



**Governor's Budget Highlights
Fiscal Year 2011-12**

California Department of Public Health

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CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PROGRAM OVERVIEW

The mission of the California Department of Public Health (CDPH) is to optimize the health and well-being of the people in California, primarily through population-based programs, strategies, and initiatives.

The CDPH's goals are to achieve health equities and eliminate health disparities; eliminate preventable disease, disability, injury, and premature death; promote social and physical environments that support good health for all; prepare for, respond to, and recover from emerging public health threats and emergencies; improve the quality of the workforce and workplace; and promote and maintain an efficient and effective organization. The CDPH is working toward these goals through its programmatic and operational support activities and in collaboration with local health departments and other organizations throughout the State.

CDPH comprises five Public Health Centers as well as Health Information and Strategic Planning, Emergency Preparedness Office, Administration, and External Affairs.

GENERAL BUDGET OVERVIEW

The CDPH budget supports activities and services that reinforce the State's commitment to the health and well-being of all Californians. For Fiscal Year (FY) 2011-12, the Governor's Budget provides \$3.535 billion for the support of CDPH programs and services, an increase of 3.69% from the 2010-11 Budget Act. The total increase to CDPH funding is the result of changes in estimated expenditures to local assistance General Fund for the AIDS Drug Assistance Program and Federal Trust Fund for new Federal Affordable Care Act (health care reform) and supplemental American Recovery and Reinvestment Act (ARRA) Grants. Of the amount approved, \$657.3 million is for State Operations and \$2.877 billion is for Local Assistance. The budget affirms CDPH's commitment to address the public health needs of Californians.

Total CDPH Budget

Dollars in thousands

Governor's Budget Fund Source	2010-11 Enacted Budget	2010-11 Revised Budget	2011-12 Proposed (Gov Budget)	% Change from 2010-11 Enacted Budget
General Fund	273,605	204,779	314,906	15.10%
Federal Funds	1,781,622	1,905,873	1,936,985	8.72%
Special Funds & Reimbursements	1,353,378	1,243,823	1,282,655	-5.23%
Total Funds	3,408,605	3,354,475	3,534,546	3.69%

The charts below and the narrative that follows describe the specific budget adjustments.

State Operations

State Operations by Program					
Governor's Budget Program Title	Program	2010-11 Enacted Budget	2010-11 Revised Budget	2011-12 Proposed (Gov Budget)	% Change from 2010-11 Enacted Budget
Public Health Emergency Preparedness	10	41,036	50,384	47,091	14.76%
Public and Environmental Health	20	425,590	412,047	422,722	-0.67%
Licensing & Certification	30	189,194	183,584	187,493	-0.90%
Administration	40.01	26,177	25,872	27,655	5.65%
Distributed Administration	40.02	-26,177	-25,872	-27,655	5.65%
Total State Operations		655,820	646,015	657,306	0.23%

State Operations by Fund Source				
Governor's Budget Fund Source	2010-11 Enacted Budget	2010-11 Revised Budget	2011-12 Proposed (Gov Budget)	% Change from 2010-11 Enacted Budget
General Fund	95,866	90,766	94,330	-1.60%
Federal Funds	240,676	253,433	246,975	2.62%
Special Funds & Reimbursements	319,278*	301,816	316,001	-1.03%
Total State Operations	655,820	646,015	657,306	0.23%

* The Special Funds and Reimbursements in the 2010-11 Enacted Budget includes a Federal pass through amount of \$13,919,000 that transfers to the non-Budget Act items 501-0625, 501-0626, 501-0628, and 501-7500.

Local Assistance

Local Assistance by Program					
Governor's Budget Program Title	Program	2010-11 Enacted Budget	2010-11 Revised Budget	2011-12 Proposed (Gov Budget)	% Change from 2010-11 Enacted Budget
Public Health Emergency Preparedness	10	63,579	84,011	62,483	-1.72%
Public and Environmental Health	20	2,689,206	2,624,449	2,814,757	4.67%
Total Local Assistance		2,752,785	2,708,460	2,877,240	4.52%

Local Assistance by Fund Source				
Governor's Budget Fund Source	2010-11 Enacted Budget	2010-11 Revised Budget	2011-12 Proposed (Gov Budget)	% Change from 2010-11 Enacted Budget
General Fund	177,739	114,013	220,576	24.10%
Federal Fund	1,540,946	1,652,440	1,690,010	9.67%
Special Funds & Reimbursements	1,034,100	942,007	966,654	-6.52%
Total Local Assistance	2,752,785	2,708,460	2,877,240	4.52%

PROGRAMMATIC ADJUSTMENTS

The specific adjustments listed below reflect the major budgetary changes since the introduction of the 2010-11 Budget Act. The major changes include Budget Change Proposals, November Estimates, and Section Letters.

