

HEALTH AND HUMAN SERVICES

The Health and Human Services Agency oversees departments and state entities that provide health and social services to the most vulnerable and at-risk Californians. The Agency is leading the response to the COVID-19 Pandemic along with the Governor's Office of Emergency Services. The May Revision includes \$207.7 billion (\$54.2 billion General Fund and \$153.5 billion other funds) for all health and human services programs. This does not include all pandemic response costs (see Pandemic Response and Federal Assistance Chapter for more details).

As more Californians get vaccinated and case rates and hospitalizations decrease, the May Revision presents a once-in-a-generation opportunity to begin to address the health, economic, and racial inequities that were exacerbated by the pandemic. The May Revision builds on the Governor's Budget proposal that makes structural changes to our safety net that help many Californians toward self-sufficiency and success.

For California, the goal is all individuals having the opportunity to thrive and be part of healthy, equitable communities. The May Revision charts a path to a system in which necessities like housing and childcare are linked to health and behavioral health services. Furthermore, these services address the social, cultural, and linguistic needs of the individuals they serve.

The May Revision begins to lay the foundation to make this vision a reality, changing the life trajectory of children so they grow up to be healthier—both physically and mentally—and better educated, with higher paying jobs, and lower rates of involvement in the criminal justice system. In addition, the May Revision lifts older,

homeless, and formerly-incarcerated Californians to build back stronger and more resilient.

The May Revision proposals transform the behavioral health system for children and youth, support vulnerable and homeless families, build an age-friendly state for older Californians, and provide care to the most marginalized. These proposals independently help bolster critical safety net programs that support and empower Californians. Taken together, these investments advance the health and well-being of all Californians, as well as their social and economic mobility.

To help address projected structural deficits, the Legislature assumed in the 2020 Budget Act the suspension of various health and human services investments effective July 1, 2021 and December 31, 2021. Given the improved revenue outlook, the Governor's Budget proposed to delay the suspensions for one year. The May Revision proposes to eliminate the suspensions. These suspensions include, but are not limited to, Proposition 56 supplemental payment increases, reversing the 7-percent reduction in In-Home Supportive Services hours, and Developmental Services provider rate increases.

TRANSFORMING THE BEHAVIORAL HEALTH SYSTEM FOR CHILDREN AND YOUTH

The pandemic has exacerbated behavioral health conditions for children and youth. Absent action, these conditions will grow and intensify with more young people emerging with untreated anxiety, depression, psychosis, and new substance use disorders.

Half of all lifetime cases of diagnosable mental illnesses begin by age 14 and three fourths of all lifetime cases of diagnosable mental illness begin by age 25. Historically the adolescent substance use disorder system in California has been under-scaled. Addressing these needs is vital to California's recovery.

The children's behavioral health system needs more focus on prevention, increasing the number of behavioral health professionals, providing more crisis services, and adding acute care services and beds. Coordination between systems must also be improved to avoid delays or barriers to services. The most glaring behavioral challenges are borne inequitably by communities of color, low-income communities, LGBTQ+ communities, and in places where adverse childhood experiences are widespread and prominent.

The state has the opportunity now to take a statewide, comprehensive approach to provide more and better services. This opportunity to build a better system of care for all

children and youth age 25 and younger could change the lives of the next generation of Californians, having the potential to alter the drivers of homelessness, incarceration, and poverty.

The goal is to transform California's behavioral health system for children and youth into a world-class, innovative, and prevention-focused system where all children and youth are routinely screened, supported, and served for emerging and existing behavioral health needs. To realize this goal, the May Revision includes \$1 billion from the federal American Rescue Plan Act's Coronavirus State Fiscal Recovery Fund (ARPA) in 2021-22, \$1.7 billion (\$1.3 billion ARPA, \$300 million General Fund, and \$100 million Federal Trust Fund) in 2022-23, and \$431 million (\$300 million General Fund) ongoing for the Children and Youth Behavioral Health Initiative. (Some of these amounts also relate to proposed changes to the Behavioral Health Continuum Infrastructure proposal described under the Department of Health Care Services.)

Services developed under the Initiative will be provided to children and youth age 25 and younger, available statewide (in both commercial plans and Medi-Cal), evidence based, culturally competent, and equity focused. Services will address a broad and complex range of issues affecting mental and emotional well-being, including alcohol and other substance use, stress, trauma, grief, anxiety, and psychological disorders. Connecting children and youth to these services will be a set of interactive tools available via virtual platform 24 hours a day, seven days a week. In short, the Initiative will identify children who need help early, provide services where and when needed, and make programs and services available to meet their needs. Furthermore, supports will be provided for young people facing challenges at home or who are having difficulty forging positive and supportive adult relationships.

The Initiative includes resources for the Department of Health Care Services to: implement a virtual platform to integrate behavioral health services with screening, clinic-based care, and app-based support services; provide grants to qualified entities to increase behavioral health services at or affiliated with schools; develop and expand age-appropriate, evidence-based programs offered through plans as well as the CalHOPE Student Support Program; provide dedicated funds from the Behavioral Health Continuum Infrastructure Program to build infrastructure targeted at individuals age 25 and younger; and provide Medi-Cal dyadic service benefits.

Moreover, the Initiative includes resources for the Office of Statewide Health Planning and Development (OSHPD) to support behavioral health providers through existing and new health workforce development programs. The Initiative also includes resources for an Office of the Surgeon General public awareness campaign on adverse childhood

experiences and toxic stress, and develop a curriculum of trauma-informed training specific to the education sector. Lastly, the Initiative includes resources for the Department of Public Health to raise the behavioral health literacy of all Californians and prevent mental health and substance use challenges.

The May Revision also includes the following augmentations related to behavioral health for children and youth:

- **Lanterman Act Provisional Eligibility**—The May Revision includes \$23.8 million ongoing General Fund to provide children aging out of Early Start provisional Lanterman service eligibility up to age five.
- **Mental Health Services Act Partnership Grant Program**—The May Revision includes \$30 million one-time Mental Health Services Fund for the Mental Health Student Services Act partnership grants.
- **Foster Youth**—The May Revision includes \$39.2 million General Fund to assist counties with serving foster youth with complex needs and behavioral health conditions, within California, as well as youth that return from an out-of-state congregate placement.
- **Treatment and Prevention of Adverse Childhood Experiences**—Housed within the Office of Planning and Research, the California Initiative to Advance Precision Medicine supports collaborative research and partnerships between the state, researchers, patients, communities, and industry to advance a holistic perspective of physical and mental wellbeing. The May Revision includes \$12.4 million one-time General Fund for seven demonstration projects focused on advancing research on, and building scalable approaches to, treating and preventing Adverse Childhood Experiences (ACEs). Funding will further the Administration's efforts to better understand and treat ACEs by strengthening workforce training efforts, building a statewide stress surveillance network, and broadening the network of clinicians and providers that are equipped to treat and prevent toxic stress resulting from ACEs.

