

CHEAC State Budget Impacts Chart – Final 2016-17 State Budget

PROGRAM AREA	GOVERNOR'S/ DEPARTMENT PROPOSALS	STAKEHOLDER PROPOSALS	LEGISLATIVE ACTIONS	GOVERNOR'S FINAL ACTION
<p>AB 85 Implementation</p>	<p><u>AB 85 Redirection</u> Projects the diversion of 1991 Realignment Health Account funding from counties to the state under AB 85 in both the current and budget years.</p> <p>FY 2016-17 marks the first year of the true up (reconciliation) for counties that opted to use the formula calculations.</p> <p>January Budget: Projected county diversions in the amount of \$741.9 million in FY 2015-16 and \$564.5 million in FY 2016-17. Proposed to reimburse counties \$151.7 M for FY 13-14 true up.</p> <p>The May Revision: Projected county diversions in the amount of \$643.5 million in FY 2016-17 and \$749.9 million in FY 2015-16. The budget package also allows for a lump sum repayment to counties based the FY 2013-14 true-up process.</p>		<p>Assembly Actions - 5/24/16: Approved</p> <p>Senate Actions - 5/18/16: Approved</p> <p>Conference Committee – 6/9/16: Adopted a one-time \$57.6 M General Fund decrease in savings to the state to reflect revised AB 85 calculations. Diversions for FY 2016-17 are now projected to be \$585.9 M.</p>	<p>Approved the Conference Committee's actions.</p> <p>Includes a repayment of \$177.4 M back to counties for the FY 2013-14 final calculation.</p> <p>Diverts \$749.9 M in FY 2015-16 and \$585.9 M in FY 2016-17.</p>
<p>CCS</p>	<p><u>CCS Redesign</u></p> <ul style="list-style-type: none"> ➤ DHCS' trailer bill to redesign the CCS program that would shift responsibilities for 		<p>Assembly Actions – 3/14/16: Rejected trailer bill.</p> <p>Senate Actions – 5/5/16:</p>	

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	<p>service authorization and care coordination to counties with County Organized Health Systems (COHS).</p> <p>➤ The proposal is cost neutral.</p>		Rejected trailer bill	
Medi-Cal	<p><u>Medi-Cal Caseload</u> January Budget: 13.5 million in FY 2016-17, approximately 1.5% from FY 2015-16. \$85.1 billion (\$19.1 billion GF)</p> <p>May Revision: 14.1 million in FY 2016-17, a 4.8% increase from January. \$90.2B (\$17.7 B GF).</p> <p>While all of the optional expansion costs are currently covered with federal funds, starting in January 2017, the state assumes a 5% share for the optional expansion population. For FY 2016-17, that will be \$740.2 M GF.</p>		<p>Assembly Actions – 5/24/16: Approved</p> <p>Senate Actions – 5/18/16: Approved</p>	Includes \$16.2B (\$819.5M GF) in FY 2016-17 to account for the state's 5-percent share of cost for the optional expansion population.
Medi-Cal	<p><u>Extension of full-scope coverage for undocumented children</u> As part of last year's budget negotiations, full-scope Medi-Cal will be extended to undocumented children under 19 years of age, starting May 2016.</p> <p>January Budget: Caseload is estimated to be around 170,000 children. \$182 million (\$145</p>		<p>Assembly Actions – 5/24/16: Approved</p> <p>Senate Actions – 5/18/16: Approved</p>	Includes the May Revision estimates.

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	<p>million GF)</p> <p>May Revision: Revises the caseload to 185,000 children. Full-scope benefits started on May 16, 2016 and eligibility was retroacted to May 1, 2016.</p> <p>\$243.8 million (\$188.2 million GF)</p>			
Medi-Cal	<p><u>Managed Care Organization (MCO) Tax</u> Proposes to restructure the MCO tax. Assumes revenues will restore the 7 percent reduction to IHSS services (\$236 m annually).</p> <p>May Revision: Reduces GF revenue by \$300M for offsets to health plans included in the MCO tax.</p> <p>Assumes a reduction in GF spending of roughly \$1.1 billion in 2016-17 and \$1.7B in 2017-18.</p>		<p><i>Approved by both houses and signed by the Governor during special session.</i></p>	<p>The federal government approved California's MCO tax structure.</p> <p>Final budget includes May revision estimates.</p>
Medi-Cal		<p><u>Expand Medi-Cal to Cover Remaining Uninsured Regardless of Immigration Status</u> Various stakeholders proposal to expand Medi-Cal to undocumented adults. Cost: unknown, likely hundreds of millions.</p>	<p>Assembly Actions: Proposal was not heard</p> <p>Senate Actions: Held Open</p> <p>Proposal not in budget.</p>	
Medi-Cal	<u>Medi-Cal 2020</u>		Assembly Actions – 5/24/16:	Includes 2.2B in federal funds for