References to “GF” are to the General Fund, “OF” refers to Other Funds including Special Funds, Federal Funds, and Reimbursements; and “TF” represents Total Funds.

I. Public Health Emergency Preparedness Program

The Public Health Emergency Preparedness Program coordinates preparedness and response activities across CDPH for all public health emergencies, including natural disasters, acts of terrorism, and pandemic diseases. The program plans and supports surge capacity in medical care and public health systems to meet needs during emergencies. The program administers federal and state funds that support CDPH's emergency preparedness activities. Major budget adjustments include:

2010-11 Budget Adjustments

Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP)

\$200,000 TF
\$200,000 OF

The Governor's Budget reflects a current year increase to State Operations, Federal Trust Fund, for ESAR-VHP. The ESAR-VHP, named the Disaster Healthcare Volunteers in California, works in partnership with the Emergency Medical Services Authority (EMSA). These federal funds will enable California state and local partners to make significant improvements in deploying licensed and credentialed healthcare volunteers for disaster assignments throughout California.

Public Health Emergency Response No Cost Extension

\$29,729,000 TF
\$29,729,000 OF

The Governor's Budget reflects a current year increase in State Operations and Local Assistance, Federal Trust Fund expenditure authority in support of California's Public Health Emergency Response (PHER) H1N1 Funding. The PHER funds are to address gaps in pandemic influenza preparedness identified during the H1N1 outbreak first detected in California in April 2009. The funding will be utilized to significantly enhance healthcare facility preparation and planning for responding to future pandemics.

2011-12 Budget Adjustments

Limited-Term Emergency Preparedness Positions

99.3 LT Positions	\$12,316,000 TF
	\$12,316,000 OF

The Governor's Budget reflects a Budget Year Proposal for 99.3 two-year limited-term state positions and \$12.3 million in Federal Fund authority to continue on-going public health emergency preparedness activities. The limited-term positions have been reestablished every two years since FY 2003-04 and are scheduled to expire on June 30, 2011. Of the 99.3 positions, 4.5 are newly established two-year limited-term positions for the Food and Drug Laboratory/Branch, Sanitation and Radiation Laboratory, and Division of Environmental and Occupational Health. The augmentation of staff provides additional coordination, lab capacity, and technical expertise in response to an emergency. These positions, which are located in Centers and Offices throughout CDPH, are funded through two federal public health emergency preparedness grants: the Public Health Emergency Preparedness (PHEP) Cooperative Agreement provided to states from the Centers for Disease Control and Prevention (CDC) and the Hospital Preparedness Program (HPP) provided by the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response.

II. Center for Chronic Disease Prevention and Health Promotion

The Center for Chronic Disease Prevention and Health Promotion comprises the Division of Chronic Disease and Injury Control and the Division of Environmental and Occupational Disease Control. The Center addresses the prevention and control of chronic disease and injury through a focus on the social and environmental determinants of health and health inequities. The Center's programs encompass chronic disease and injury surveillance, tobacco control, nutrition and physical activity, diabetes, cancer, cardiovascular diseases, asthma, obesity prevention, injuries and violence prevention, and, occupational and environmental disease control. The Center staffs the Strategic Growth Council Health in All Policies Task Force and the Climate Action Team Public Health Workgroup. Major budget adjustments include:

2010-11 Budget Adjustments

Sodium Reduction in Communities – State Operations and Local Assistance

\$309,000 TF
\$309,000 OF

The Governor's Budget reflects an increase in current year in State Operations and Local Assistance, federal expenditure authority to fund efforts to support local efforts to implement policies addressing sodium reduction. The federal initiative, known as the Sodium Reduction in Communities, is designed to help the on-going effort to build overall capacity within the CDPH for obesity prevention by implementing broad-based strategies related to policy, system, and environmental change.

Collaborative Chronic Disease, Health Promotion and Surveillance Program State Competitive Supplemental Funding for Behavioral Risk Factor Surveillance System (BRFSS)

\$608,000 TF
\$608,000 OF

The Governor's Budget reflects an increase in current year State Operations, federal expenditure authority for BRFSS activities in the Cancer Surveillance and Research Branch (CSRB). This funding is part of the Affordable Care Act through CDC. Funding will be used to enhance and expand the public health surveillance capabilities of the BRFSS program.

Federal Health Care Reform: Cessation through Policy, Systems Change, and Media

\$91,000 TF
\$91,000 OF

The Governor's Budget reflects an increase in current year State Operations, federal expenditure authority within the Tobacco Control Branch for BRFSS and tobacco reduction activities. This funding is part of the Affordable Care Act through CDC. This supplemental funding will be used to augment existing contracts to help reduce the burden of tobacco use and reach underserved populations disproportionately affected by tobacco.