See the K-12 Education Chapter for investments in behavioral health programs at schools.

SUPPORTING VULNERABLE AND HOMELESS FAMILIES

The pandemic has exacerbated inequities and the Administration is prioritizing investments that will promote a recovery for all Californians.

The May Revision makes investments in California's safety net programs that have been designed to collectively work to lift families out of poverty with cash assistance and targeted food and health benefits. These investments will help provide a foundation to advance the health and well-being of all Californians, and improve social and economic mobility.

The May Revision proposes investments in the following programs:

- **CalWORKs Housing Support Program Investment**—The May Revision includes \$475 million General Fund in both 2021-22 and in 2022-23 to expand the existing CalWORKs Housing Support program.
- **Bringing Families Home Program**—The May Revision includes \$280 million General Fund in both 2021-22 and 2022-23 to expand the existing Bringing Families Home program. This program provides housing-related supports to eligible families experiencing homelessness in the child welfare system.
- **Project Roomkey**—The May Revision includes \$150 million one-time General Fund to support transitioning participants into permanent housing.
- **Regional Center Mobile Crisis Teams**—The May Revision includes \$8 million General Fund in 2021-22, increasing to \$11 million General Fund ongoing in 2022-23, for Systemic, Therapeutic, Assessment, Resources and Treatment (START) teams. The teams provide 24-hour crisis prevention and response services to individuals with intellectual or developmental disabilities.
- **Low to No Purchase of Service Caseload Ratio**—The May Revision includes \$10 million General Fund in 2021-22 to establish an intensive caseload ratio (1:40) to improve service delivery to consumers in underserved communities.
- **Family Reunification CalWORKs Assistance Payment**—The May Revision includes \$8.7 million General Fund in 2021-22 and ongoing for counties to continue providing CalWORKs services for no more than 180 days when a child has been removed from the home and is receiving out-of-home care.
- **Family First Prevention Services Act Part I**—The May Revision includes \$122.4 million General Fund one-time in 2021-22 to be expended over three years to assist counties with new prevention services implementation efforts allowable under the new federal Family First Prevention Services Act. These one-time resources will assist counties to build locally driven services and supports for children, youth and families at risk of entering foster care.

- **Universal Basic Income Pilot**—The May Revision includes \$35 million General Fund over five years for Universal Basic Income pilot programs. These pilot programs would be city or county administered, require a local-match commitment, and shall target low-income Californians.

BUILDING AN AGE-FRIENDLY STATE FOR OLDER INDIVIDUALS

The pandemic disproportionately harmed older and other at-risk adults and strained aging and disability services. Older adults have accounted for unprecedented death rates—particularly among Latino, Black and Asian Pacific Islander communities and those living in nursing homes. Intensified social isolation has been especially burdensome. The suffering experienced by and pressures placed on older adults, people with disabilities, caregivers, service providers, and advocates during this time have made implementing parts of California's Master Plan for Aging even more urgent.

The Master Plan for Aging applies the lessons learned during the pandemic, which has highlighted the need to embrace new ways to support older adults, people with disabilities, and communities of color. The Master Plan for Aging calls for California communities to build a California for All Ages where people of all ages and abilities are engaged, valued and afforded equitable opportunities to thrive as we age. Consistent with the Master Plan for Aging, the May Revision makes investments in order to realize the promise of an age-friendly state.

The May Revision proposes:

- **Medi-Cal Coverage to Undocumented Older Adults**—The May Revision includes \$69 million (\$50 million General Fund) in 2021-22 and \$1 billion (\$859 million General Fund) ongoing to expand Medi-Cal, including In-Home Supportive Services, to undocumented adults aged 60 and older effective no sooner than May 1, 2022.
- **Older Adult Recovery and Resiliency**—The May Revision includes \$106 million General Fund available over three years, to strengthen older adults' recovery and resilience from isolation and health impacts caused by the pandemic. This investment will increase service levels of existing programs based on local need including: Senior Nutrition, Senior Legal Aid, Home Modifications and Fall Prevention, Behavioral Health Friendship Line, Senior Digital Assistance, Family Caregiver Support, Senior Employment Opportunities, Elder Abuse Prevention, and Aging & Disability Resource Connection.

- **CalFresh Expansion Older Adult Outreach**—The May Revision includes \$2 million (\$1.1 million General Fund) ongoing for the Department of Aging to continue CalFresh Expansion outreach efforts to older adults.
- **Master Plan for Aging Implementation**—An April 1 proposal included \$3.3 million General Fund ongoing to provide the Department of Aging policy, project management, and information technology leadership necessary to implement the Master Plan for Aging.
- **Department of Aging Suspensions**—The May Revision proposes to eliminate suspensions for Aging and Disability Resource Connections and Senior Nutrition resulting in a cost of \$13.8 million General Fund in 2022-23 and \$27.5 million ongoing.
- **Office of Medicare Innovation and Integration**—An April 1 proposal included \$602,000 (\$452,000 General Fund) ongoing to provide the Department of Health Care Services focused leadership and expertise to lead innovative models for Medicare beneficiaries in California, including both Medicare-only beneficiaries and individuals dually eligible for Medicare and Medi-Cal.
- **Office of Long-Term Care Patient Representative**—An April 1 proposal included \$4 million Public Health Licensing & Certification funding ongoing for the Department of Aging to provide public patient representatives to nursing facility residents who lack capacity to make their own health care decisions and who do not have a family member or friend who can act as a patient representative.
- **Alzheimer's Augmentation**—Building on investments proposed in the Governor's Budget, the May Revision includes \$12.5 million General Fund one-time to address Alzheimer's in California. These investments include \$5 million for public awareness, \$2.5 million for standards of care, and \$5 million for geriatric workforce development.
- **Home Safe**—The May Revision Includes \$100 million General Fund in both 2021-22 and 2022-23 for the Home Safe program for access to health, safety, and housing supports for individuals involved in or at risk of involvement in Adult Protective Services.
- **Housing and Disability Advocacy Program**—The May Revision includes \$175 million General fund annually through 2023-24 to assist disabled individuals who are experiencing homelessness. Additionally, the May Revision waives the Interim Assistance Reimbursement requirement through the end of 2023-24 for this program.

- **Community Care Expansion Program**—The May Revision includes \$500 million in both 2021-22 and 2022-23 for the construction, acquisition and/or rehabilitation of adults and seniors in care facilities who are homeless or at risk of becoming homeless, and will further stabilize these facilities with physical upgrades and capital improvements.

DEPARTMENT OF HEALTH CARE SERVICES

Medi-Cal, California's Medicaid program, is administered by the Department of Health Care Services.

