proposition 1, the Legislature may consider shifting these General Fund investments in the out-years to bond support as approved for this purpose, which would reduce overall planned funding for BHBH and BHCIP by a like amount.

Managed Care Organization (MCO) Tax

The Governor's Budget proposal sought early action by the Legislature to request the federal government approve an amendment to increase the MCO tax to achieve \$20.9 billion in total funding, an increase of \$1.5 billion compared to the previously approved MCO tax. The Governor's Budget proposed to use \$12.9 billion as a General Fund backfill to support the Medi-Cal program (an increase over the \$8.3 billion included in the 2023 Budget Act), and \$8 billion for targeted provider rate increases and other investments (a decrease from the \$11.1 billion included in the 2023 Budget Act). In March, the Legislature passed and the Governor signed SB 136 (Chapter 6, Statutes of 2024), which included the Governor's proposed \$1.5 billion net budget-balancing solution to expand the existing MCO tax. The early action budget package agreement between the Governor and legislative leaders reflects \$3.8 billion in General Fund savings from the extension of the MCO tax and the drawdown of reserve funds in the budget year. This early action is subject to further legislative review in the June Budget package.

Human Services:

California Work Opportunity and Responsibility to Kids (CalWORKs)

The CalWORKs program is California's version of the federal Temporary Assistance for Needy Families (TANF) program, which provides temporary cash assistance to low-income families with children to meet basic needs as well as welfare-to-work services to help families become self-sufficient. The Governor's Budget proposal assumes \$9.4 billion in total state, local, and federal TANF expenditures in 2024-25. Of this, \$7 billion is included for CalWORKs program expenditures. For 2024-25, the average monthly CalWORKs caseload is estimated to be 354,117 families.

CalWORKs Reductions and Delays

To address the projected budget shortfall, the Governor's Budget proposal includes several reversions and reductions for CalWORKs programs. Reversions are "claw backs" of unspent funds allocated for 2022-23 (past year), 2023-24 (current year), and reductions apply to previously approved multi-year investments. These include:

- **CalWORKs Single Allocation** – The CalWORKs Single Allocation is the funding that the state provides to counties to administer the CalWORKs program and funds local eligibility activities, employment and supportive services for CalWORKs recipients. The Governor's Budget proposal includes a reversion of \$336 million General Fund from 2022-23, a reversion of \$40.8 million General Fund in 2023-24, and a reduction of \$40.8 million General Fund in 2024-25 and ongoing which was previously approved as part of ongoing augmentation for this program. On April 4, the Legislature and Administration announced a three-party agreement to take early action to reduce the budget deficit. The reversion of \$336 million General Fund from the 2022-23 fiscal year from the CalWORKs Single Allocation that is projected to go unspent was included in the agreement.
- **Family Stabilization** – The Governor's Budget proposal includes a reversion of \$55 million in 2023-24 and a reduction of \$71 million beginning in 2024-25 and ongoing for this program, eliminating the program.
- **Employment Services Intensive Case Management** – The Governor's Budget proposal includes a reduction of \$47 million beginning in 2024-25 and ongoing for this program eliminating the program.
- **Expanded Subsidized Employment** – The Governor's Budget proposal includes a reversion of \$134.1 million in 2023-24 and reduction of \$134.1 million in 2024-25 and ongoing for this program, eliminating this program.

CSAC joins the County Welfare Directors Association (CWDA) in [opposition](#) to cuts and program eliminations of these CalWORKs services.

Foster Care Rate Reform

The Governor's Budget proposal includes \$12 million General Fund in 2024-25 for automation changes related to a reformed foster care payment structure that may be fully implemented as early as 2026-27. This reformed rate for foster care placements will focus on the individual level of strengths and needs of children.

Child Welfare and Foster Care

Child welfare services and foster care provide a range of services for children who are at risk of or have been victims of abuse and neglect. The Governor's Budget proposal includes \$690.3 million General Fund for services to children and families. Total funding for children's programs is more than \$9.4 billion when federal funding and 1991 and 2011 Realignment revenues are included.