ARRA: Communities Putting Prevention to Work - BRFSS Grant

\$792,000 TF
\$792,000 OF

The Governor's Budget reflects an increase in current year State Operations, federal expenditure authority within CSRB for BRFSS activities. This funding is part of the Federal ARRA funds from CDC to implement the Communities Putting Prevention to Work (CPPW) Initiative. The funds will be used by CDPH to provide CDPH with valuable data that will be used to evaluate the effectiveness in reducing risk factors, preventing/delaying chronic disease, promoting wellness in children and adults, and providing positive, sustainable health change in communities.

Lupus Surveillance in California

\$1,098,000 TF
\$1,098,000 OF

Lupus erythematosus (lupus) is an autoimmune chronic condition of unknown cause, and there are several forms of lupus, including systemic lupus erythematosus and discoid lupus. Systemic lupus erythematosus can affect virtually any organ system of the body, especially the skin, joints, and kidneys. African Americans, Hispanics/Latinos, Asian Americans, and American Indians are two to three times more likely to develop

lupus, the reasons for which are unknown. Estimates of lupus incidence and prevalence in the United States vary widely due in large part to differences in how cases were defined and how data were collected. In addition, little progress has been made in the past 50 years on the development of new lupus treatments. For these reasons, CDC has dedicated funds to better define the incidence and prevalence of lupus in the United States, particularly in ethnic minorities, as part of the 1999 National Arthritis Action Plan.

The Governor's Budget reflects an increase in current year State Operations, federal expenditure authority in CSRB to implement the California Lupus Surveillance Program (CLSP). The funds will be used to collect incidence, prevalence, and clinical data on people who have systemic lupus erythematosus. Limited information will also be collected on individuals who have discoid lupus. The funding will also be used to develop more credible estimates of lupus incidence, prevalence, and facilitate the development of better approaches to reduce the effect of lupus.

Every Woman Counts Estimate

- \$10,644,000 TF
- \$10,644,000 GF

The Governor's Budget reflects a savings in current year General Fund Local Assistance funding of \$10.6 million. Due to the late enactment of the Budget Act of 2010, there was a five-month delay in implementing the Every Woman Counts program changes that were adopted in the Budget Act. The delay resulted in a net savings in Local Assistance expenses in the current year. However, the \$10.6 million is proposed for reappropriation as part of 2011-12 budget.

Reduction to Proposition 99 Revenue

- \$3,856,000 TF
- \$3,856,000 OF

The Governor's Budget reflects a decrease of \$3.9 million in both State Operations and Local Assistance authority to the Health Education Account, Cigarette and Tobacco Products Surtax Fund within the California Tobacco Control Program (CTCP). This reduction is necessary due to decreasing Proposition 99 revenues. This funding was used for various program activities in media campaigns, oversight committees, local lead agencies, and competitive grants.

2011-12 Budget Adjustments

Lead-Related Construction Special Fund

\$443,000 TF
\$443,000 OF

The Governor's Budget reflects a budget year increase of \$443,000 in Special Fund authority for the newly established Lead-Related Construction (LRC) Fund to support 4.0 existing positions that assist with accreditation of training providers and the certification of lead professional staff throughout the state. The LRC program certifies individuals and training providers to identify and correct lead hazards. The LRC intends to repay the Occupational Lead Poisoning Prevention Program (OLPPP) loan. LRC anticipates funding the repayment at \$60,000 a year for five years starting in FY 2012-2013.

ARRA: Communities Putting Prevention to Work – BRFSS Grant

1.0 LT Position

\$255,000 TF
\$255,000 OF

The Governor's Budget reflects a Budget Year Proposal to establish one two-year limited-term state position and \$255,000 in Federal Fund authority for the Behavior Risk Factor Surveillance System (BRFSS) program. With the additional funding, BRFSS will collect baseline and follow-up behavioral data for Los Angeles, San Diego, and Santa Clara, counties that are funded under the Communities Putting Prevention to Work (CPPW) federal grant. Measuring the effectiveness of CPPW communities' evidence-based interventions will lead to improvements in public health policies, practices, and behaviors within three to six years, ultimately leading to improved health and longer lives for Californians living in CPPW funded communities.

Lupus Surveillance in California

2.3 LT Positions

\$1,073,000 TF
\$1,073,000 OF

As mentioned in the preceding pages, Lupus is an autoimmune chronic condition of unknown cause, and there are several forms of lupus, including systemic lupus erythematosus and discoid lupus and the need exists to better determine the incidence and prevalence of the disease.

