



May 14, 2019

To: The Honorable Richard Pan, M.D.
Chair, Senate Budget & Fiscal Review Subcommittee No. 3 on Health & Human Services
State Capitol, Room 5114
Sacramento, CA 95814

RE: CALIFORNIA HOME VISITING AND BLACK INFANT HEALTH PROGRAMS MAY REVISION – SUPPORT

The County Health Executives Association of California (CHEAC), representing local health departments throughout our state, is pleased to SUPPORT the Governor's May Revision proposal to increase investments into the California Home Visiting Program (CHVP) by \$22.9 million and the Black Infant Health Program (BIH) by \$12 million utilizing federal matching Medicaid funds.

The California Home Visiting Program and the Black Infant Health Program provide crucial early childhood and maternal health support services necessary to better ensure positive health and social outcomes across the lifespan.

Currently, 23 local home visiting programs operate throughout the state, providing one-on-one support to pregnant and newly-parenting families in their homes who have been identified having risk factors such as domestic violence, inadequate income, unstable housing, education less than 12 years, substance abuse, and depression and/or mental illness. Local health department public health nurses or paraprofessionals work with families for the first three years of an infant's life in order to prevent child abuse and neglect, support positive parenting, improve maternal and child health, and promote child development and school readiness utilizing an evidence-based approach.

Related to the Black Infant Health Program, there are, on average, 31,000 African American babies born each year in California, of which 3,000 to 4,000 babies are born prematurely and/or with low birthweight. African American infants continue to die at more than two times the rate observed for white, Hispanic, and Asian/Pacific Islander infants. While the infant mortality rate has declined over the past two decades, some evidence has shown that progress in reducing African American infant mortality has stalled in recent years.

The Administration's additional investment to more broadly expand the Black Infant Health Program is a promising step toward further assisting local health department efforts to reduce the gaps in infant mortality locally. While local health departments have made strides in working with clinical providers, community members, and local organizations in designing outreach efforts, delivering health education, support services, and case management, and connecting women and children to other health and social services, additional flexibility in program models and allowable activities is desired by local health departments. This additional flexibility would enable local health departments to better engage African American women and their families, screen and refer for physical and behavioral health conditions, and more effectively improve birth outcomes.

The Administration's proposed additional investment into the California Home Visiting Program and the Black Infant Health Program is very likely to increase and improve participation in both programs, and CHEAC stands ready to engage both the Legislature and Administration to further explore alternative programming models and timelines for these critical programs. It is for these reasons CHEAC supports the Governor's May Revision proposal.

Should you have any questions, please feel free to contact me at (916) 327-7540.

Sincerely,

As signed by

Michelle Gibbons
Executive Director

cc: Honorable Members, Senate Budget & Fiscal Review Subcommittee No. 3
Scott Ogus, Consultant, Senate Budget & Fiscal Review Subcommittee No. 3
Anthony Archie, Consultant, Senate Republican Caucus
Kirk Feely, Fiscal Director, Senate Republican Caucus
Karen Smith, MD, MPH, Director and State Public Health Officer, California
Department of Public Health (CDPH)
Adam Dorsey, Program Budget Manager, California Department of Finance (DOF)
Sonja Petek, Senior Fiscal & Policy Analyst, Legislative Analyst's Office (LAO)