To further the Medi-Cal program's ability to address some of the most complex challenges facing Californians' most vulnerable neighbors, the May Revision builds on the California Advancing and Innovating Medi-Cal (CalAIM) proposal. This proposal recognizes the opportunity to provide for non-clinical interventions focused on a whole-person care approach that targets social determinants of health and reduces health disparities and inequities.

The broader system, program, and payment reforms included in CalAIM allow the state to take a population health, person-centered approach to providing services with the goal of improving outcomes for all Californians. Attaining such goals will have a significant impact on an individual's health and quality of life and, through iterative system transformation, will ultimately reduce the per-capita costs over time.

The Medi-Cal budget is \$115.6 billion (\$21.5 billion General Fund) in 2020-21 and \$123.8 billion (\$27.6 billion General Fund) in 2021-22. The May Revision assumes that caseload will increase by approximately 7.1 percent from 2019-20 to 2020-21 and increase by 6.6 percent from 2020-21 to 2021-22. Medi-Cal is projected to cover approximately 14.5 million Californians in 2021-22, over one-third of the state's population.

EXPANDING COVERAGE AND BENEFITS

Over the course of the last decade, Medi-Cal has significantly expanded and changed, mostly because of changes brought by the federal Patient Protection and Affordable Care Act and various federal regulations, as well as state-level statutory and policy changes. During this time, the state has also undertaken many initiatives and embarked on innovative demonstration projects to improve the beneficiary

experience. Additionally, health equity has been a key focus of the Administration and the pandemic has accelerated the need for additional action.

The May Revision builds on these efforts to address the need for a more culturally and linguistically competent and responsive health and social services system. The May Revision proposes the following initiatives, which build on the CalAIM Medi-Cal proposal and advance equity in health care.

The May Revision proposes:

- **Population Health Management Service**—The May Revision includes one-time \$315 million (\$31.5 million General Fund) to provide population health management services that would centralize administrative and clinical data from the Department, health plans, and providers. Access to this information would allow all parties to better identify and stratify member risks and inform quality and value delivery across the continuum of care while implementing CalAIM. The service will also facilitate the connection between important health data and critical social service data for a given beneficiary.
- **Medi-Cal Providing Access and Transforming Health Payments (PATH)**—The May Revision includes one-time \$200 million (\$100 million General Fund) to build capacity for effective pre-release care for justice-involved populations to enable coordination with justice agencies and Medi-Cal coverage of services 30 days prior to release.
- **Five-Year Medi-Cal Eligibility Extension for Postpartum Individuals**—The American Rescue Plan Act of 2021 allows states to receive a federal funding if they extend Medi-Cal eligibility from 60 days to 12 months for most postpartum individuals, effective April 1, 2022 for up to five years. The May Revision includes \$90.5 million (\$45.3 million General Fund) in 2021-22 and \$362.2 million (\$181.1 million General Fund) annually between 2022-23 and 2027-28 to implement the extension.
- **Doula Benefit**—The May Revision includes \$403,000 (\$152,000 General Fund) in 2021-22 and approximately \$4.4 million (\$1.7 million General Fund) annually at full implementation to add doula services as a covered benefit in the Medi-Cal program, effective January 1, 2022.
- **Community Health Workers**—The May Revision includes \$16.3 million (\$6.2 million General Fund), increasing to \$201 million (\$76 million General Fund) by 2026-27, to add community health workers to the class of health workers who are able to provide benefits and services to Medi-Cal beneficiaries, effective January 1, 2022.

- **Medically Tailored Meals**—The May Revision includes one-time funding of \$9.3 million General Fund to continue the provision of medically tailored meals in the period between the conclusion of the existing pilot program in 2021 and when medically tailored meals become available as an option for In-Lieu of Service (ILOS) under CalAIM.
- **Audio Only Visits**—As part of the Administration's proposal to extend telehealth flexibilities utilized during the pandemic, while providing assurances of appropriate access to in-person care, DHCS will establish rates for audio-only telehealth that is set as 65 percent of the Medi-Cal rate for the service rendered in fee-for-service, and comparable alternative to prospective payment system (PPS) rates for clinics to maintain an incentive for in-person care. Only providers located in California or border communities and able to provide in-person services to each client served by audio-only telehealth can claim Medi-Cal reimbursement for the service. DHCS will consult with subject matter experts to establish utilization management protocols for all telehealth services prior to implementation of post-pandemic telehealth services.

OTHER SIGNIFICANT ADJUSTMENTS:

- **Current Year**—The May Revision assumes decreased expenditures in the Medi-Cal program of approximately \$1 billion General Fund compared with the Governor's Budget. The majority of the current year decrease results from lower-than-expected COVID-19-related caseload costs, and a one-time draw-down of retroactive federal funds associated with state-only populations.
- **Year-Over-Year**—The May Revision projects General Fund expenditures of \$27.6 billion in 2021-22, an increase of \$6.1 billion compared with 2020-21. Approximately one-third of the increase is attributable to caseload costs resulting from the federal continuous coverage requirement during the public health emergency and other COVID-19-related impacts, one-third of the increase is attributable to base program cost increases and an increase in estimated repayment of federal funds for state-only populations, and one-third is attributable to various new investments as well as various smaller adjustments, including an increase in projected federal fund claiming deferrals.
- **Proposition 56 Suspensions**—The May Revision proposes to eliminate suspensions for Proposition 56 supplemental payment increases resulting in a cost of approximately \$550 million ongoing.
- **Behavioral Health Continuum Infrastructure**—The Governor's Budget proposed \$750 million one-time General Fund for competitive grants to qualified entities to

construct, acquire, and rehabilitate real estate assets to expand the community continuum of behavioral health treatment resources. An April 1 Budget Letter shifted \$6.5 million one-time General Fund from local assistance to state operations, available over a three-year period. The May Revision increases the Governor's Budget proposal by \$10 million ARPA and shifts \$300 million General Fund to ARPA. In addition, the May Revision includes \$1.4 billion (\$1.2 billion General Fund and \$220 million ARPA) for the program in 2022-23 (some of these amounts are included in the Children and Youth Behavioral Health Initiative described above). Of the funding, a minimum of \$10 million ARPA in 2021-22 and \$255 million (\$220 million ARPA and \$25 million General Fund) in 2022-23 is available for increased infrastructure targeted to individuals age 25 and younger.