The Governor's Budget reflects a Budget Year Proposal to establish 2.3 three-year limited-term state positions and \$1.1 million in Federal Fund authority to support lupus surveillance activities. The federally funded program will operate through collaboration between the CDPH, CLSP, and the University of California, San Francisco. CLSP is responsible for overall program administration and management, collaboration with other federally funded lupus surveillance programs throughout the country, database development and management, and data quality control and analysis. CLSP will be able to develop more credible estimates of lupus incidence and prevalence, and will facilitate the development of better approaches to reduce the impact of lupus by

improving early diagnosis and appropriate clinical and self-management for all individuals who suffer from this disease.

Federal Health Care Reform: Cessation through Policy, Systems Change, and Media

\$120,000 TF
\$120,000 OF

The Governor's Budget reflects a budget year increase of \$120,000 in Federal Fund authority to support contracted services to implement initiatives to reduce tobacco use prevalence among populations disproportionately affected by tobacco, including individuals affected by mental illness and/or substance abuse disorders, and individuals insured by Medi-Cal (low-income). This funding supplements an existing federal Healthy Communities grant and also an ARRA Grant.

Sodium Reduction in Communities – State Operations and Local Assistance

\$412,000 TF
\$412,000 OF

The Governor's Budget reflects a budget year increase of \$412,000 (\$103,000 State Operations and \$309,000 Local Assistance) in Federal Fund authority to support two contracts: one with the University of California, San Francisco to assist with the training and technical assistance; and one with Shasta County to implement the grant activities. The federal funding opportunity is designed for state health departments to work cooperatively with a small county to create healthier food environments to reduce sodium intake through public health application and implementation of population-based sodium reduction strategies related to policy, system, and environmental change.

Funding will provide the CDPH and Shasta County with the resources to: (1) conduct formative evaluation to assess the opportunities and barriers for policy change, and identify supporters and opponents to proposed goals, (2) mobilize community stakeholders and engage and educate youth and community members to assist with sodium reduction efforts, and (3) implement media and public education efforts.

Every Woman Counts Estimate

\$11,693,000 TF
\$7,693,000 GF
\$4,000,000 OF

The Governor's Budget reflects an adjustment of Local Assistance, General Fund and Breast Cancer Control Account of \$11.7 million (\$7.7 million reappropriated GF) in Budget Year 2011-12. The Every Woman Counts Program estimates increases in caseload and associated breast cancer screening and diagnostic services costs.

Budget Bill language is proposed to authorize the reappropriation of \$10.6 million in General Fund Local Assistance savings projected in the current year to be made available through June 30, 2014.

Reduction to California Kid’s Plate Program

- \$355,000 TF
- \$355,000 OF

The Governor’s Budget reflects a decrease of \$355,000 in Local Assistance in the Child Health and Safety Fund. This reduction is necessary in order to align appropriation with the specific amount of revenue allocated in statute for child health and safety concerns. This funding is used to reduce and eliminate child death and disability due to unintentional injuries.

III. Center for Infectious Diseases

The Center for Infectious Diseases comprises the Division of Communicable Disease Control and the Office of AIDS. The Center oversees the investigation, prevention, and control of infectious diseases and the assessment, prevention, and interruption of the transmission of HIV and the provision of services to HIV-infected Californians. Major budget adjustments include:

2010-11 Budget Adjustments

Patient Protection and Affordable Care Act – Funding for Epidemiology and Laboratory Capacity Grants – Improving Detection, Investigation and Response to Foodborne and Emerging Infectious Diseases

7.0 LT positions \$755,000 TF
\$755,000 OF

The Governor’s Budget reflects a \$755,000 increase in current year State Operations federal expenditure authority and the establishment of 7.0 full-time, limited-term positions.

The grant funds provided by CDC are to enhance capacity for epidemiology, laboratory and health information systems for infectious diseases and other public health threats. In line with this objective, the funding will help CDPH build and strengthen epidemiology, laboratory and health information systems in two regions of California—the Central Valley and San Francisco Bay Area.

U.S. Department of Health and Human Services, CDC Grant Award – Expanded and Integrated HIV Testing for Populations Disproportionately Affected by HIV

\$2,637,000 TF

\$2,637,000 OF

The Governor’s Budget reflects an increase in current year State Operations and Local Assistance, federal expenditure authority. The funds will enable the Office of AIDS to increase HIV testing opportunities for populations disproportionately affected by HIV regardless of race or ethnicity; and increase the proportion of HIV-infected persons in these populations who are aware of their infection and are linked to appropriate services. The program is intended to identify strategies for leveraging resources to maximize the yield and sustainability of routine HIV screening programs in healthcare settings.