Family Urgent Response System (FURS)

The FURS program provides foster youth and their caregivers with the immediate support they need during times of emotional crisis, and links youth and families to needed supports and services to help stabilize the situation. CSAC supported the legislation and funding to establish this program. The Governor's Budget proposal would reduce funding by \$30 million in 2024-25 and ongoing. This proposed reduction would essentially eliminate funding for the program. CSAC joins a broad coalition of organizations in [opposition](#) to elimination of FURS.

In-Home Supportive Services (IHSS)

The In-Home Supportive Services (IHSS) program provides assistance and services to eligible older or disabled individuals to help them remain safely in their homes. For 2024-25, the Governor's Budget proposal includes \$24.3 billion for IHSS, (\$9 billion General Fund). This includes funding for implementation of the back-up provider system and expansion of full-scope Medi-Cal recipients regardless of immigration status. The Governor's Budget proposal estimates that average monthly caseload will be 691,075 recipients in 2024-25.

IHSS Bridge Funding and Updated Budget Methodology

CSAC joins CWDA in [request for a total of \\$51 million](#) General Fund on a one-time basis for county human services agencies for IHSS Administration in the 2024-25 fiscal year, and trailer bill language requiring CDSS to work with CWDA, county human services agencies, and county worker representatives during the 2024-25 fiscal year to update the existing IHSS administration budget methodology to take effect in the 2025-26 fiscal year. The \$51 million GF will "bridge" the time between now and when the state budget methodology can be updated and is the amount that counties overspent their statutorily required share of cost in the 2022-23 fiscal year to keep up with mandated administrative requirements. Providing bridge funding while counties and the Administration work to update the budget methodology aligns with the recent approach used to update county administrative funding for CalFresh and CalWORKs.

Legislative Bills

(Please Note: Bills are actively getting amended, bill language and CSAC positions on bills are subject to change)

Aging:

SB 1249 (Roth) Mello-Granlund Older Californians Act.

This bill follows up on the CA 2030 Steering Committee process, which CSAC participated in, and would move forward on some of the recommendations in the final report. This bill would create an option for counties to elect to change their Area Agency on Aging (AAA) administrative entity to a county-administered structure, as well as move forward on the development of core services, performance measurements, and an engagement strategy for AAA programs and services. CSAC surveyed counties for feedback on this legislation. Counties highlighted how this bill would provide more flexibility on how to administer aging services, can be used as a catalyst for additional funding, and can lead to strengthening services and program advancements. Counties also raised some concerns related to funding levels if there are more public service areas (PSA), needing new funding for increased performance requirements, and getting clarity on the process for changes to AAA administrative entity and PSA boundaries. CSAC has discussed with CWDA, the author's office, California Commission on Aging (sponsor), and CDA, and will continue to engage on this as a high priority bill. SB 1249 passed out of Senate Human Services Committee on April 1 and has been referred to Senate Governmental Organization Committee for consideration.

Behavioral Health:

AB 2651 (Bains) Alcohol drug counselors.

This bill would create, upon appropriation by the Legislature, the Licensed Alcohol Drug Counselor Board within the Department of Consumer Affairs. The bill would require the board to establish regulations and standards for the licensure of alcohol drug counselors, as specified. The bill would authorize the board to collaborate with the Department of Health Care Access and Information regarding behavioral health professions, review sunrise review applications for emerging behavioral health license and certification programs. The bill would specify that it does not require a person employed or volunteering at an outpatient treatment program or residential treatment facility certified or licensed by the Department of Health Care Services to be licensed by the board. The bill would require the board to establish fees for licensure, as specified. This bill is set for hearing in Assembly Business and Professions Committee on April 16.

AB 2670 (Holden) Behavioral Health: involuntary treatment: information on coverage of services.

This bill would require DHCS to prepare a document, and to post it on its internet website, for the purpose of making available resource information for individuals who are released or discharged by a facility after being detained for evaluation and treatment under the Lanterman Petris Short Act. Under the bill, the information would relate to potential methods for covering any applicable costs resulting from evaluation and treatment services in a manner that eliminates or reduces any share of cost for the individual. The bill would require the document to contain certain information, including information on how the individual, if uninsured or underinsured, might be able to have the services be covered by any applicable public or private programs. The bill would require the document to include a blank section that each county would be required to use for adding county-specific resource information, as specified. The bill would require a county to post the completed document on the county's internet website. The bill would require the above-described facilities to provide a copy of that document to a detained individual upon their release or discharge by the facility. This bill is set for hearing in Assembly Health Committee on April 16.