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	<p>California's 1115 Waiver Renewal will support several health reforms in the state's Medi-Cal Program and health care coverage. The \$6.2 billion waiver, over five years, will include the following:</p> <ul style="list-style-type: none"> • Public Hospital Redesign and Incentives in Medi-Cal (PRIME); • Global Payment Program (GPP) Pilot; • Whole Person Care (WPC) Pilot Program; and • The Dental Transformation Incentive Program (DTI). • In addition to these programs, Medi-Cal 2020 continues authorities for the Medi-Cal managed care program, Community-Based Adult services, the Coordinated Care Initiative, and the Drug Medi-Cal Organized Delivery Systems. <p>➤ January Proposal: Combination of two-year and five-year limited-term resources of \$10.8 million (\$5.4 million GF) for 5 years to implement the new Waiver.</p> <p>➤ May Revision: Includes \$2.2 billion in federal funds to</p>		<p>Approved January Proposal</p> <p>Senate Actions – 5/5/16: Approved January Proposal</p>	<p>FY 2016-17.</p>

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	implement the new federal 1115 waiver (Medi-Cal 2020).			
Medi-Cal	<u>Medicaid Managed Care Regulations</u> May Revision: Includes \$5M GF and 38 positions to implement federal regulations		Assembly Actions – 5/24/16: Approved Senate Actions – 5/18/16: Approved	The federal government published final regulations related to Medicaid managed care programs in May 2016 and fee-for-service access standards and monitoring in November 2015. The final budget reflects the May Revision amounts and positions.
Medi-Cal		Legislative Proposal: Medi-Cal Estate Recovery \$26 million GF Multiple stakeholders' proposal, including the Western Center on Law and Poverty, Health Access, CPEN, and Consumers Union, to: <ul style="list-style-type: none"> • Limit Medi-Cal estate recovery for those ages 55 and over to only the health care services, mostly related to nursing home care, required to be recovered under federal law. • Eliminate recovery against the estate of a surviving spouse of a deceased Medi-Cal beneficiary. • Allow hardship exemption from estate recovery for a home of modest value. Existing policy deters enrollment and penalizes low-income	Assembly Actions – 5/24/16: Approved Senate Actions – 5/18/16: Approved	Includes \$5.7 million GF in 2016-17 and \$28.9m GF ongoing.

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		homeowners. This will encourage individuals over the age of 55 to participate in Medi-Cal.		
Medi-Cal		<p><u>Restoration of Medi-Cal Optional Benefits</u> Proposal to restore optional benefits that were eliminated in 2009 from the Medi-Cal program. They include:</p> <ul style="list-style-type: none"> • acupuncture (\$2.1 million); • audiology (\$2.4 million); • chiropractic (\$3 million); • incontinence cream and washes (\$5.6 million); • optician/optical lab (\$5.9 million); • podiatry (\$13.5 million); • speech therapy (\$160,000); and • adult dental-full restoration (\$98 million) 	<p>Assembly Actions – 5/24/16: Approved \$3.7 million GF for 2016-17; \$4.4 million GF on-going to restore the acupuncture optional benefit in the Medi-Cal program.</p> <p>Senate Actions – 5/12/16: Held Open</p> <p>Conference Committee Actions – 6/9/16: Approved Assembly's Actions.</p>	Includes augmentations adopted in Conference Committee.
Medi-Cal		<p><u>Funding for Medi-Cal Interpreters</u> The CA Latino Legislative Caucus and the American Federation of State, County and Municipal Employees AFL-CIO (AFSCME) proposal of \$15 million GF for interpreters in the Medi-Cal program.</p>	<p>Assembly Actions – 5/24/16: Approved</p> <p>Senate Actions – 5/18/16: Approved</p> <p>Conference Committee Actions – 6/9/16: Compromise of 3 million GF one-time funds to establish a multi-county pilot project, including an evaluation, and contingent upon enactment of</p>	Includes Conference Compromise of \$3M GF.