AIDS Drug Assistance Program November Estimate

\$52,099,000 TF

-\$54,168,000 GF

\$106,267,000 OF

The Governor’s Budget reflects a current year net increase in AIDS Drug Assistance Program (ADAP) funding of \$52.1 million. This is the result of continuing increases in caseload and prescription drug costs. The General Fund reduction of \$54.2 million is the result of an increase of \$22.1 million as a result of a projected increase in prescription drug costs and caseload for the program and a one-time decrease of \$76.3 million GF in 2010-11 as a result of additional federal resources available through the Safety Net Care Pool. The Governor’s Budget also reflects an increase in current year Local Assistance, federal expenditure authority for the one-time supplemental award to the Ryan White Grant. The supplemental funds will continue to allow the ADAP to serve clients and provide services for people living with HIV/AIDS.

2011-12 Budget Adjustments

AIDS Drug Assistance Program November Estimate

\$92,083,000 TF

\$38,249,000 GF

\$53,834,000 OF

The Governor’s Budget reflects a budget year net increase in ADAP funding of \$92.1 million. This is the result of General Fund and ADAP Rebate Special Fund increases as a result of a projected increase in prescription drug costs and caseload for the program.

The General Fund increase is offset by a savings of \$16.8 million by increasing client share of cost to the maximum percentages allowable under federal law for specified ADAP clients, but would limit ADAP clients with private insurance or Medicare Part D to a lower cost-sharing percentage.

IV. Center for Family Health

The Center for Family Health comprises the Genetic Disease Screening Program (GDSP); Maternal, Child and Adolescent Health (MCAH) Program; Office of Family Planning (OFP), and the Women, Infants and Children (WIC) Supplemental Nutrition Program. Major budget adjustments include:

2010-11 Budget Adjustments

Federal Health Care Reform: Maternal, Infant and Early Childhood Home Visiting Program

\$2,180,000 TF
\$2,180,000 OF

The Governor's Budget reflects an increase in current year State Operations and Local Assistance, federal expenditure authority to develop and implement a state-based Maternal, Infant and Early Childhood Home Visiting (HV) Program. CDPH must begin the grant-required needs and capacity assessments in the current year as well as develop State and local level strategic plans that will serve as the baseline for guiding program implementation. CDPH will also provide allocations to two existing evidence-based HV programs as required by the grant.

Women, Infants and Children Nutrition (WIC) Miscellaneous Technology Grant Funds Under ARRA

\$700,000 TF
\$700,000 OF

The Governor's Budget reflects an increase in current year Local Assistance, federal expenditure authority for the WIC Program. These are part of the ARRA Miscellaneous Technology Grant funds to fully fund the Local WIC Agency Equipment Replacement Project. Increased funding will allow local WIC agencies to purchase computer hardware and replace aging management information system equipment.

Federal Health Care Reform: Pregnancy Assistance Fund for Pregnant and Parenting Teens and Women

\$2,000,000 TF
\$2,000,000 OF

The Governor's Budget reflects an increase in current year State Operations and Local Assistance, federal expenditure authority to link an evidence-based Positive Youth Development (PYD) case management intervention with school-based child care services in support of pregnant and parenting teens at high schools and community service centers. This will improve and increase the capacity of services currently offered by the CDPH's Adolescent Family Life Program (AFLP) and the California Department of Education, California School Age Families Education (Cal-SAFE) Program. Through Local Assistance, AFLP agencies in high need areas will be funded through established

funding mechanisms to serve pregnant and parenting teens in areas where there are existing Cal-SAFE sites that have lost their support service.

Women, Infants & Children Nutrition (WIC) Program Electronic Benefits Transfer Grant

\$169,000 TF
\$169,000 OF

The Governor's Budget reflects an increase in current year State Operations, federal expenditure authority for the WIC Electronic Benefits Transfer (EBT) Grant. The grant funds will be used to develop a Request for Proposal and procure a contractor to conduct a comprehensive EBT planning and feasibility study.

Women, Infants & Children Nutrition (WIC) Program Targeting Toddler Behavioral Triggers of Overfeeding Project

\$89,000 TF
\$89,000 OF

The Governor's Budget reflects an increase in current year State Operations, federal expenditure authority for a WIC Special Project Grant "Targeting Toddler Behavioral Triggers of Overfeeding." The purpose of this project is to extend, expand and evaluate behavioral nutrition education to address the needs of caregivers of older infants (7-12 months) and toddlers (13-18 months) in California WIC.