[SB 913 \(Umberg\)](#) Substance use disorder treatment: facilities.

This bill would authorize a city attorney or the district attorney of a county to enforce specified housing contract provisions related to laboratories, certified outpatient treatment programs, or alcoholism or drug abuse recovery or treatment facilities. This bill would additionally authorize a city, or a county if a facility is located within the unincorporated area of the county, with the approval of DHCS, to conduct site visits, and would require DHCS to develop a process that allows a city or county to request approval from DHCS for the city or county to conduct a site visit, or to request that the department conduct a site visit. This bill is set for hearing in Senate Health Committee on April 10.

[SB 1017 \(Eggman\)](#) Available facilities for inpatient and residential mental health or substance use disorder treatment.

This bill would require DHCS, in consultation with the State Department of Public Health and the Department of Social Services (DSS), and by conferring with specified stakeholders, to develop a solution to collect, aggregate, and display information about beds in specified types of facilities, including licensed community care facilities and licensed residential alcoholism or drug abuse recovery or treatment facilities, to identify the availability of inpatient and residential mental health or substance use disorder treatment. The bill would require the solution to be operational by January 1, 2026, or the date DHCS communicates to the Department of Finance in writing that the solution has been implemented to meet these provisions, whichever date is later. This bill is pending hearing in Senate Appropriations.

[SB 1082 \(Eggman\)](#) Augmented residential care facilities.

This bill would require DHCS, jointly with the County Behavioral Health Directors Association of California, to implement a certification program to provide augmented services to adults with serious mental illness in homelike community settings and would require those settings to be licensed by DSS as a type of enhanced behavioral supports home known as an augmented residential care facility (ARCF). The bill would authorize a local mental or behavioral health agency to recommend an applicant for certification to DHCS as part of an approved community placement plan if the applicant meets specified requirements. The bill would authorize DHCS to decertify an ARCF that does not comply with program requirements, and to make recommendations to DSS regarding the facility's license. The bill also would authorize DHCS to initiate proceedings for temporary suspension of the license, as specified. The bill would be implemented only to the extent that funds for its purposes are made available through an appropriation in the annual Budget Act. This bill is set for hearing in Senate Health Committee on April 10.

[SB 1238 \(Eggman\)](#) Lanterman-Petris-Short (LPS) Act: designated facilities.

This bill would authorize counties to designate additional facilities to evaluate and treat individuals under the expanded definition of "gravely disabled" under the LPS Act as enacted under SB 43 (Chapter 637, Statutes of 2023). SB 1238 would authorize counties to designate facilities to include licensed mental health rehabilitation centers, skilled nursing facilities, ASAM Level 3.7-4.0 facilities, and social rehabilitation facilities, as long as those facilities have the appropriate services, personnel, and security to safely treat an individual who is being held involuntarily. In addition, the bill specifies that DHCS shall ensure that designated facilities are reimbursed for evaluation and treatment of stand-alone substance use disorders at reimbursement rates equivalent to those provided for evaluation and treatment of mental health disorders. Finally, it would authorize DHCS to implement and interpret specific provisions of SB 43 through information notices, provider bulletins, or other instructions, without taking any further regulatory action. This bill is set for hearing in Senate Health Committee on April 10.

[SB 1397 \(Eggman\)](#) Behavioral health services coverage - SUPPORT

This bill establishes a mechanism for county behavioral health agencies to recoup reimbursement from commercial plans for privately insured clients referred to services through Full Service Partnerships (FSPs).

Although the primary focus of county behavioral health agencies is to serve Medi-Cal beneficiaries, they often serve the commercially insured who are unable to access certain specialty behavioral services through their commercial insurance, including crisis intervention services, first episode psychosis, FSPs, or other critical behavioral health services. Although counties fund services to individuals with commercial plans to the extent resources are available, they must prioritize their Medi-Cal plan responsibilities. SB 1397 will create a reimbursement mechanism for county behavioral health agencies to recover the costs of providing lifesaving behavioral health services to commercially insured clients through FSPs. This bill will be heard in the Senate Health Committee on April 10. CSAC joins UCC and RCRC [in support](#) of SB 1397.