- **Incompetent to Stand Trial Facility Infrastructure**—As a part of the Behavioral Health Continuum Infrastructure proposal, the May Revision includes \$250 million one-time General Fund to provide competitive grants for increased infrastructure targeted to justice-involved individuals with a serious mental illness who are deemed IST. Related to an intent to reallocate Relinquished County Jail Bond Authority to purchase or modify community mental health facilities, this proposal is intended to provide community based alternatives to incarceration or unnecessary state hospitalization.
- **Drug Rebate Fund Reserve**—The May Revision allocates \$222 million in 2020-21 to the Medi-Cal Drug Rebate Fund to maintain a reserve. The reserve is intended to alleviate the General Fund impact related to drug rebate volatility.
- **Medication Therapy Management**—The May Revision includes \$12.6 million (\$4.4 million General Fund) to reimburse specialty pharmacies for services provided to beneficiaries with complex drug therapies in the fee-for-service delivery system, effective July 1, 2021.
- **County Administration Funding for Post-Public Health Emergency Redeterminations**—The May Revision includes one-time funding of \$73 million (\$36.5 million General Fund) in each of 2021-22 and 2022-23 to resume annual Medi-Cal redeterminations upon conclusion of the federal public health emergency and continuous coverage requirement.
- **Support for Public Hospitals and Health Systems**—The May Revision includes \$300 million one-time Coronavirus Fiscal Recovery Fund to help public health care systems cover costs associated with critical care delivery needs provided during and beyond the pandemic.

- **Rates for Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) and Pediatric Subacute Facilities**—The May Revision includes \$24 million (\$11 million General Fund) to address frozen rates for ICF/DD and pediatric subacute facility rates.

DEPARTMENT OF SOCIAL SERVICES

The Department of Social Services (DSS) serves, aids, and protects needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence. The Department's major programs include CalWORKs, CalFresh, In-Home Supportive Services (IHSS), Supplemental Security Income/State Supplementary Payment (SSI/SSP), Child Welfare Services, Community Care Licensing, and Disability Determination. Effective July 1, 2021, child care and nutrition programs will transition from the California Department of Education (CDE) to DSS. The May Revision includes \$42.2 billion (\$14.7 billion General Fund) for DSS programs in 2021-22.

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS

The CalWORKs program, California's version of the federal Temporary Assistance for Needy Families (TANF) program, provides temporary cash assistance to low-income families with children to meet basic needs. It also provides welfare-to-work services so that families may become self-sufficient. Eligibility requirements and benefit levels are established by the state. Counties have flexibility in program design, services, and funding to meet local needs.

Total TANF expenditures are \$8.5 billion (state, local, and federal funds) in 2021-22. The amount budgeted includes \$6.8 billion for CalWORKs program expenditures and \$1.7 billion in other programs. Other programs include expenditures for Child Care, Child Welfare Services, Foster Care, Department of Developmental Services programs, the Statewide Automated Welfare System, Work Incentive Nutritional Supplement, California Community Colleges Child Care and Education Services, Cal Grants, and the Department of Child Support Services.

The average monthly CalWORKs caseload is estimated to be 358,110 families in 2021-22. The 2021-22 May Revision includes revised caseload projections, driven by the assumption federal unemployment benefits will expire resulting in new families receiving CalWORKs.

SIGNIFICANT ADJUSTMENTS:

- **CalWORKs Grant Increase**—The May Revision reflects a 5.3-percent increase to CalWORKs Maximum Aid Payment levels, which is estimated to cost \$142.9 million in 2021-22. These increased grant costs are funded entirely by the Child Poverty and Family Supplemental Support Subaccounts of the Local Revenue Fund.
- **CalWORKs Overpayments**—The May Revision includes the following changes to CalWORKs overpayment collections.
 - Beginning April 2020 through the end of the pandemic or June 30, 2022, whichever is sooner, authorizes a county to reduce the collection of all non-fraudulent related CalWORKs overpayments that are considered administrative errors from 10 percent to 5 percent of a family's aid payments.
 - Reduces the CalWORKs Overpayment collection timeframe from 5 years to 2 year.
- **Indian Health Clinic Funding Restoration**—The May Revision includes \$1.9 million General Fund ongoing to restore Indian Health Clinic funding to pre-2009 funding levels.

For additional details see the Housing and Homelessness Chapter.

IN-HOME SUPPORTIVE SERVICES

The IHSS program provides domestic and related services such as housework, transportation, and personal care services to eligible low-income aged, blind, and disabled persons. These services are provided to assist individuals to remain safely in their homes and prevent more costly institutionalization. The May Revision includes \$17.2 billion (\$5.5 billion General Fund) for the IHSS program in 2021-22. Average monthly caseload in this program is estimated to be 590,293 recipients in 2021-22.

SIGNIFICANT ADJUSTMENTS:

- **IHSS State and County Sharing Ratio**—Under current law, the state and counties share the nonfederal cost for locally negotiated increases to wages and benefits for IHSS providers—a ratio of 35 percent county and 65 percent state, up to the state participation cap, which is set at \$1.10 above the state minimum wage. For

increases above that amount, the county is responsible for 100 percent of the nonfederal share. Effective January 1, 2022, when the state minimum wage reaches \$15 per hour, county-negotiated increases to IHSS wages and benefits would have flipped to a ratio of 65 percent county and 35 percent state. The May Revision now assumes the continuation of the 65 percent state and 35 percent county sharing ratio and the continuation of the 10 percent over three years option. The May Revision assumes increased state costs of \$57.3 million General Fund in 2021-22 and \$123.8 million ongoing General Fund to reflect this change.

- **Long Term Care Career Pathways**—The May Revision includes \$200 million one-time General Fund to incentivize, support, and fund career pathways for IHSS providers, allowing these workers to build on their experience to obtain a higher-level job in the home care and/or health care industry.
- **IHSS 7 Percent Suspension**—The May Revision proposes to eliminate the IHSS 7 percent reduction in service hours resulting in a cost of approximately \$248 million General Fund in 2022-23 and \$496 million ongoing General Fund.

SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT (SSI/SSP)

The federal SSI program provides a monthly cash benefit to eligible aged, blind, and disabled persons who meet the program's income and resource requirements. In California, the SSI payment is augmented with an SSP grant. These cash grants assist recipients with basic needs and living expenses. The federal Social Security Administration administers the SSI/SSP program, making eligibility determinations, computing grants, and issuing combined monthly checks to recipients. The state-only Cash Assistance Program for Immigrants (CAPI) provides monthly cash benefits to aged, blind, and disabled legal noncitizens who are ineligible for SSI/SSP due solely to their immigration status.

The May Revision includes \$2.7 billion General Fund in 2021-22 for the SSI/SSP program. The average monthly caseload in this program is estimated to be 1.2 million recipients in 2021-22.

Effective January 2021, the maximum SSI/SSP grant levels are \$955 per month for individuals and \$1,598 per month for couples. CAPI benefits are equivalent to SSI/SSP benefits.

SIGNIFICANT ADJUSTMENT:

- **2011 SSP COLA Restoration for Individuals**—The May Revision includes \$131.5 million General Fund in 2021-22 and ongoing to restore SSP, Cash Assistance Program for Immigrants, and California Veterans Cash Benefit recipients COLA for individuals back to 2011 payment levels.