Genetic Disease Screening Program November Estimate

-\$1,978,000 TF
-\$1,978,000 OF

The Governor's Budget reflects a reduction in the current year expenditure authority in Local Assistance for the Genetic Disease Testing Fund (GDTF) within the Genetic Disease Screening Program (GDSP). The GDSP November Estimate includes adjustments in caseload, expenditures and revenue for the GDTF. Several budgetary reductions resulting from a decline in the birthrate are reflected in the current year. Areas directly impacted by caseload, such as Contract Laboratories, Technical and Scientific are reduced accordingly. Further, as a result of more women becoming aware of First Trimester screening, GDSP is experiencing an increase in participation of the Prenatal Screening Program. The current year expenditures have been adjusted to reflect the increase in prenatal cases as well as the decrease in newborn screening cases.

Women, Infants and Children (WIC) November Estimate

\$82,842,000 TF
\$82,842,000 OF

The Governor's Budget reflects an increase in current year Local Assistance, federal expenditure authority for WIC. The WIC Manufacturer Rebate Fund (MRF) projects a

net decrease of \$108 million due to a decrease in the quantity and types of products providing rebates and an increase in breastfeeding by WIC participants. To offset the decrease in special funds (MRF) and to address the increase in caseload, local assistance federal trust fund authority was increased.

2011-12 Budget Adjustments

Enhancing Services for Women, Infants and Children (WIC)

20.0 Positions	\$2,335,000 TF
	\$2,335,000 OF

The Governor's Budget reflects a Budget Year Proposal to establish twenty permanent positions and \$2.3 million in Federal Fund authority. The State WIC Program provides, to eligible Californians, nutrition education, breastfeeding support, referrals to health and social services and checks (called Food Instruments [FIs]) to purchase specific nutritious foods. As a result of federally-mandated programmatic changes, as well as the unanticipated increases in federal funding for California, the positions will 1) manage the increased activities associated with the growth in the number of vendors, 2) expand WIC's Breastfeeding Peer Counseling Program, 3) Maintain compliance with federal and state financial requirements and ensure accountability and transparency for federal funds, and 4) provide administrative support for the increase in staffing.

Federal Health Care Reform: Maternal, Infant, and Early Childhood Home Visiting Program

36.0 LT Positions	\$14,320,000 TF
	\$14,320,000 OF

The Governor's Budget reflects a Budget Year Proposal to establish 36.0 five-year limited-term positions and \$14.3 million (\$4.1 million State Operations and \$10.2 million Local Assistance) in Federal Title V expenditure authority to implement and sustain a HV Program. The positions will administer a complex state-based HV program; establish HV programs throughout the state; provide program management and evaluation; develop and implement fiscal reporting and compliance policies and procedures; and ensure grant requirements and program objectives are fulfilled.

Federal Health Care Reform: Pregnancy Assistance Fund for Support of Pregnant and Parenting Teens and Women

2.0 LT Positions	\$2,000,000 TF
	\$2,000,000 OF

The Governor's Budget reflects a Budget Year Proposal to establish 2.0 three-year limited-term positions and \$2.0 million (\$221,000 State Operations and \$1.8 million Local Assistance) in Federal Fund expenditure authority to link an evidence-based PYD case management intervention to school-based child care services for pregnant and parenting teens. The positions will develop and oversee PYD case management interventions in select CalSAFE programs; develop and implement fiscal reporting and

compliance policies and procedures; develop and implement data collection procedures and analyses to ensure grant requirements and objectives are fulfilled. The local assistance funding will be allocated to Local Health Jurisdictions (LHJs) for implementation and administration of the PYD case management intervention and a training contract to train and provide technical expertise to LHJs on case management, PYD, reproductive life planning, core competencies, and linkages.

Federal Health Care Reform: Personal Responsibility Education Program

5.0 LT Positions \$6,554,000 TF
\$6,554,000 OF

The Governor's Budget reflects a Budget Year Proposal to establish 5.0 five-year limited-term positions and \$6.6 million (\$554,000 State Operations and \$6.0 million Local Assistance) in Federal Title V expenditure authority to implement and sustain a State Personal Responsibility Education Program (PREP). The State PREP will provide comprehensive prevention education activities in populations of interest in locations with high teen birth rates, STI, and HIV rates. The positions will provide oversight and guidance, and administer the PREP programs by non-profit and community based organizations. The University of California, San Francisco will be retained to serve as an independent evaluator and provide technical assistance and training to grantees.

AB 2300: Genetic Counseling Licensure Program

\$67,000 TF
\$67,000 OF

The Governor's Budget reflects an increase in expenditure authority for the Genetic Disease Testing Fund to establish the Genetic Counselor Licensure Program. Assembly Bill (AB) 2300 mandates that the CDPH license genetic counselors who meet specified requirements beginning July 1, 2011. The increase in expenditure authority will allow GDSP to accept additional revenue generated by genetic counselor licensure fees.