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			legislation authorizing the project.	
Medi-Cal		<p><u>Hospital Quality Assurance Fee (OAF) Sunset Extension</u></p> <ul style="list-style-type: none"> California Hospital Association proposal extends existing hospital qualify assurance fee (QAF) to 1/1/18. The state imposes QAF on private hospitals in California that is used to draw down federal funding for Medi-Cal. Existing QAF provides \$800 million GF savings. January budget proposal assumes the QAF sunsets and only includes about \$150 million in GF savings. 	<p>Assembly Actions – 5/24/16: Approved</p> <p>Senate Actions – 5/18/16: Approved</p>	
Medi-Cal	<p><u>Health Homes Program Activities</u> DHCS to implement AB 361 that creates the Health Homes Program that provides enhanced care coordination in order to improve health outcomes for Medi-Cal beneficiaries with chronic conditions.</p> <ul style="list-style-type: none"> January Proposal: 3-year limited-term expenditure authority of \$1,013,000 (\$516,000 federal funds, \$515,000 Special Deposit Fund), in support of the HHP, beginning 7/1/16. Included in the request is 3-year, limited- 		<p>Assembly Actions – 5/24/16: Approved</p> <p>Senate Actions – 5/5/16: Approved</p>	

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	term contract funding for a total of \$775,000.			
Public Health	<p><u>Medical Marijuana Regulation Implementation</u></p> <ul style="list-style-type: none"> • 37 positions and \$12 million in funding from the Medical Marijuana Regulations and Safety Ac Fund to be phased in starting in FY 2015-16 to 2018-19 to begin the implementation of the mandated provisions specified medical marijuana legislation. • DPH is task to adopt and enforce regulations for the licensing structure for cannabis manufacturers and the licensing and registration of testing laboratories. • CDPH is also required to develop standards for the production and labeling of all edible medical cannabis products and to work with the CA Dept. of Food and Agriculture on the development of a database that will be used to store and share relevant information on licensees and the tracking and tracing of regulated commodities. 		<p>Assembly Actions – 5/24/16: Approved and adopted trailer bill to establish a public health surveillance system related to medical marijuana.</p> <p>Senate Actions – 5/5/16: Approved January Proposal. 5/18/16: Approved May Revision trailer bill language.</p> <p>Conference Committee Actions – 6/9/16: Denied the Assembly trailer bill language to establish a public health surveillance system related to medical marijuana.</p>	Includes \$3.4M and 14 positions in FY 2016-17 for implementation.

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	<ul style="list-style-type: none"> • January Proposal: 6 positions and \$457,000 in FY 2015-16 and 8 additional positions and \$3.438 million in 2016-17; 2 additional positions and \$2.52 million in 2017-18; and the final 21 positions and \$5.658 million in 2018-19 • May Revision: Proposes TBL changes to the Medical Marijuana Regulation and Safety Act. The changes impacting CDPH include: <ul style="list-style-type: none"> ➤ Requires CDPH to establish minimum security requirements for the storage of medical cannabis products at the manufacturing site. ➤ Shifts the authority to license laboratories from CDPH to the Bureau of Medical Cannabis Regulation. (Licensing development will still be at CDPH) ➤ Provide CDPH with cite and fine authority. ➤ Gives CDPH the authority to conduct mandatory recalls when a medical cannabis product creates or poses 			