CHILDREN'S PROGRAMS

Child Welfare Services include family support and maltreatment prevention services, child protective services, foster care services, and adoptions. California's child welfare system provides a continuum of services to children who are either at risk of or have suffered abuse and neglect. Program success is measured in terms of improving the safety, permanence, and well-being of children and families served. The May Revision includes \$1.1 billion General Fund in 2021-22 for services to children and families in these programs. When federal and 1991 and 2011 Realignment funds are included, total funding for children's programs is in excess of \$9.3 billion in 2021-22.

SIGNIFICANT ADJUSTMENTS:

- **Foster Care Emergency Assistance**—The May Revision includes \$24.5 million General Fund and federal TANF block grant funds in 2021-22 to provide caregivers with up to four months of emergency assistance payments pending resource family approval and up to twelve months for cases that meet good cause criteria.
- **Child Welfare Services-California Automated Response and Engagement System**—The May Revision includes \$39.4 million General Fund in 2021-22 to continue development of a new technology platform for Child Welfare Services.
- **Child and Adolescent Needs and Strengths Assessment Tool Workload**—The May Revision includes \$3.4 million General Fund ongoing for increased county social worker workload associated the Child and Adolescent Needs and Strengths assessment tool.
- **Continuum of Care Reform Reconciliation**—The May Revision includes \$7.1 million General Fund to reflect Continuum of Care Reform true-up related to county Child and Family Teams actual expenditures for fiscal year 2018-19.
- **Stipend for Tribal Social Work Students**—The May Revision includes \$3 million General Fund in 2021-22 to provide a Master of Social Work Programs stipend for tribal

members or Native Americans who commit to working in tribal social services programs dedicated to serve children and families through after graduation

IMMIGRATION SERVICES

DSS funds qualified organizations to provide legal and other critical services to immigrants in California.

SIGNIFICANT ADJUSTMENTS:

- **Rapid Response Efforts**—The May Revision includes \$105.2 million one-time General Fund for the Rapid Response Fund to provide support for migrant family arrivals at the Southern California border and additional funding for other emergency responses, including wildfires and drought.
- **Unaccompanied Undocumented Minors (UUM)**—The May Revision includes \$20 million General Fund and \$5 million Proposition 98 General Fund in 2021-22 to provide additional support for UUMs through Opportunities for Youth pilot project (\$4.7 million General Fund), the UUM legal services (\$14 million General Fund), state operations (\$1.3 million General Fund) and the California Newcomer Education and Well-Being Project (\$5 million Proposition 98 General Fund) will be available through 2022-23.
- **DACA and Naturalization Filing Fees**—The May Revision includes \$25 million one-time General Fund in 2021-22 to fund filing fees for DACA and naturalization.

CHILD CARE

The May Revision builds on prior investments to minimize the disruption of the pandemic on children, families and the child care workforce. Federal funding will continue to be instrumental in providing for the recovery and stability of families and the workforce and programs serving them. The Administration will continue to build on key recommendations from the Master Plan for Early Learning and Care to transform the state's child care system.

EXPANDING ACCESS AND INVESTING IN THE FUTURE

The Administration proposes to make the largest expansion of its kind in child care access by adding 100,000 subsidized child care slots. Updated Proposition 64 cannabis tax revenues will provide an additional \$83 million for child care slots in 2021-22 and

ongoing. These funds will provide for an additional 6,500 new child care slots. Additional investments to strengthen the child care system include:

- **Infrastructure Facilities**—The May Revision includes \$250 million one-time federal American Rescue Plan Act of 2021 (ARPA) funds to provide infrastructure grants for the acquisition, construction, development, and renovation of child care facilities focusing on desert areas to be spent through September 30, 2024.
- **Child Care Resource and Referral Programs**—The May Revision includes \$10 million ARPA funds to support continued Resource and Referral partnerships to strengthen their role serving as intermediaries to develop new child care facilities and capacity, and to streamline and improve data collection processes.
- **Quality Improvement**—The May Revision includes \$20 million for a multi-year effort to strengthen existing quality improvement supports and systems. CDSS will engage with stakeholders to inform policy-setting and program design with a focus on addressing inequities. Quality projects funded by the federal Child Care and Development Fund (CCDF) will transfer to CDSS as part of the child care and development transition without any immediate changes.

The K-12 Education Chapter includes information about additional investments in early learning programs and supports.

SUPPORTING THE EARLY LEARNING AND CARE WORKFORCE

The pandemic has disrupted the child care system and federal funding has been critical to reducing long-term losses in this system. The February, 2021 pandemic-related relief package provided \$402 million in federal funds. This relief package included \$244 million in per-child stipends for subsidized providers and additional paid closure days in the event that a provider temporarily shuts down due to COVID-19.

The May Revision includes a second pandemic relief package of \$579 million in one-time Coronavirus Response and Relief Supplemental Appropriations funds. The pandemic relief package includes:

- A tiered **licensed provider one-time stipend** based on licensing capacity of between \$3,500 to \$6,500.
- A third round of **per-child stipends** for subsidized child care and preschool providers.
- **Family fee waivers** for eligible families beginning July 1, 2021 through June 30, 2022.

- \$25 million one-time CRRSA funds available through September 30, 2023, for the expansion of the **California Child Care Initiative Project** to target areas such as child care deserts and building capacity of new licensed family child care homes.
- \$10.6 million one-time CRRSA funds available through September 30, 2023 for **early childhood mental health consultation**. This investment will expand the California Inclusion and Behavior Consultation project which offers support to child care programs and providers on such topics as children's social emotional development, trauma-informed practices and health and safety for the wellbeing of children and families impacted by the pandemic and beyond.
- **16 non-operational days** for providers accepting vouchers that have to close due to COVID-related reasons beginning July 1, 2021, through June 30, 2022.
- **Continued hold harmless** funding for child care providers that contract directly with the state and provider reimbursement at a child's maximum certified level of need for all providers accepting vouchers through June 30, 2022.

TRANSITION OF CHILD CARE AND DEVELOPMENT PROGRAMS

Effective July 1, 2021 child care and nutrition programs will shift from the CDE to the DSS. This transition will align all child care programs within a single department in state government. This transfer supports the implementation of a high-quality affordable child care and development system designed to comprehensively and effectively serve children, families, and the child care and development workforce. The Administration continues to support this transfer with additional investments.

SIGNIFICANT ADJUSTMENTS:

- **State Operations**—The May Revision shifts \$31.7 million (\$0.9 million General Fund) and 185.7 positions from the CDE to the DSS to administer child care, and nutrition programs. Additionally, to continue to support this transition additional state operations resources of \$10.9 million (\$10.4 million General Fund) and 79 position to provide adequate infrastructure to support the system, program enhancements, and to a whole-child/whole-family approach to child care integration and data development.
- **Local Assistance**—The May Revision includes \$3 billion (\$1.5 billion General Fund) and shifts the following programs, including: General Child Care, Alternate Payment Programs, CalWORKs Stage 2 & Stage 3, Resource & Referral Programs, Migrant Child Care Program, Severely Disabled Program, California Child Care Initiative,

Quality Improvement Activities, Local Planning Councils, and Child and Adult Care Food Program.

