

# HEALTH AND HUMAN SERVICES

The Health and Human Services Agency (CalHHS) oversees departments and state entities that provide health and social services to the most vulnerable and at-risk Californians while providing public health services to all Californians. The May Revision includes \$227.6 billion (\$67.4 billion General Fund and \$160.2 billion Other Funds) for all health and human services programs in 2022-23.

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## HEALTH CARE AFFORDABILITY AND EXPANDING AVAILABILITY OF SERVICES FOR ALL CALIFORNIANS

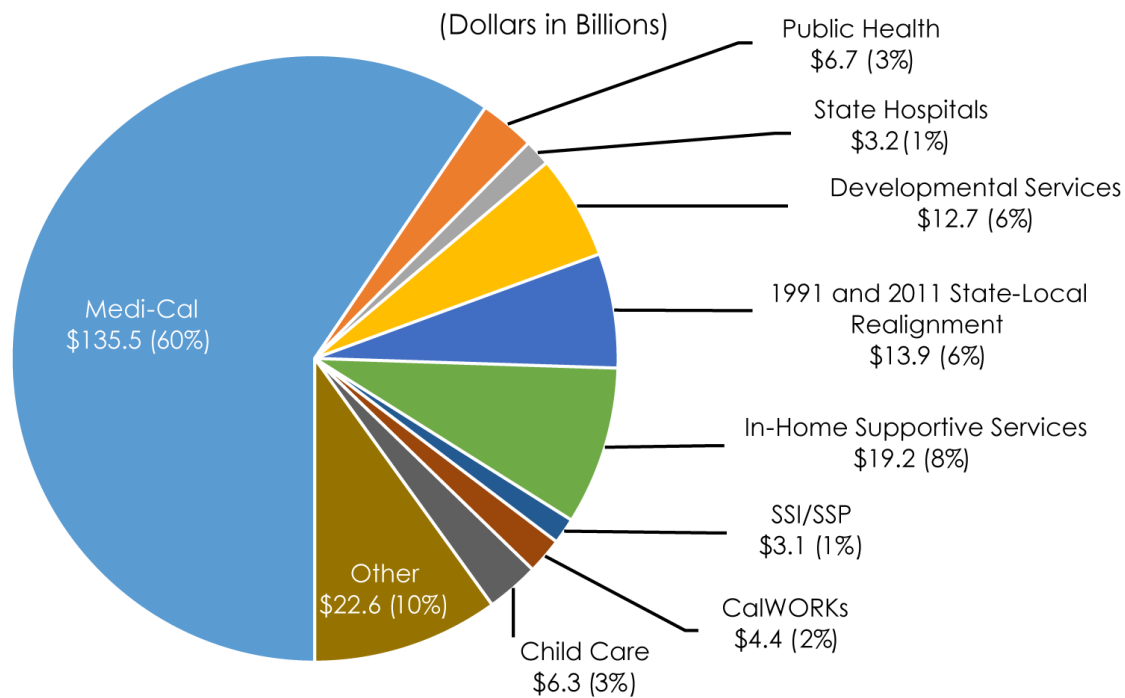
The May Revision continues to build on efforts to improve the affordability and availability of health coverage. These investments include promoting affordable health coverage for lower and middle income Californians, access to reproductive health care, access to low cost insulin, and investments in the electronic health data exchange. These proposals build on the Governor's Budget proposal to expand full-scope Medi-Cal eligibility to all income-eligible Californians regardless of immigration status and will improve care, reduce costs, and benefit millions of Californians.

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### REPRODUCTIVE HEALTH

To protect the right to safe and accessible reproductive health care services, the May Revision includes \$57 million General Fund to maintain and improve availability of safe

**Health and Human Services Proposed 2022 -23 Funding<sup>1/</sup>  
All Funds**



<sup>1/</sup>Totals \$227.6 billion for support, local assistance, and capital outlay. This figure includes reimbursements of \$21 billion and excludes \$2.5 million in Proposition 98 funding in the Department of Developmental Services and Department of Social Services budgets and county funds that do not flow through the state budget.

Note: Numbers may not add due to rounding.