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	<p>an immediate or serious threat to human life.</p> <ul style="list-style-type: none"> ➤ Allows CDPH to embargo manufactured medical cannabis product that violates the law to prevent its distribution and sale to protect the public health and safety. 			
Public Health	<p><u>Marijuana Study</u> May Revision: CDPH proposal for \$500,000 GF to support the CDC's Institute of Medicine study to analyze the health risks associated with the use of marijuana, which would provide information that can guide the state's regulatory process to ensure patient safety. Study to be completed by early 2017.</p>		<p>Assembly Actions – 5/24/16: Approved</p> <p>Senate Actions – 5/18/16: Approved</p>	<p>Also includes \$500,000 GF for a study on the health risks associated with marijuana use.</p>
Public Health	<p><u>CDPH Timely Infectious Disease Outbreak Detection & Disease Prevention</u> January Proposal: To enhance state laboratory capacity to address communicable diseases through increased disease surveillance and testing. Includes 14 permanent positions that will be phased in. \$1.6 million GF for FY 2016-17 and \$2.1 million in GF for FY 2017-18 and FY 2018-19.</p>		<p>Assembly Actions – 5/24/16: Approved</p> <p>Senate Actions – 5/5/16: Approved</p>	
Public Health	<p><u>Proposition 99 Adjustments</u></p>		<p>Assembly Actions – 5/24/16:</p>	

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	<p>An increase in Proposition 99 funding activities in education, media campaign, surveys, investigations and research.</p> <p>January Proposal:</p> <ul style="list-style-type: none"> • Health Education Account: An increase of \$4.194 million to be used for statewide and community education and media efforts aimed at preventing and reducing tobacco use and to conduct surveillance and evaluation that assess the impact of the CA Tobacco Control Program. (\$200,000 for state operations; \$1.916 million for media campaigns, \$250,000 for competitive grants \$410,000 for evaluation of, and an increase for local lead agencies of \$1.418 million) Who are the local lead agencies? • Research Account: \$970,000 for state operations to continue improving cancer data production and quality assurance, and conducting community-based research activities related to exposure and health effects from e-cigarettes. (\$873,000 increase to Chronic Disease 		<p>Approved</p> <p>Senate Actions – 5/18/16: Approved</p>	

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	<p>Surveillance and Research Branch; \$97,000 increase to the Environmental Health Investigations Branch)</p> <ul style="list-style-type: none"> Unallocated Account: \$822,000 for state operations in the Environmental Health Investigations Branch for advancing current plans for health equity and environmental justice projects and conducting asthma research and education. <p>May Revision: All accounts reflect an additional increase of Proposition 99 overall projections. (\$2.1 million increase in the Health Education Account; \$226,000 increase in the Research Account and \$119,000 increase in the Allocated Account)</p>			
Public Health	<p><u>Childhood Lead Poisoning Prevention Program</u> To conform to CDC definition of a lead poisoning case, this would lower the current threshold of the blood lead levels defining a "case." This would result in an increase caseload.</p> <ul style="list-style-type: none"> January Proposal: Increase \$8.2 million annually for four years from the Childhood Lead 		<p>Assembly Actions – 5/24/16: Approved</p> <p>Senate Actions – 5/18/16: Approved</p>	

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	<p>Poisoning Prevention Special Fund and to establish 7 positions to extend services to children who have been exposed to lead as now defined by a lower blood lead level by CDC. (\$1.4 million in state operations and \$6.8 million in local assistance – 43 local CLPP provide direct services; the state provides direct services for 18 counties)</p> <ul style="list-style-type: none"> • May Revision: Amends January proposal to add Geographical Information System (GIS) functionality to the Response and Surveillance System for Childhood Lead Exposure. \$180,000 augmentation in 2016-17 and \$320,000 in 2017-18 to add GIS. 			
Public Health		<p><u>Adolescent Family Life Program (AFLP)</u> Various stakeholders, including California Legislative Black Caucus, the March of Dimes, and the California WIC Association's proposal to restore AFLP that provides case management services to expectant and parenting teens and their children. \$6 million GF.</p>	<p>Assembly Actions – 5/24/16: Approved</p> <p>Senate Actions – 5/12/16: Held Open</p> <p>Conference Committee Actions – 6/9/16: Denied proposal.</p> <p>Proposal not in budget.</p>	
Public Health		<p><u>Sexually Transmitted Disease (STD) Prevention</u></p>	<p>Assembly Actions – 5/24/16: Approved \$5 million GF one-time</p>	Includes Conference Compromise.