- **Direct Deposit**—The May Revision includes \$6.0 million to modernize payment options to child care and development contractors through the option of direct deposit.
- **Child Care Data Landscape**—The May Revision includes \$4.8 million General Fund to support planning and initial implementation for the design of a child care data system to meet the needs of families and the workforce. This proposed data system aligns with the Master Plan for Early Learning and Care and would strengthen the administrative processes used for data collection. DSS will build on prior efforts and engage stakeholders in the design.

DEPARTMENT OF DEVELOPMENTAL SERVICES

The Department of Developmental Services (DDS) provides individuals with developmental disabilities a variety of services that allow them to live and work independently or in supported environments. California is the only state that provides services to individuals with developmental disabilities as an entitlement. The May Revision includes \$10.7 billion (\$6.6 billion General Fund) and estimates that approximately 386,753 individuals will receive services by the end of 2021-22.

SIGNIFICANT ADJUSTMENTS:

- **Elimination of Suspensions**—The May Revision proposes to eliminate suspension of the Provider Supplemental Rate Increase and lift the implementation of the Uniform Holiday Schedule resulting in a cost of \$173.7 million General Fund in 2022-23 and \$309.6 million ongoing General Fund.
- **Performance Incentives Program**—The May Revision includes \$4 million General Fund in 2021-22 for one-time planning resources to create an outcome-focused regional center operations funding program. Beginning in 2022-23, ongoing costs increase to \$61 million General Fund.
- **Direct Service Professional Workforce Training and Development**—The May Revision includes \$2.9 million General Fund in 2021-22 to establish a training and certification program for direct service professionals tied to wage differentials. The program aims to reduce staff wage inequity, stabilize service access, and professionalize and

diversify the workforce. Beginning in 2023-24, ongoing costs increase to \$51 million General Fund.

- **Bilingual Staff Differentials**—The May Revision includes \$2.2 million General Fund in 2021-22 to create a differential for bilingual service provider staff. Beginning in 2023-24, ongoing costs increase to \$6.5 million General Fund.
- **Self-Determination Supports**—The May Revision includes \$6.8 million General Fund to improve consumer onboarding into the Self-Determination Program, to include: participant choice specialists, intensive transition support services, and regional center training. Beginning in 2024-25, ongoing costs decrease to \$2.2 million General Fund.

DEPARTMENT OF PUBLIC HEALTH

The Department of Public Health (DPH) is charged with protecting and promoting the health and well-being of the people of California. The May Revision includes \$4.6 billion (\$1.3 billion General Fund) in 2021-22 for the Department.

The pandemic is the largest and most pervasive public health emergency in recent history. During recent decades, California has addressed smaller-scale outbreaks and threats, such as H1N1 influenza, Zika, Ebola, West Nile Virus, Measles, and Valley Fever. While each of these has led DPH to modify and refine its preparedness planning, the magnitude of the pandemic has been unprecedented and overwhelming. No segment of the state—whether by geography, by ethnicity, or by age—has been untouched.

The pandemic has exposed disparities within California's public health system and highlighted needs for infrastructure to prevent disease, promote health, and prepare for and respond to both immediate threats and chronic challenges. Federal and state investments in core public health functions (laboratory, epidemiology, and surveillance) have remained stagnant or decreased over the last decade. At the same time, the incidence and prevalence of both chronic and infectious diseases has risen. The number of reported infectious diseases rose nearly 45 percent over the past decade.

During the pandemic, federal support—including FEMA public assistance, Coronavirus Relief Funds, and various federal grants—has increased spending on public health response efforts by billions of dollars. In addition, the recently enacted American Rescue Plan Act of 2021 provides over \$1 billion to state and local public health efforts. The chart below details about \$5 billion in selected federal grants that have flowed to

the state and local governments to address critical public health needs. Local governments, who are key partners in these efforts, have received nearly \$3 billion in direct support from three of the largest grant awards. These funds generally are available over multiple fiscal years.

Selected Federal Public Health Grants Since March 2020		
Grant	Recipient	Award Amount (In Millions)
Epidemiology and Laboratory Capacity Grant	State	\$213
Epidemiology and Laboratory Capacity Grants, Local Share	Los Angeles County	\$291
Epidemiology and Laboratory Capacity Grants, Local Share	State Allocation to Local	\$286
Epidemiology and Laboratory Capacity Grants	State	\$508.5
Epidemiology and Laboratory Capacity Grants	Los Angeles County	\$577.8
Epidemiology and Laboratory Capacity Grants	State Allocation to Local	\$1,187.5
Vaccine Preparedness Grants	State	\$178.5
Vaccine Preparedness Grants	State Allocation to Local	\$178.5
School Testing Grants	Los Angeles County	\$302.4
TOTAL STATE		\$900.0
TOTAL LOCAL (INCLUDING LA)		\$2,823.10
TOTAL		\$3,723.1
Other Health-Related American Rescue Plan Grants*		
Grant	Recipient	Award Amount (In Millions)
School Testing Grants	State	\$888.7
Vaccine Preparedness Grants	State	\$357
GRAND TOTAL		\$4,968.8

*The local share of these awards is not yet known.

Although the state continues to respond to the pandemic, the next few months present an opportunity to look at the lessons learned and begin to build a vision for the future public health system. The Administration envisions a system that is able to monitor and detect new and emerging infectious and communicable diseases, quickly respond and mitigate their impacts on individuals, communities and the economy, and integrate with the healthcare delivery system to create a seamless continuum that includes surveillance, prevention and treatment. The May Revision includes \$3 million for a review that will assess the state's public health response and root causes of the disparities and inequities experienced by disproportionately impacted communities. The Administration is committed to turning lessons learned and gaps identified into actionable policies to be presented as part of the 2022 Governor's Budget.

Specifically, the May Revision proposes:

- **COVID-19 Response Costs**—\$1.08 billion for COVID-19 response costs. These funds will support testing and laboratory operations, vaccination, medical surge capacity, contact tracing management, and other state operations needs.
- **Pandemic Response Review**—\$3 million for an assessment of the state's public health and emergency response to the pandemic.
- **Behavioral Health Outreach for Young People**—\$100 million over the next five years to support youth behavioral health education and outreach programs as a part of the Children and Youth Behavioral Health Initiative proposal.

DEPARTMENT OF STATE HOSPITALS

The Department of State Hospitals (DSH) administers the state mental health hospital system, the Forensic Conditional Release Program, the Sex Offender Commitment Program, and the evaluation and treatment of judicially and civilly committed patients. The May Revision includes \$2.5 billion (\$2.3 billion General Fund) in 2021-22 for support of the Department. The patient population is expected to reach 7,089 by the end of 2021-22, including patients receiving competency treatment in jail-based settings and community-based settings.