CalFresh:

[SB 1254 \(Becker\)](#) CalFresh: enrollment of incarcerated individuals.

This bill would require the California Department of Social Services (CDSS) to partner with the California Department of Corrections and Rehabilitation (CDCR) and county jails to pre-enroll otherwise eligible applicants for CalFresh who are ineligible due to their incarceration status. The bill also requires county eligibility workers to regularly access state and county jails to assist incarcerated individuals within 90 days of release with completing applications for CalFresh benefits. The measure would also require CDSS to create a workgroup to create recommendations for a state reentry process and to consider how to increase CalFresh enrollment to ensure applicants' benefits begin before reentry. The measure requires, by January 1, 2026, CDSS to partner with DHCS to create and test a Medi-Cal and CalFresh combined application for incarcerated individuals who will soon be exiting incarceration.

Early Childhood and Childcare:

[AB 2774 \(Grayson\)](#) Childcare for Working Families Act.

This bill would establish the Childcare for Working Families Task Force, convened within the Governor's Office of Business and Economic Development (GO-Biz), for the purpose of recommending future comprehensive strategies aimed at addressing challenges faced by working families in accessing childcare options. The Task Force shall be made up of various stakeholders from state agencies, community organizations, labor and business groups, and researchers with subject matter and economic development expertise. CSAC is working with the author's office to amend the bill to include a county representative on the Task Force. The bill will be heard in Assembly Human Services Committee on April 9 and then referred to the Assembly Jobs, Economic Development, and the Economy Committee for consideration.

[AB 2982 \(Reyes\)](#) Prenatal-to-3 working group.

This bill, which is sponsored by the First 5 Association of California, would require the California Health and Human Services Agency to establish, by March 1, 2025, a workgroup to recreate recommendations for a statewide comprehensive, equity-focused prenatal-to-3 system agenda. The workgroup would be composed of 12 members, including members from First 5 county commissions. The workgroup shall submit its recommendations to the administration and Legislature by January 31, 2026, as well as provide updates to the Early Childhood Policy Council to keep the council informed. The bill will be heard in Assembly Human Services Committee on April 9.

[SB 1396 \(Alvarado-Gil\)](#) CalWORKS: Home Visiting Program.

This bill, which is sponsored by the County Welfare Directors Association (CWDA), would extend the age eligibility for the CalWORKS Home Visiting Program. Currently, children can receive services until they are two years of age. This bill would extend eligibility to receive 24 months of services until the child's 5th birthday. This bill also expands eligibility of program participants to parents with a child less than 36

months of age at time of enrollment, as opposed to the current limit of 24 months of age. SB 1396 will be heard in Senate Human Services Committee on April 15.

Emergency Medical Services:

[AB 2348 \(Rodriguez\)](#) Emergency Medical Services.

This bill requires the Emergency Medical Services Authority to develop planning and implementation guidelines for response times and exemptions and a statewide standard methodology for calculation and reporting by a LEMSA of response times for emergency ambulance service providers operating in exclusive operating areas. The bill would require a LEMSA to report emergency ambulance services provider response times to the authority in a data dispatch form, as specified, and post emergency ambulance services provider response times monthly on the LEMSA's internet website in specified formats. This bill is set for hearing in Assembly Emergency Management Committee on April 8.

[AB 2700 \(Gabriel\)](#) Emergency Medical Services: alternate destinations.

This bill, which is sponsored by the Steinberg Institute, would require the state to survey and analyze the facilities in each county that can serve as an alternate destination facility and would require a local emergency medical services agency (LEMSA) to develop an alternate destination facility plan with protocols for transporting an individual to an alternate destination facility instead of an emergency department. Existing law, as enacted by AB 1544 (Chapter 138, Statutes of 2020), requires a local EMS agency that elects to develop a community paramedicine program to coordinate, review and approve any agreements necessary for the provisions of those specialties consistent with specified requirements. It is unclear at this time how AB 2700 is intended to interact with existing law on alternative destination, whether alternative destination would still fall under the Community Paramedicine Act or whether it would require rethinking how EMS is currently being delivered. CSAC and county partners have reached out to the sponsor and author's office to discuss the provisions of this bill. This bill is set for hearing in Assembly Health Committee on April 9.