**Major Health and Human Services Program Caseloads**

	2021-22 Revised	2022-23 Estimate	Change
Medi-Cal	14,374,000	14,463,500	89,500
California Children's Services (CCS) <sup>1/</sup>	9,206	12,812	3,606
CalWORKs	306,053	368,633	62,580
CalFresh	2,594,435	2,669,900	75,465
SSI/SSP (support for aged, blind, and disabled)	1,141,109	1,121,398	-19,711
Child Welfare Services <sup>2/</sup>	97,462	95,410	-2,052
Foster Care	51,936	51,612	-324
Adoption Assistance	85,939	85,885	-54
In-Home Supportive Services	583,516	600,627	17,111
State Hospitals <sup>3/</sup>	7,526	8,289	763
Regional Centers	371,388	400,485	29,097
DDS State-Operated Residential and Community Facilities <sup>4/</sup>	322	322	0
Vocational Rehabilitation	110,557	124,810	14,253

<sup>1/</sup> Represents unduplicated quarterly caseload in the CCS Program. Does not include Medi-Cal CCS beneficiaries.  
<sup>2/</sup> Represents Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement service areas on a monthly basis. Due to transfers between each service area, cases may be reflected in more than one service area.  
<sup>3/</sup> Represents the year-end population at State Hospitals, county Jail-Based Competency Treatment programs, and Kern Admission, Evaluation and Stabilization center.  
<sup>4/</sup> Represents the year-end population. Previously listed as "Developmental Centers."

and accessible reproductive health care. These new proposals build on the \$68 million included in the Governor's Budget to support access to reproductive health care services.

- **Uncompensated Care Funding for Reproductive Health Services**—\$40 million General Fund one-time, available over six years, for the Department of Health Care Access and Information to award grants to reproductive health care providers to offset the cost of providing care to low and moderate income individuals who do not have health care coverage for abortion care services.
- **California Reproductive Justice and Freedom Fund**—\$15 million General Fund one-time for the Department of Public Health to award grants to community-based reproductive health, rights, and justice organizations to conduct medically accurate and culturally competent outreach and education on sexual health and reproductive health issues.
- **Comprehensive Reproductive Rights Website**—\$1 million General Fund one-time for the Department of Public Health to develop and maintain a website providing accurate and updated information to the public on the right to abortion care under state law, information about reproductive health care providers, and options for coverage for reproductive services including state-funded coverage and programs.
- **Research on the Unmet Needs for Reproductive Health Care Services**—\$1 million General Fund one-time for the Department of Public Health to research the unmet needs for access to reproductive health care services.

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## AFFORDABILITY IN COVERED CALIFORNIA

California has worked to improve affordability of Covered California plans by creating a California premium subsidy program in the 2019 Budget Act. During the federal Public Health Emergency, the federal government provided enhanced federal subsidies under the American Rescue Plan Act (ARPA), which will expire at the end of 2022. If federal action is not taken to extend ARPA premium subsidies for 2023 and beyond, the May Revision proposes \$304 million to reinstitute California's premium subsidy program that was in effect in 2020 and 2021. The program included premium subsidies for middle income Californians who did not qualify for subsidies under the Affordable Care Act prior to the enactment of ARPA. The 2021 state subsidy program design would continue providing premium support to lower-income Californians and would be modified to provide additional support to individuals with incomes between 400 and 600 percent of the federal poverty level compared to the 2021 program design.

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## REDUCING THE COST OF INSULIN

The downstream impacts of the market failure for affordable insulin impacts California and its residents. National data suggests as many as 1 in 4 diabetics cannot afford their insulin, and thus ration or stop taking insulin altogether. Affordable insulin is critical for Black, Brown, and lower income Americans because they are much more likely to have severe diabetes-related complications, such as renal disease and amputations. The May Revision includes \$100 million General Fund one-time for the CalRx Biosimilar Insulin Initiative to implement partnerships for increased generic manufacturing of essential medicines under Chapter 207, Statutes of 2020 (SB 852). Through a contractual partnership, the Department of Health Care Access and Information (HCAI) will invest \$50 million towards the development of low-cost interchangeable biosimilar insulin products and an additional \$50 million towards a California-based insulin manufacturing facility.

CalRx biosimilar insulin products are expected to be a fraction of the current market price of over \$300 per vial and would disrupt market forces that keep insulin products unnecessarily high. Many Californians, such as the uninsured, underinsured, and those with high deductible plans would benefit significantly from low-cost insulin that is broadly available.

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## FACILITATING INCREASED HEALTH AND HUMAN SERVICES INFORMATION EXCHANGE

Chapter 143, Statutes of 2021 (AB 133) established the Health and Human Services Data Exchange Framework (DxF) to begin in July 2022. The DxF is a single data sharing agreement and common set of policies and procedures that will govern the exchange of health and human services information among health care and social services entities, as well as government agencies. A statewide data exchange framework will help all Californians—and the health and human service providers and organizations that care for them—have timely, secure access to the electronic information necessary to address their health and social needs as well as reduce duplicative or unnecessary treatments through more timely information sharing while saving costs system-wide. The May Revision includes a two-year, \$50 million grant program to provide technical assistance to small or under-resourced providers, particularly small physician practices, rural hospitals, and community-based organizations, as well as education and technical assistance for entities new to health information exchange.

