CHEAC
Improving the Health of all Californians

2024 LEGISLATIVE & BUDGET PRIORITIES

1 SUSTAIN ONGOING AND ONE-TIME INVESTMENTS IN PUBLIC HEALTH WORKFORCE AND INFRASTRUCTURE.

Governor Newsom's January budget proposal wisely maintains California's commitment to invest $200 million GF annually in local health departments (LHDs) to rebuild the infrastructure and workforce capacity (positions) that were hollowed out in the decade before COVID-19.

Through these investments, local health departments have added critical staff, including, but not limited to, public health nurses, disease investigators, environmental health specialists, and epidemiologists.

The Governor's proposal also wisely sustains $75.6 million in Public Health Equity and Readiness Opportunity (HERO) Initiative funds dedicated for public health workforce training and development programs. In 2023, the California Department of Public Health (CDPH) used these funds to launch the California Pathways into Public Health Program's fall intern cohort (22 interns in 11 LHDs) and second cohort (42 fellows in 27 different LHDs) of pathway fellows. CDPH also announced their selection of California Epidemiologic Investigation Services Program fellows supported by these funds.

2 FUND THE CALIFORNIA CONFIDENTIAL NETWORK FOR CONTACT TRACING (CALCONNECT).

CalCONNECT is an information system that provides local and state disease investigators with modernized features and outreach capabilities for case investigation/management and contact tracing activities. CalCONNECT was developed in response to the COVID-19 pandemic, but the features and capabilities within the system are being used to support additional disease conditions, such as Mpox. The system also supports symptom monitoring via automated surveys sent through SMS and email messages and has been used to support monitoring of persons potentially exposed to avian influenza, measles, and Ebola/Marburg viruses. BY June 30, 2024, CalConnect will also be able to support comprehensive case investigation/management and contact tracing for tuberculosis, HIV infection, and sexually transmitted infections. However, the Governor's budget proposal does not include funding to extend the use of CalCONNECT. Without funding, the use of CalCONNECT will be eliminated.

3 ESTABLISH CALAIM PATH FUNDING FOR POPULATION NEEDS ASSESSMENT CAPACITY AND INFRASTRUCTURE IN LOCAL HEALTH DEPARTMENTS (PNA-PATH).

As part of CalAIM's Population Health Management Strategy to foster a deeper understanding of the health and social needs of managed care plan (MCP) members and the communities they live in, the Department of Health Care Services (DHCS) is requiring managed care plans to fulfill their Population Needs Assessment (PNA) requirement by meaningfully participating in the collaborative Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes led by local health departments. Local health departments will be required to shift CHA/CHIP cycles to align with a new statewide, synchronized 3-year cycle, starting in 2028.

While managed care plans will be required to provide funding and/or in-kind staffing starting in 2025, in FY 2024-25, PNA-PATH will assist local health departments in building the initial infrastructure to support expanded partnerships with the managed care plans, including additional staff, data exchange capabilities, and organizational capacity.

4 DELAY IMPLEMENTATION OF THE DEPARTMENT OF HEALTH CARE SERVICES' NEW CALIFORNIA CHILDREN'S SERVICES (CCS) MONITORING INITIATIVE UNTIL COUNTY CCS PROGRAMS ARE ADEQUATELY FUNDED.

Beginning in July 2024, DHCS will implement a new initiative to monitor county CCS performance through four new elements: grievances, training, reporting and surveying, and enforcement and corrective actions. To comply, CCS programs will need additional resources. Currently, CCS programs are not adequately funded, nor can counties assess if sufficient funding will be provided for new responsibilities. The current budgeting process is flawed as county CCS programs submit budgets based on staffing ratios, which are then decreased by DHCS due to limited funding availability. Without sufficient funding, county CCS programs may be deemed out of compliance with key requirements.

Despite several requests from CHEAC, county CCS programs, and other stakeholders, DHCS has not released detailed county allocations to comply with new CCS Monitoring and Oversight guidance. Further, while acknowledging the flawed budgeting process, DHCS has not right-sized county allocations for existing CCS responsibilities. County health departments are seeking a delay in implementation until adequate funding is ensured. Additionally, we request a comprehensive process to determine the necessary funds for current county administration of CCS and the new DHCS monitoring initiative.

5 ENSURE SEAMLESS TRANSITIONS IMPACTING CHILDREN AND PERINATAL POPULATIONS.

There are several transitions underway that impact children and perinatal populations. In each of these transitions, CHEAC advocates for the following:

Child Health and Disability Prevention Program
CHEAC urges DHCS to release a detailed analysis on how the state intends to support the retention of local health department staff, creation of a standalone Health Care Program for Children in Foster Care, provide services to the fee-for-service population, and ensure adherence to Bright Futures Standards in the managed care plan oversight of providers serving this population.

California Children Services Whole Child Model
While the California Children Services (CCS) Whole Child Model (WCM) expansion into new jurisdictions has been delayed until January 2025, in 8 existing CCS WCM counties, counties will implement WCM with a second plan, Kaiser Permanente. CCS budget allocations do not account for the additional workload associated with the additional plan/processes. CHEAC urges the state to ensure adequate resources in county CCS programs and detailed monitoring of the CCS population to ensure children receive the services they need.

Comprehensive Perinatal Services Program
On July 1, 2023, local health department administration of the Comprehensive Perinatal Services Program (CPSP), including provider enrollment and the monitoring and oversight of providers were eliminated. While the CDPH will continue these responsibilities for fee-for-service providers, most eligible beneficiaries will be in managed care. CHEAC is working closely with both DHCS and CDPH to encourage clearer guidance and oversight of services to beneficiaries during this critical perinatal period.