[AB 2973 \(Hart\)](#) Emergency services.

This bill authorizes a county board of supervisors to provide or support the provision of EMS to persons located within the county, as specified. The bill would require the county board of supervisors to review and approve a single-county local EMS agency's plans for the EMS system prior to the submission of the plans to the authority, and would require a multi-county local EMS agency's plans to be approved as provided for in the contract between the counties and the agency, as provided for in the joint powers agreement that created the agency, or by the board of supervisors in each of the counties served by the agency prior to the submission of the plans to the authority. This bill would require the county and the EMS agency to meet certain requirements. Given there are a range of local EMS agency arrangements in the state with several large multi-county JPAs, there are concerns that a bill proposing to address a controversy stemming from one county may not meet the needs of all counties. CSAC and county partners are in discussions with numerous counties, county counsel, the Emergency Medical Services Administrator's Association, and the author's office on the provisions of this bill. AB 2973 is set for hearing in Assembly Emergency Management Committee on April 8, and will subsequently be referred to Assembly Health Committee for consideration.

Health Care Coverage:

[AB 2200 \(Kalra\)](#) Guaranteed Health Care for All.

This bill creates the Guaranteed Health Care for All Program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for all residents of the

state. The bill, among other things, would provide that CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of other existing federal and state provisions, as specified. This bill, which is sponsored by CNA, is an amended version of AB 1400 (Kalra, 2022), which did not receive a vote on the Assembly Floor. The LAO completed an analysis of AB 1400, which indicated an estimated cost between \$494 billion and \$552 billion. Of note, Assembly Speaker Rivas has been reported as stating, “The concept of single-payer and expanding access and affordability are good ideas. I say this with great respect to stakeholders and advocates: We need to see how this is funded. It’s a good idea but it’s a tough, tough sell, especially in a budget climate that we are experiencing now.” AB 2200 has been set for hearing in Assembly Health Committee on April 23.

Homelessness:

AB 1948 (Rendon) Homeless multidisciplinary personnel teams – SUPPORT

This measure, which is sponsored by the County of Los Angeles, deletes the January 1, 2025 sunset date on current statute that gives seven counties the authority to exchange personal information of individuals at risk of experiencing homelessness for the purposes of service delivery and prevention, and expands that authority to the County of San Mateo. Prior to the passage of Assembly Bill 728 (Chapter 337, Statutes of 2019), counties only had statutory authority to share data within multidisciplinary personnel teams (MDT) for individuals who are homeless. AB 728 expanded MDT authority to include sharing of information for individuals at risk of homelessness while maintaining strong privacy protections, allowing coordination among personnel in county agencies to keep individuals safely housed. AB 728 included a sunset date of January 1, 2025, meaning counties currently operating these MDTs will soon lose a critical tool utilized for early intervention and homelessness prevention. AB 1948 passed out of Assembly Human Services Committee on April 3 and the Assembly Floor on April 8, and will now head to the Senate for consideration. CSAC has a [support position](#) on AB 1948.

AB 2835 (Gabriel) Motels and hotels: publicly funded shelter programs.

This bill removes the sunset date of January 1, 2025 on existing law that provides that a shelter program participant that occupies a motel or hotel for longer than 30 days shall not be considered a tenant if the program is a local, state, or federally funded shelter, interim housing, motel voucher, or emergency shelter program. The law was established to provide clarity and guidance to motel and hotel providers who offer shelter for homelessness programs regarding tenancy and termination of occupants. In addition, the law was created to prevent the need for program participants to be moved or exited from the program every 30 days. The bill is set to be heard in the Assembly Housing and Community Development Committee on April 17.

SB 1107 (Durazo) Public social services: county departments: mail programs.