## ADDRESSING THE BEHAVIORAL HEALTH NEEDS OF CALIFORNIA'S MOST VULNERABLE

The state has made substantial investments to address the behavioral health challenges Californians face as a result of the COVID-19 Pandemic, and significant demand on the existing systems of care and workforce. The May Revision builds upon those investments and focuses on leveraging new investments to increase capacity to implement the programs designed to address these critical issues.

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### ADDRESSING URGENT NEEDS AND EMERGENT ISSUES IN CHILDREN'S BEHAVIORAL HEALTH

The stress, trauma, and social isolation caused by the COVID-19 Pandemic intensified an already existing mental health crisis among children and youth, particularly for youth of color, low-income communities, LGBTQ+ youth, and other vulnerable groups. Equally concerning is the increase in youth suicide rates over the last decade. Mental health is now the leading cause of hospitalization for children under 18 years of age in California. A recent study shows that 40 percent of transgender individuals have attempted suicide, with suicide risk being highest in transgender youth. The suicide rate for Black youth in California doubled between 2014 and 2020. A recent survey of students found that 14 percent of California 7th graders and 15 percent of 9th and 11th graders considered suicide. The May Revision includes \$290 million General Fund one-time investments to implement a multi-pronged approach to address the urgent youth mental health crisis. The funding will also establish a center for researching, evaluating, and applying innovative new technologies to improve youth mental health. This will enable California to maximize the positive impact of emerging technology on the social and emotional well-being of children and youth and minimize the harm these technologies.

Prevent Youth Suicide:

- **Youth Suicide Prevention Program**—\$40 million General Fund to develop and implement a data-driven targeted community-based youth suicide prevention program for youth at increased risk of suicide such as Black, Native American, Hispanic, and foster youth.
- **Crisis Response**—\$50 million to provide grants to pilot school and community-based crisis response and supports following a youth suicide or youth suicide attempt and

pilot a new approach of designating youth suicide and youth suicide attempts as a reportable public health event, which would trigger screening and resource connections at the local level for the impacted community.

Support Wellness and Build Resilience of Children, Youth, and Parents:

- **Wellness and Mindfulness Programs**—\$85 million over two years for grants for wellness and mindfulness programs in schools and communities and expansion of parent support and training programs.
- **Video Series**—\$15 million to develop and distribute a video series for parents to build their knowledge, tools and capacity to support the behavioral health of their children.
- **Career Development**—\$25 million to identify and support the early career development of 2,500 highly talented and culturally diverse high school students interested in mental health careers.
- **Assessment and Intervention**—\$75 million for next generation digital supports for remote and metaverse based mental health assessment and intervention.

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## COMMUNITY ASSISTANCE, RECOVERY AND EMPOWERMENT (CARE) COURT

CARE Court is a new court process to deliver community-based behavioral health services and supports to Californians living with untreated schizophrenia spectrum or other psychotic disorders. CARE Court is intended to serve as an upstream intervention for the most severely impaired Californians to prevent avoidable psychiatric hospitalizations, incarceration, and Lanterman-Petris-Short Mental Health Conservatorship.

The May Revision includes the following investments to administer CARE Court:

- **Supporter Program**—\$10 million General Fund ongoing to the Department of Aging for the CARE Court Supporter Program to help the participant understand, consider, and communicate decisions by providing the tools to make self-directed choices to the greatest extent possible.
- **Training and Technical Assistance**—\$15.2 million General Fund in 2022-23, \$1.1 million General Fund annually between 2023-24 and 2026-27, and \$1.3 million General Fund

annually ongoing for the Department of Health Care Services to provide training and technical assistance to counties, data collection, and evaluation.

- **Judicial Branch**—\$39.5 million General Fund in 2022-23 and \$37.7 million ongoing for the Judicial Branch to conduct CARE Court hearings and provide resources for self-help centers.

The Administration continues to work with counties to estimate costs associated with this new court process.

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## OPIOID RESPONSE

Building on the Governor's Budget opioid response investments, the May Revision includes an additional one-time \$41.8 million Opioid Settlements Fund in 2022-23 resulting from additional projected settlement proceeds. The May Revision allocates the additional funding as follows:

- **Workforce Training**—\$29.1 million for substance use disorder provider workforce training at the Department of Health Care Services, for a total of \$51.1 million for this program.
- **Naloxone Distribution**—\$10 million for the naloxone distribution project targeting unhoused populations, for a total of \$15 million for this program.
- **Public Awareness Campaign**—\$2.7 million for a public awareness campaign targeted towards youth opioid education and awareness and fentanyl risk education at the California Department of Public Health, for a total of \$40.8 million for this program.