Genetic Disease Screening Program November Estimate

-\$1,204,000 TF
-\$1,204,000 OF

The Governor's Budget reflects a reduction in the budget year expenditure authority in Local Assistance for the GDTF within the GDSP. The GDSP November Estimate includes adjustments in caseload, expenditures and revenue for the GDTF. Several budgetary reductions resulting from a decline in the birthrate are reflected in the budget year. Areas directly impacted by caseload, such as Contract Laboratories, Technical and Scientific are reduced accordingly. Further, as a result of more women becoming aware of First Trimester screening, GDSP is experiencing an increase in participation of the Prenatal Screening Program. The budget year expenditures have been adjusted to

reflect the increase in prenatal cases as well as the decrease in newborn screening cases.

Women, Infants and Children (WIC) November Estimate

\$132,811,000 TF
\$132,811,000 OF

The Governor's Budget reflects an increase for Budget Year Local Assistance, federal authority of \$132.8 million for the WIC Program and also a decrease in MRF budget authority of \$103 million. The net difference is an increase in federal authority of \$29.9 million. To offset the decrease in MRF and to address the increase in caseload, local assistance federal authority was increased.

V. Health Information and Strategic Planning

Health Information and Strategic Planning disburses and monitors funds to counties for specified health services; and coordinates and oversees the collection, management, and dissemination of public health and vital records data. Major budget adjustments include:

2010-11 Budget Adjustments

Federal Health Care Reform: Performance Management and Public Health Infrastructure

\$1,545,000 TF
\$1,545,000 OF

The Governor's Budget reflects an increase in current year State Operations, federal expenditure authority. Funding of \$1.545 million will be utilized in the current year to establish and maintain a Performance Management Office and a Public Health Infrastructure Team. Funding is from the Patient Protection and Affordable Care Act. The Performance Management Office is tasked with improving the capacity of California's state and local health departments in using performance management tools to inform decision making and improve public health policy development and program implementation. The Public Health Infrastructure Team will provide technical assistance, and assess and improve state and local public health information systems, business processes, policies, and workforce skills necessary to collect, manage, and disseminate data and information.

Preventive Medicine Residency Program Grant

\$297,000 TF
\$297,000 OF

The Governor's Budget reflects an increase in current year State Operations, federal expenditure authority for one year to support the CDPH Preventive Medicine Residency Program (PMRP). Funding is from ARRA of 2009. The PMRP's mission is to develop

public health physicians who can provide strong leadership for California local and state public health agencies, effectively applying the existing and continually evolving science base of public health and preventive medicine. This grant will allow the purchase of distance learning equipment that would assure optimal “just-in-time” training of CDPH Preventive Medicine Residency physicians.

2011-12 Budget Adjustments

Federal Health Care Reform: Performance Management and Public Health Infrastructure

15.0 LT Positions	\$2,060,000 TF
	\$2,060,000 OF

The Governor’s Budget reflects a Budget Year Proposal to establish 15.0 five-year limited-term positions and \$2.1 million in Federal Fund expenditure authority to establish and maintain a Performance Management Office and a Public Health Infrastructure Team. Funding is from the Patient Protection and Affordable Care Act. The Performance Management Office is tasked with improving the capacity of California’s state and local health departments in using performance management tools to inform decision making and improve public health policy development and program implementation. The Public Health Infrastructure Team will provide technical assistance, and assess and improve state and local public health information systems, business processes, policies, and workforce skills necessary to collect, manage, and disseminate data and information.

VI. Center for Environmental Health

The Center for Environmental Health comprises the Division of Food, Drug and Radiation Safety and the Division of Drinking Water and Environmental Management. The Center administers programs that protect the public from unsafe drinking water; regulate the generation, handling, and disposal of medical waste; oversees the disposal of low-level radioactive waste; and protects and manages food, drug, medical device, and radiation sources. Major budget adjustments include:

2010-11 Budget Adjustments

No major 2010-11 Budget Adjustments.

2011-12 Budget Adjustments

Renewal of Proposition 84 Limited-Term Positions

16.5 LT Positions	\$2,063,000 TF
	\$2,063,000 OF

The Governor’s Budget reflects the renewal of 16.5 limited-term positions to five-year limited-term. These positions are needed for the continued implementation of

Proposition 84, a water bond measure, known as the Safe Drinking Water, Water Quality and Supply, Flood Control, River and Coastal Protection Bond Act of 2006. This bond measure provides for \$300 million of funding to the CDPH to address water quality issues. The limited-term positions are comprised of engineering, scientific, and administrative staff.