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		<p>The AIDS Healthcare Foundation proposal for \$10 million augmentation for the Sexually Transmitted Disease (STD) Control Branch at CDPH for STD prevention.</p>	<p>funding.</p> <p>Senate Actions – 5/12/16: Held Open</p> <p>Conference Committee Actions – 6/9/16: Approved Assembly's version.</p>	
Public Health	<p><u>HIV Pre-Exposure Prophylaxis (PrEP)</u></p> <ul style="list-style-type: none"> • CDPH was awarded on 9/3/15 a three-year CDC grant to provide HIV prevention services in California. • CDPH's Office of AIDs (OA) will use both the new CDC grant funding and the ongoing \$2 million GF for PrEP Navigator Services (last year's budget allocation, which includes a competitive funding for counties that met specified eligibility criteria) to increase knowledge, awareness and uptake of PrEP. • OA uses CDC funding to provide HIV prevention funding to the 18 local health jurisdictions that represent 93% of the HIV prevalence in the California Project Area. Certain counties, like Los Angeles and San Francisco receive direct CDC funding for 		<p>Assembly Actions – 5/24/16: Approved</p> <p>Senate Actions – 5/5/16: Approved</p>	

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	<p>HIV prevention.</p> <p>January Proposal: \$2.6 million federal funds (\$1.4 million local assistance, \$1.3 million state operations) in 2015-16. \$3.5 million federal funds (\$1.8 million in local assistance and \$1.7 state operations) in 2016-17, and 5 permanent positions to implement a three year CDC grant.</p>			
Public Health	<p><u>Special Session Tobacco-related Legislation Implementation</u></p> <p>Funding for ongoing enforcement activities and outreach and media campaigns for SB 5 X2 (Leno), SB 7 X2 (Hernandez) and AB 7 X2 (Stone). \$1 million GF in 2016/17 and \$1.95 million GF in 2017/18 for ongoing enforcement activities. \$1.36 million (Proposition 99) in 2016-17 for outreach and media campaigns.</p>		<p>Assembly Actions – Proposal was not heard</p> <p>Senate Actions – 5/19/16: Approved</p> <p>Conference Committee Actions – 6/9/16: Approved \$1 million GF and \$1.3 Proposition 99 to begin implementation of this legislation in 2016.</p>	Includes \$2 million ongoing for enforcement.
Public Health		<p><u>Public Health Nurses (PHN) for Monitoring of Psychotropic Medication</u></p> <p>Coalition proposal, including National Center for Youth Law and CHEAC for \$1.7 million GF ongoing for additional staffing of public health nurses (PHNs) related to the oversight and monitoring of psychotropic</p>	<p>Assembly Actions – 4/6/16: Held Open</p> <p>Senate Actions – 5/19/16: Approved</p> <p>Conference Committee Actions – 6/9/16: Approved Senate's version.</p>	Includes Conference Compromise.

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		medications for children in foster care. \$1.7 million GF with an enhanced federal match of \$4.95 million	Proposal included in the budget.	
Public Health		<u>Community Health Improvement and Innovation Fund</u> HOAC proposal to fund chronic disease prevention activities at the state, local and regional levels. Related legislation: AB 2424 (Gomez).\$380 million GF (\$10 per capita)	Assembly Actions – 4/11/16: Held Open Senate Actions – 5/12/16: Held Open Proposal not in budget.	
Public Health		<u>Lab Aspire Program</u> HOAC proposal to restore of the Lab Aspire Program. \$1.2 million GF	Assembly Actions – 4/18/16: Held Open Senate Actions – 5/12/16: Held Open Proposal not in budget.	
Public Health		<u>TB Control Augmentation</u> HOAC proposal to provide an augmentation for local TB control prevention activities. \$10 million GF	Assembly Actions – 4/18/16: Held Open Senate Actions – 5/12/16: Held Open Proposal not in budget.	
		<u>Drug Overdose Prevention (Naloxone)</u> Drug Policy Alliance proposal of \$3 million GF for a competitive grant program under CDPH for local agencies or community-based organizations to support or established programs that	Assembly Actions – 5/24/16: Approved Senate Actions – 5/18/16: Approved Conference Committee Actions – 6/9/16: Compromise \$3 million	Includes Conference Compromise.