This bill requires county human services agencies that administer public benefits to develop and implement a program for homeless residents to receive and pick up all government related mail at county office locations. Currently, the bill defines “government-related mail” as any mail sent by a city, county, the state, a tribal government, the federal government, or an entities contracted to provide services on behalf of government agencies. The author has agreed to amend the bill to limit mail to certain government programs. The bill was approved by Senate Human Services Committee on April 1 and has been referred to Seante Governmental Organization Committee for consideration.

SB 1361 (Blakespear) California Environmental Quality Act: local agencies: contract for providing services for people experiencing homelessness.

This bill would create a California Environmental Quality Act (CEQA) exemption for actions taken by a local agency to approve a contract for providing services for people experiencing homelessness. Under current

law, actions taken by a local agency to site and permit low barrier navigation centers, which provide temporary shelter and social services to those experiencing homelessness, are not subject to CEQA. However, the action of executing contracts for services with private and nonprofit organizations at these navigation centers are not explicitly exempt from CEQA. This bill was approved by the Senate Environmental Quality Committee on April 3 and will next go to Senate Housing Committee for consideration.

In-Home Supportive Services (IHSS):

[AB 2704 \(Zbur\)](#) In-home supportive services: criminal background checks.

One step of the process for becoming an IHSS provider is to get a criminal background check. Currently, the prospective IHSS provider is responsible for those costs. The introduced version of this language would require those background check costs to instead be covered by counties. CSAC worked with CWDA and CAPA to engage with UDW, the sponsor of the bill. We raised concerns about the increased costs this bill would have for counties especially in light of counties needing additional funding for IHSS administrative costs as detailed in the CWDA/CSAC IHSS Admin budget request. Responding to county concerns and alternate suggested approaches, the bill was amended to prohibit the Department of Justice from assessing a fee to counties to cover the cost of the background checks. This bill has been referred to Assembly Human Services Committee.

[AB 2819 \(Bains\)](#) In-home supportive services: collective bargaining penalty.

The introduced version of this bill is a spot bill related to the IHSS collective bargaining Realignment withholding. The withholding is applied when a series of four conditions are met in the IHSS collective bargaining process – (1) expired MOU; (2) county and union have gone through factfinding; (3) fact finding report is more favorable to union; and (4) there is no agreement 90 days after fact finding report. The current penalty amount is 10 percent of a county's MOE every year until an agreement has been reached and that amount is redistributed within Realignment as one-time general growth. CSAC, CWDA, and CAPA have engaged on this bill. It is our understanding that this bill will be amended to have the penalty amount instead be paid as a stipend to the IHSS providers in the county that was subject to the withholding. CSAC will analyze the language once available and continue to work with county partners on next steps.

[SB 1245 \(Ochoa Bogh\)](#) In-home supportive services: licensed health care professional certification – SUPPORT

This bill, which is sponsored by CWDA, streamlines the process for IHSS clients to receive paramedical services expanding the types of health care providers authorized to sign paramedical forms. Currently, CDSS allows any licensed healthcare professional to sign off on the initial form required for a client to obtain IHSS. However, CDSS only allows physicians, surgeons, podiatrists, and dentists to sign the additional form required to authorize paramedical services, resulting in delays for clients to obtain paramedical services from their IHSS provider. SB 1245 reduces unnecessary administrative burdens that currently delay access to services for IHSS recipients in need of paramedical services. SB 1245 was approved by Senate Human Services Committee on April 1 and will be heard in Senate Appropriations Committee on April 15. CSAC has a [support position](#) for SB 1245.

Public Health:

[AB 3073 \(Haney\)](#) Wastewater Testing: Illicit Substances – SUPPORT

This bill would allow counties to voluntarily participate in a pilot program to test for illicit substances in wastewater. Many local health departments (LHDs) currently participate in the California Wastewater Surveillance Network, which tests wastewater for infectious diseases such as SARS-CoV-2, influenza, and

Mpox. Additionally, three California counties are participating in a pilot program, funded by the National Institute on Drug Abuse, that tests sewage samples for opioids and other drugs to inform overdose prevention efforts. However, this program is set to expire in August of this year. AB 3073 will provide local health departments with an additional tool to understand illicit substance use within their communities and develop successful prevention and harm reduction strategies. CSAC has a support position on [AB 3073](#), which will be heard in Assembly Environmental Safety and Toxic Materials Committee on April 9.

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