Renewal of Proposition 50 Limited-Term Positions

7.0 LT Positions	\$1,069,000 TF
	\$1,069,000 OF

The Governor's Budget reflects the renewal of 7.0 limited-term positions to three-year limited-term. These positions are supported by Proposition 50 and were first approved for FY 2003-04. The renewal of the limited-term positions will ensure that Proposition 50 program delivery will continue to carry out activities which reduce the public's risks of contracting waterborne illnesses by preventing contamination through enhanced management, operation, and infrastructure improvements of California's public water systems.

Renewal of ARRA Limited-Term Positions

8.5 LT Positions	\$1,031,000 TF
	\$1,031,000 OF

The Governor's Budget reflects the renewal of 5.0 two-year and 3.5 three-year limited-term positions to address the workload associated with the implementation of ARRA. The positions will continue carrying out the provisions of the ARRA initiative, consistent with its budget plan. The ARRA provided California with a one-time award for the Safe Drinking Water State Revolving Fund (SDWSRF). Although the ARRA funds were allocated to CDPH as a one-time federal supplement to the SDWSRF fund, enough of the allocation remains to fund the positions until the end of the project on June 30, 2014.

VII. Center for Health Care Quality

The Center for Health Care Quality comprises Licensing and Certification (L&C) and Laboratory Field Services (LFS). The Center regulates the quality of care in public and private health facilities, clinics, and agencies; licenses nursing home administrators; certifies home health aides, certified nurse assistants, and other direct care staff; and licenses and inspects laboratory facilities and licenses laboratory personnel. Major budget adjustments include:

2010-11 Budget Adjustments

One Time Funding for Equipment for L&C for Survey and Certification Workload

\$1,504,000 TF

\$1,504,000 OF

The Governor's Budget reflects an increase in current year State Operations, federal expenditure authority for the purpose of expending one-time funding awarded by the Centers for Medicare and Medicaid Services (CMS) for survey and certification (S&C) workload related to health care facilities in California. The mission of the S&C is to assure basic levels of quality and safety for Medicare and Medicaid beneficiaries. This funding will be utilized for purchases of items for L&C district offices, video-conference equipment, and multifunction devices.

***Reimbursement Authority for L&C for Freestanding Nursing Homes - AB 1629
Quality and Accountability Payment System***

\$1,000,000 TF

\$1,000,000 OF

The Governor's Budget reflects an increase in current year State Operations, reimbursement authority for the L&C Program. CDPH is entering into an interagency agreement with the Department of Health Care Services (DHCS) to implement a new quality and accountability payment system for freestanding skilled nursing facilities (SNFs).

***ARRA Supplemental Funding for Ambulatory Surgical Centers Healthcare
Associated Infections***

\$170,000 TF

\$170,000 OF

The Governor's Budget reflects an increase in current year State Operations, federal expenditure authority for the L&C Program. The CMS has awarded CDPH an additional \$170,000 for the ARRA Ambulatory Surgical Centers-Healthcare Associated Infections (ASC-HAI) Prevention Initiative. The funding will be utilized to cover the increase in costs in ongoing ASC survey workload. CMS is implementing a new expanded survey process to promote better infection control practices.

L&C Program Estimate

\$0 TF

\$0 OF

The Governor's Budget reflects no change in authority for the L&C estimate. This is the L&C Program's first estimate and introduces the expenditure methodology.

2011-12 Budget Adjustments

Freestanding Nursing Homes – AB 1629 Quality and Accountability Payment System

\$1,000,000 TF
\$1,000,000 OF

The Governor’s Budget reflects an increase of \$1.0 million, State Operations, Reimbursement authority from the Skilled Nursing Facility Quality and Accountability Special Fund. CDPH proposes to contract with the California’s Medicare Quality Improvement Organization (QIO) as approved in Senate Bill (SB) 853, (Committee on Budget and Fiscal Review, Chapter 717, Statutes of 2010) re-authorizing AB 1629 (Frommer, Statutes of 2004).

Funding for the California Department of Aging’s Ombudsman Program

\$0 TF
\$0 OF

The Governor’s Budget reflects the authority to repay the General Fund for Ombudsman Program costs incurred in FY 2009-10 when the cash reserves in the Federal Health Facilities Citation Penalties Account (FHFCPA) were depleted. The repayment will be made from the FHFCPA based on anticipated future receipts.

Budget Bill Language is proposed to authorize a repayment of up to \$600,000. The repayment period is authorized over a three-year period or as soon as possible if adequate cash reserves exist in the fund.

L&C Program Estimate

17.0 Positions

\$2,193,000 TF
\$2,193,000 OF

The Governor’s Budget reflects increased support authority for L&C Special Fund for seventeen positions and \$2.2 million. The result of the net increase is based on increase in position authority to compensate for a projected five percent increase in complaints.