PROVIDING CARE TO THE MOST MARGINALIZED

The California state hospital system cares for patients with the most serious mental illness, many of whom are justice involved and who have committed serious crimes. Patients admitted to the DSH are committed for treatment by a criminal or civil court judge. Approximately 90 percent of patients are forensic commitments. These patients are sent to a state hospital through the criminal court system and have committed crimes linked to their mental illness.

The pandemic has placed a significant strain on the state hospital system and has further exacerbated the waitlist of felony Incompetent to Stand Trial (IST) patients that are pending placement in a state hospital facility due to necessary changes to hospital operations and health precautions.

The May Revision makes investments designed to support individuals prior to admission into a state hospital. Moreover, these investments will help build the community infrastructure to support the restoration of the individuals served by the state hospital system.

FELONY INCOMPETENT TO STATE TRIAL POPULATION

The Department continues to experience a growing number of felony IST commitments who are referred from trial courts and are awaiting admission to the state hospital system, which has been further exacerbated by the pandemic. The number of ISTs pending placement into the state hospital system was approximately 1,561 individuals in May, 2021.

The May Revision includes the followings proposals to address the number of ISTs pending placement by increasing local capacity to provide treatment, housing, and other necessary supports:

OTHER SIGNIFICANT ADJUSTMENTS:

- **Community-Based Restoration Program Expansion**—The May Revision includes \$28.3 million General Fund to provide competency restoration service for IST patients in community mental health treatment settings. Beginning in 2024-25 ongoing costs increase to \$49.8 million General Fund.
- **Discontinue Lanterman-Petris-Short Patient Contracts with Counties**—The May Revision includes a \$17.1 million General Fund backfill for lost revenues as the state will no longer be able to take new Lanterman-Petris-Short patients. Beginning in 2023-24 the ongoing cost increases to \$146 million General Fund.
- **Jail-Based Competency Treatment Program Existing/New Program Updates**—The May Revision includes \$13.3 million General Fund to contract with counties to provide competency restoration services for IST patients residing in county jail facilities. Beginning in 2022-23 ongoing costs increase to \$22.5 million General Fund.
- **Reevaluation Services for Felony ISTs**—The May Revision includes \$12.7 million General Fund to partner with local county jails to re-evaluate individuals deemed IST on a felony charge waiting in jail 60 days or more pending placement to a DSH treatment program.

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

California and its health care system have changed dramatically since OSHPD's creation in 1978, necessitating changes to make OSHPD more responsive to the state's needs. With the addition of new programs such as the Health Care Payments Data Program and the proposed Office of Health Care Affordability, the May Revision proposes to rename the office the Department of Health Care Access and Information (HCAI). The Department's work will be centered on safe health care facilities, increasing the health workforce, improving the affordability and quality of health care, and financing health facilities. The May Revision includes \$6.3 million in 2021-22 and \$3.9 million in 2022-23 and ongoing from various funds to recast the Office as a department, strengthen health workforce and other data assets, build a more robust health workforce data system, and analyze that data to better inform policy recommendations to help support the state's health care workforce. Also, as noted under the Building an Age-Friendly State for Older Individuals section above, the May Revision includes an augmentation the OSHPD's geriatric workforce programs of \$5 million one-time General Fund.

In addition, the May Revision includes:

- **Healthcare Workforce Training Program**—\$50 million one-time General Fund to support grants to new residency programs.

COVERED CALIFORNIA

The 2019 Budget Act included historic subsidies to help more low and middle class Californians afford health coverage through Covered California. In addition, the state created an individual mandate to obtain comprehensive health care coverage. For 2020-21 and 2021-22, ARPA provides more generous subsidies than the current state subsidy program, effectively eliminating the need for the state subsidies. The May Revision contains the following adjustments to the Covered California budget and individual mandate penalty revenue:

- **State Subsidy Program Savings**—The May Revision reflects General Fund savings totaling \$732.7 million over 2020-21 and 2021-22 combined that result from new federal subsidy levels replacing the state subsidy program.

- **Individual Mandate Penalty Revenue**—The Franchise Tax Board is currently processing returns for the 2020 tax year, the first year in which the individual mandate penalty is in effect. Based on initial sample data, the May Revision reflects reduced revenue from the individual mandate penalty of about \$345 million over 2020-21 and 2021-22 combined.
- **Zero-Dollar Premium Plans**—Health care consumers pay \$1 premiums for health plans due to federal policy concerning abortion coverage. The May Revision proposes to subsidize this cost for Covered California consumers at a General Fund cost of \$20 million ongoing.
- **Health Care Affordability Reserve Fund**—While ARPA provides substantial near-term relief to Californians purchasing health care through Covered California, the future of the enhanced federal assistance is uncertain. To partially backfill the loss of the more generous federal subsidies if they are not extended, or if other state health care affordability investments are explored in the future, the May Revision sets aside \$333.4 in a new Health Care Affordability Reserve Fund. The total equals estimated individual mandate penalty revenue in 2020-21 and 2021-22, less the 2021-22 cost of the zero-dollar premium plan proposal described above.

OTHER HEALTH AND HUMAN SERVICES ADJUSTMENTS:

- **Language Access**—The May Revision includes \$20 million one-time General Fund to improve and deliver language access services across the spectrum of Health and Human Services programs. This proposal would build on a 2021 Governor’s Budget proposal for the Health and Human Services Agency to develop and implement an HHS-wide policy framework to improve language access standards across programs and services.
- **Health Information Exchange Leadership**—The May Revision includes \$2.5 million one-time General Fund for Health and Human Services Agency to lead efforts and stakeholder engagement in building out information exchange for health and social services programs.
- **Health and Human Services Special Fund Loans**—The May Revision withdraws the proposed \$40 million loan from the Hospital Building Fund and proposes repaying \$156 million in budgetary loans from various special funds that were included in the 2020 Budget Act.

- **Office of Youth and Community Restoration**—The May Revision includes \$7.6 million General Fund in 2021-22 and \$7.2 million ongoing General Fund for 33 positions to stand up the Office of Youth and Community Restoration and perform the core functions laid out in SB 823 (Chapter 337, Statutes of 2020), including: (1) review of county's juvenile justice plans, (2) reporting on youth outcomes and identifying best practices, (3) providing technical assistance to counties, and (4) performing the ombudsperson duties.
- **Statewide Emergency Medical Services Data Solution**—This May Revision includes one-time \$10 million General Fund for the Emergency Medical Services Authority (EMSA) for planning and readiness activities to establish a statewide emergency services data infrastructure that strengthens real-time information sharing and data analytics for the state and locals, emergency medical services providers, and health care providers.
- **Emergency Capacity**—The May Revision includes \$10.8 million at EMSA to store and maintain critical emergency equipment and medical supplies acquired during the pandemic; and staff resources to improve the on-boarding, deployment, and training for emergency medical responders.

