









May 15, 2024

The Honorable Caroline Menjivar Chair, Senate Budget & Fiscal Review Subcommittee No. 3 on Health & Human Services 1021 O Street, Room 6720 Sacramento, CA 95814

The Honorable Akilah Weber, M.D. Chair, Assembly Budget Subcommittee No. 1 on Health 1021 O Street, Room 4130 Sacramento, CA 95814

RE: Child Health and Disability Prevention (CHDP) and Health Care Program for Children in Foster Care (HCPCFC) Transitions – CONCERNS

Dear Senator Menjivar and Assembly Member Weber,

The undersigned organizations, representing California's local health departments, social services agencies, their workforce, and impacted children and families, write regarding the Administration's May Revision proposal to sunset the Child Health and Disability Prevention (CHDP) Program and establish the Health Care Program for Children in Foster Care (HCPCFC) as a standalone program.

Standalone HCPCFC Budget

Our coalition has appreciated engagement with DHCS on the transition of the CHDP and HCPCFC programs, and we are pleased to see an increased amount of resources proposed to be allocated to the standalone HCPCFC. At May Revision, DHCS has proposed providing \$23.76 million total funds (\$11.9 million General Fund) to jurisdictions for administrative functions associated with HCPCFC upon the sunset of CHDP, up from \$13.1 million total funds (\$6.5 million General Fund) proposed in the Governor's January budget.

While our coalition continues to seek for standalone HCPCFC the entire \$34 million budget that was provided to CHDP, we appreciate that the May Revision figure gets us closer to this amount. We continue to express concerns about the adequacy of this funding to carry out all existing and new administrative-related activities for standalone HCPCFC. We request continued engagement with the Administration to ensure standalone HCPCFC receives adequate resources and the programs are transitioned in a smooth and seamless manner.

Jurisdiction Flexibility

Moreover, we continue to urge that DHCS provide local jurisdictions flexibility in utilizing their HCPCFC administrative allocations to staff and structure their programs that best meet local needs of foster children and youth populations. For example, jurisdictions with complex foster care caseloads may need to assign a physician or other clinician to oversee clinical and administrative aspects of standalone HCPCFC. Jurisdictions may enlist an epidemiologist to conduct data analysis and may utilize various support staff to support other administrative-related functions of the standalone HCPCFC.

CCS Monitoring & Oversight Initiative

Lastly, our coalition continues to request that the DHCS CCS Monitoring & Oversight Initiative be delayed indefinitely to allow the full CHDP budget of \$34 million to be reallocated to standalone HCPCFC. At May Revision, the Administration is proposing to allocate \$10.1 million (\$5 million General Fund) in 2024-25 to begin implementation of the CCS Monitoring & Oversight Initiative.

Our coalition expresses interest in better understanding how the Administration reached this figure. Additionally, we express concerns about the adequacy of these funds to support implementation and compliance with new requirements established under the CCS Monitoring & Oversight Initiative.

While local programs do not oppose this additional monitoring and oversight of CCS operations, our coalition expresses significant concerns with existing, long-standing issues with the fundamental budget and fiscal administration of the program. The CCS program, as it exists today, is woefully underfunded and administratively complex. Prior to establishing new requirements on top of the core CCS program, our coalition urges DHCS to work with CHEAC to improve the fiscal administration and operations of the program and to seek a separate funding source to resource the new CCS Monitoring & Oversight Initiative.

Our organizations remain committed to working with the Legislature and Administration to ensure a seamless transition of these programs while preserving local health department staff to support the health of children and families in their communities. Thank you for your time and attention to this important matter.

Respectfully,

Michelle Gibbons Executive Director County Health Executives Association of California

Eileen Cubanski Interim Executive Director County Welfare Directors Association of California

Amanda Miller McKinney Senior Policy Associate, Child Welfare Children Now

Beth Malinowski Government Relations Advocate SEIU California

Martha Guerrero, LCSW Legislative Representative County of Los Angeles

cc: Honorable Members, Senate Budget & Fiscal Review Subcommittee No. 3
Honorable Members, Assembly Budget Subcommittee No. 1
Elisa Wynne, Staff Director, Senate Budget & Fiscal Review Committee
Scott Ogus, Deputy Staff Director, Senate Budget & Fiscal Review Committee
Christian Griffith, Chief Consultant, Assembly Budget Committee
Marjorie Swartz, Principal Consultant, Office of Senate President pro Tempore

Rosielyn Pulmano, Health Policy Consultant, Office of Assembly Speaker
Kirk Feely, Fiscal Director, Senate Republican Caucus
Anthony Archie, Consultant, Senate Republican Caucus
Joe Shinstock, Consultant, Assembly Republican Caucus
Joe Stephenshaw, Director, California Department of Finance
Dr. Mark Ghaly, Secretary, California Health and Human Services Agency
Richard Figueroa, Deputy Cabinet Secretary, Office of Governor Gavin Newsom
Angela Pontes, Deputy Legislative Secretary, Office of Governor Gavin Newsom
Michelle Baass, Director, Department of Health Care Services (DHCS)
Sarah Brooks, Deputy Director of Health Care Programs, DHCS
Susan Philip, Deputy Director, Health Care Delivery Systems, DHCS
Dr. Tomás Aragón, Director and State Public Health Officer, California Department of Public Health