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		provide Naloxone, which helps reduce the rate of fatal drug overdose caused by prescription analgesics and other drugs. DPA estimates this investment would save 1,200 lives. Furthermore, hospitalization rates for treatment of effects of non-fatal but debilitating overdoses would be reduced.	GF one-time to CDPH.	
Public Health		<u>Restoration of the Children's Dental Disease Prevention Program (CCDDPP)</u> Children Now proposal for \$3.2 million GF to restore the CCDDPP. From 1980-2009, DDPP provided school-based oral health prevention services to approx. 300,000 low-income school children in 32 counties. Participating sites provided fluoride, supplementation, dental sealants, plaque control, and oral health education.	Assembly Actions – 5/24/16: Approved Senate Actions – 5/18/16: Approved Conference Committee Actions – 6/9/16: Approved	Includes 3.2M GF to restore CCDDPP.
Public Health		<u>Early Detection and Diagnosis of Alzheimer Disease</u> Stakeholders' proposal, including Alzheimer's Association, of \$2.5 million GF one time funds for the California Alzheimer Disease Centers for early detection and diagnosis of Alzheimer's under CDPH. Funds would be used to determine the standard of care in early and accurate diagnosis,	Assembly Actions – 4/11/16: Held Open Senate Actions – 5/18/16: Approved Conference Committee Actions – 6/9/16: Approved. Proposal included in budget.	Includes Conference Compromise.

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		provide professional outreach and education, and evaluate the educational effectiveness of these efforts.		
Public Health		<p><u>Hepatitis Initiatives</u> Stakeholders proposal, including CalHEP and Project Inform, to request a total of \$1.4 million GF to:</p> <ol style="list-style-type: none"> 1. \$100,000 for CDPH to purchase and distribute hepatitis B (HBV) vaccine to LHJs to vaccinate high risk adults; 2. \$600,000 for CDPH to purchase hepatitis C (HCV) rapid test kits to distribute to community-based testing programs; 3. \$500,000 to CDPH to certify non-medical personnel to perform rapid HCV and HIV testing in community based settings; 1. 4. \$200,000 to CDPH Office of AIDS for technical assistance to local governments and to increase the number of syringe exchange and disposal programs throughout California and the number of jurisdictions in which syringe exchange and disposal programs are authorized. 	<p>Assembly Actions – 4/18/16: Held Open</p> <p>Senate Actions – 5/18/16: Approved</p> <p>Conference Committee Actions – 6/9/16: Approved \$1.4 million GF one time funds.</p>	Includes Conference Compromise
		<u>Virtual Dental Homes</u>	Assembly Actions – 5/24/16:	

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		<p>Various stakeholders, including the Children's Partnership and First 5 Association of California, requested \$4 million GF (one-time) to provide dental care to low-income people through dental hygienists and assistants in community settings such as schools, day care and nursing homes within underserved access areas.</p>	<p>Approved</p> <p>Senate Actions – 5/12/16: Held Open</p> <p>Conference Committee Actions – 6/9/16: Denied proposal.</p> <p>Proposal not in budget.</p>	
Public Health	<p><u>Violent Death Surveillance System</u> CDPH requested \$1 million GF to resume participation in the National Violent Death Reporting System (NVDRS). CDPH is also in the process of applying for a new CDC grant in order to resume participation in NVDRS. CDC grant would provide 1/3 to 1/2 of the costs of a fully-developed statewide active surveillance system. If successful, it would begin in September 2016.</p>		<p>Assembly Actions – 5/24/16: Approved</p> <p>Senate Actions – Proposal was not heard</p> <p>Conference Committee Actions – 6/9/16: Denied proposal.</p> <p>Proposal not in budget.</p>	
Housing	<p>May Revision: The Governor endorsed one concept from Senate's 'No Place Like Home Initiative' that would repurpose Mental Health Services Act funding to fund a \$2 billion bond to construct permanent supportive housing for chronically homeless persons with mental illness. The May</p>	<p><u>Senate's "No Place Like Home" Initiative</u> Diverts \$2 billion Prop 63 funds to finance revenue bonds to build permanent housing for homeless people with mental illness. Includes three pots of funding in four rounds:</p> <ul style="list-style-type: none"> • Competitive: \$1.8 billion in loan 	<p>Assembly Actions – 5/24/16: Adopted placeholder trailer bill language to continue discussion on the proposal an adopted May Revision bond resources.</p> <p>Senate Actions – 5/24/16: Approved</p> <p>Conference Committee Actions –</p>	<p>Includes the Senate's proposal contingent on the enactment of the TBL, which is being heard this week.</p>