1991 AND 2011 REALIGNMENT

The programs for 1991 and 2011 Realignment are funded through two sources: state sales tax and vehicle license fees. These fund sources are projected to increase by 3.1 percent in 2020-21 and by 9.5 percent in 2021-22 compared to Governor's Budget estimates.

1991 Realignment Estimate at 2021 May Revision

Dollars in Thousands

2019-20 State Fiscal Year							
Amount	CalWORKs MOE	Health	Social Services	Mental Health	Family Support	Child Poverty	Totals
Base Funding							
Sales Tax Account	\$742,048	\$-	\$2,296,188	\$-	\$443,649	\$102,919	\$3,584,804
Vehicle License Fee Account	363,383	1,050,566	216,223	-	152,435	290,884	2,073,492
Subtotal Base	\$1,105,432	\$1,050,566	\$2,512,411	\$-	\$596,085	\$393,803	\$5,658,296
Growth Funding							
Sales Tax Growth Account:	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Caseload Subaccount	-	-	-	-	-	-	-
County Medical Services Growth Subaccount	-	-	-	-	-	-	-
General Growth Subaccount	-	-	-	-	-	-	-
Vehicle License Fee Growth Account	-	-	-	-	-	-	-
Subtotal Growth	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Total Realignment 2019-20¹¹	\$1,105,432	\$1,050,566	\$2,512,411	\$-	\$596,085	\$393,803	\$5,658,296
2020-21 State Fiscal Year							
Base Funding							
Sales Tax Account	\$742,048	\$23,890	\$2,296,188	\$-	\$419,759	\$102,919	\$3,584,804
Vehicle License Fee Account	363,383	1,016,415	216,223	-	186,586	290,884	2,073,493
Subtotal Base	\$1,105,432	\$1,040,305	\$2,512,411	\$-	\$606,346	\$393,803	\$5,658,297
Growth Funding							
Sales Tax Growth Account:	\$8,704	\$40,099	\$109,589	\$72,633	\$-	\$95,850	\$326,876
Caseload Subaccount	-	-	(109,589)	-	-	-	(109,589)
County Medical Services Growth Subaccount	-	-	-	-	-	-	-
General Growth Subaccount	(8,704)	(40,099)	-	(72,633)	-	(95,850)	(217,287)
Vehicle License Fee Growth Account	6,415	29,553	-	53,530	-	70,640	160,137
Subtotal Growth	\$15,119	\$69,652	\$109,589	\$126,163	\$-	\$166,490	\$487,013
Total Realignment 2020-21¹¹	\$1,120,551	\$1,109,958	\$2,621,999	\$126,163	\$606,346	\$560,293	\$6,145,310
<i>Change From Governor's Budget</i>	\$-	\$19,394	\$40,671	\$39,337	\$-	\$46,355	\$145,757
2021-22 State Fiscal Year							
Base Funding							
Sales Tax Account	\$750,753	\$67,400	\$2,405,777	\$72,633	\$416,348	\$198,769	\$3,911,680
Vehicle License Fee Account	369,798	1,045,968	216,223	53,530	186,586	361,524	2,233,629
Subtotal Base	\$1,120,551	\$1,113,368	\$2,621,999	\$126,163	\$602,934	\$560,293	\$6,145,309
Growth Funding							
Sales Tax Growth Account:	\$-	\$14,172	\$145,287	\$28,746	\$-	\$33,875	\$222,080
Caseload Subaccount	-	-	(145,287)	-	-	-	(145,287)
County Medical Services Growth Subaccount	-	-	-	-	-	-	-
General Growth Subaccount	-	(14,172)	-	(28,746)	-	(33,875)	(76,793)
Vehicle License Fee Growth Account	-	8,269	-	16,772	-	19,764	44,805
Subtotal Growth	\$-	\$22,440	\$145,287	\$45,518	\$-	\$53,639	\$266,885
Total Realignment 2021-22¹¹	\$1,120,551	\$1,135,809	\$2,767,287	\$171,681	\$602,934	\$613,932	\$6,412,194
<i>Change From Governor's Budget</i>	\$-	\$39,239	\$209,583	\$98,848	\$28,111	\$107,606	\$483,386

¹¹ Excludes \$14 million in Vehicle License Collection Account moneys not derived from realignment revenue sources.

2011 Realignment Estimate at 2021 May Revision

(\$ millions)

	2019-20	2019-20 Growth	2020-21	2020-21 Growth	2021-22	2021-22 Growth
Law Enforcement Services	\$2,603.9		\$2,633.8		\$2,838.0	
Trial Court Security Subaccount	559.1	0.0	567.0	\$20.4	587.4	13.2
Enhancing Law Enforcement Activities Subaccount	489.9	\$224.4	489.9	249.0	489.9	\$239.3
Community Corrections Subaccount	1,346.9	0.0	1,366.0	153.1	1,519.1	98.8
District Attorney and Public Defender Subaccount	41.0	0.0	41.6	10.2	51.8	6.6
Juvenile Justice Subaccount	167.0	0.0	169.3	20.4	189.8	13.2
<i>Youthful Offender Block Grant Special Account</i>	<i>(157.8)</i>	-	<i>(160.0)</i>	<i>(19.3)</i>	<i>(179.3)</i>	<i>(12.4)</i>
<i>Juvenile Reentry Grant Special Account</i>	<i>(9.2)</i>	-	<i>(9.3)</i>	<i>(1.1)</i>	<i>(10.5)</i>	<i>(0.7)</i>
Growth, Law Enforcement Services		224.4		453.2		371.1
Mental Health	\$1,120.6	0.0	\$1,120.6	\$19.0	\$1,120.6	12.2
Support Services	\$3,831.4		\$3,885.6		\$4,245.8	
Protective Services Subaccount	2,363.8	0.0	2,397.2	\$170.6	2,567.8	110.1
Behavioral Health Subaccount	1,467.6	0.0	1,488.4	189.6	1,678.0	122.3
<i>Women and Children's Residential Treatment Services</i>	<i>(5.1)</i>		<i>(5.1)</i>		<i>(5.1)</i>	
Growth, Support Services		0.0		379.2		244.6
Account Total and Growth	\$7,780.3		\$8,472.3		\$8,820.0	
Revenue						
1.0625% Sales Tax	\$7,060.0		\$7,721.4		\$8,077.9	
General Fund Backfill	6.0		12.0		12.9	
Motor Vehicle License Fee	714.3		738.9		729.2	
Revenue Total	\$7,780.3		\$8,472.3		\$8,820.0	

This chart reflects estimates of the 2011 Realignment subaccount and growth allocations based on current revenue forecasts and in accordance with the formulas outlined in Chapter 40, Statutes of 2012 (SB 1020).