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	Revision proposed first-year funding of \$267 million from the bond proceeds.	<p>funds to counties grouped into tiers.</p> <ul style="list-style-type: none"> • Noncompetitive: \$200 million in “over the counter” funding for counties to start development process and capitalize operating reserves. Counties eligible for funding based on their homeless count. • Alternative Process: Allows 4 counties with largest homeless count (LA, SF, Santa Clara, and San Diego) to access funding more quickly. • Includes \$2 million for Technical Assistance to counties based on size • Uses up to 5% for state administrative costs; 4% of competitive pot is set aside for a default reserve in case a local project goes south. 	6/9/16: Approved the Senate’s version with \$45 million GF one-time funding.	
Housing		<p><u>Democratic Assembly Caucus Affordable Housing Proposal</u></p> <p>One-time budget investment would target five priority areas to meet the range of housing needs for working, lower-income families and Californians who are homeless or at risk of becoming homeless. \$1.3 billion GF one-time funds</p>	<p>Assembly Actions – 5/24/16: Approved \$650 million GF one-time funds for the Assembly Affordable Housing package.</p> <p>Senate Actions – Proposal was not heard.</p> <p>Conference Committee Actions – 6/9/16: Sets aside \$400 million for affordable housing contingent upon “By Right”</p>	Includes the Conference Committee’s actions, contingent upon the passage of a “by right” approval process for affordable housing.

PROGRAM AREA	GOVERNOR'S/ DEPARTMENT PROPOSALS	STAKEHOLDER PROPOSALS	LEGISLATIVE ACTIONS	GOVERNOR'S FINAL ACTION
			discussions, which changes state law to streamline the local approval of certain multifamily housing projects that contain affordable housing units.	
Housing		<p><u>Medi-Cal Housing Program</u> The Corporation for Supportive Housing & Housing California Proposal to allow counties to fund to pay for rental subsidies to categorically-eligible Medi-Cal beneficiaries experiencing chronic homelessness. Eligible counties would be using Whole Person Care pilots to provide services to homeless beneficiaries or partnering with managed care health plans participating in the Health Home Program.</p> <ul style="list-style-type: none"> • \$60 million GF to leverage federal and county funding to match services with rental assistance to end chronic homelessness for between 900 to 1,000 Californians. 	<p>Senate Actions: Proposal was not heard</p> <p>Assembly Actions – 5/24/16: Approved as part of the Assembly Affordable Housing Package.</p>	
Workforce Development		<p><u>Primary Care Workforce Training</u> Various stakeholders' proposal, including the California Medical Association, the California Academy of Family Physicians, and the California Primary Care Clinic Association, to support new primary care medical</p>	<p>Assembly Actions – 5/24/16: Approved</p> <p>Senate Actions – 5/18/16: Approved</p> <p>Conference Committee Actions – 6/9/16: Compromise for \$33</p>	

PROGRAM AREA	GOVERNOR'S/ DEPARTMENT PROPOSALS	STAKEHOLDER PROPOSALS	LEGISLATIVE ACTIONS	GOVERNOR'S FINAL ACTION
		residency slots (Song Brown Program) and to support teaching health centers' residency programs. Total of \$100 million GF for three years.	million GF per year for three years, appropriated over 6 years.	
Workforce Development		<u>Loan Repayment Program Funding</u> CMSP proposal to expand OSHPD the State Loan Repayment Program and the Allied Health Loan Repayment Program in CMSP counties. \$4.85 million (CMSP funds) over a three-year period.	Assembly Actions – 5/24/16: Approved Senate 5/18/16: Approved	