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## SUPPORT FOR AGING AND COMMUNITY LIVING

To further the Administration's goals of advancing inclusive, equitable communities for individuals of all ages and abilities and their families, the May Revision includes \$36.3 million General Fund in 2022-23 and ongoing funding to continue the implementation of the Master Plan for Aging.

The May Revision proposes investments in the following programs to further support home and community living:

- **Community Living Fund**—\$10 million one-time General Fund available for three years for the Community Living Fund, administered by the Department of Rehabilitation, which will assist non-Medi-Cal eligible older adults and persons with disabilities, including older adults, in transitioning from nursing homes to independent living.
- **Home and Community-Based Services (HCBS) Infrastructure Planning and Development**—\$4 million one-time General Fund to develop a statewide roadmap for the Department of Aging, in partnership with the Department of Health Care Services, and to support the development of home and community-based services for individuals regardless of income in underserved areas.
- **Caregiver Resource Centers**—The May Revision transfers \$14.9 million ongoing General Fund and oversight of California's Caregiver Resource Center program from the Department of Health Care Services to the Department of Aging and includes an additional \$545,000 ongoing General Fund for statewide training and technical assistance. California's 11 Caregiver Resource Centers provide critical services to family caregivers including counseling, training, care planning, and respite.
- **Long-Term Care Ombudsman Outreach Campaign**—\$3.5 million one-time General Fund to support a Long-Term Care Ombudsman outreach campaign to raise awareness of the resources available to residents and families in skilled nursing, assisted living, and other residential facilities.
- **Aging and Disability Institute of Learning and Innovation**—\$682,000 ongoing General Fund to establish the Aging and Disability Institute of Learning and Innovation (Institute), which will develop a comprehensive adult learning management system to support local network leaders, home and community care providers, volunteers, and the Long Term Care Ombudsman. The Institute will create a platform to develop content and improve training to further quality, efficiency, and access to services for older adults.
- **Emergency Preparedness and Response**—\$400,000 ongoing General Fund to develop strategies, tools, and resources to help older adults, individuals with disabilities, family caregivers, and local partners prepare for and respond to state emergencies and natural disasters.

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## DEPARTMENT OF HEALTH CARE SERVICES

Medi-Cal, California's Medicaid program, is administered by the Department of Health Care Services (DHCS). Medi-Cal is a public health care program that provides



comprehensive health care services at no or low cost for low-income individuals. The federal government mandates that a range of basic services be included in the program and the state provides additional optional benefits. The Department also oversees county-operated community mental health and substance use disorder programs, the California Children's Services and the Primary and Rural Health Programs.

The Medi-Cal budget is \$121.9 billion (\$25.1 billion General Fund) in 2021-22 and \$135.5 billion (\$36.6 billion General Fund) in 2022-23. The May Revision assumes that caseload will increase by approximately 6.6 percent from 2020-21 to 2021-22 and increase by 0.6 percent from 2021-22 to 2022-23. Medi-Cal is projected to cover approximately 14.5 million Californians in 2022-23, over one-third of the state's population.

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## **UNWINDING THE COVID-19 PUBLIC HEALTH EMERGENCY CONTINUOUS COVERAGE REQUIREMENT**

The federal COVID-19 Public Health Emergency (PHE) is currently set to expire on July 15, 2022, and the U.S. Department of Health and Human Services has committed to providing at least a 60-day notice prior to the official end date. To prepare for the end of the PHE, the Administration has developed the COVID-19 PHE Unwinding Operational Plan to help inform and prepare Medi-Cal beneficiaries, providers, managed care plans, counties, and other stakeholders of the upcoming changes. The Unwinding Operational Plan will outline continuation, modification, or conclusion of over 100 programmatic flexibilities in eligibility and enrollment, telehealth, benefit and reimbursement, HCBS services, provider enrollment and state fair hearings. The Administration proposes to continue those flexibilities that have shown to provide improvements to the delivery of health care services for beneficiaries. The May Revision proposes \$176.5 million (\$71.2 million General Fund) to permanently extend four flexibilities: (1) separate payments to Federally Qualified Health Centers for COVID-19 vaccinations; (2) presumptive eligibility for older adults and individuals with disabilities; (3) reimbursement rate at 100-percent of Medicare for oxygen and respiratory durable medical equipment; and (4) maintain 10 percent rates for Intermediate Care Facilities for the Developmentally Disabled. Many of the proposed changes have been developed in collaboration with stakeholders, and some were already included in the Governor's Budget.

Additionally, DHCS is preparing to resume regular Medi-Cal eligibility operations, including annual redeterminations of beneficiary eligibility. Under the continuous coverage requirement in the federal Families First Coronavirus Response Act, the state is

required to maintain enrollment of nearly all Medi-Cal enrollees through the end of the month in which the PHE ends. When the continuous coverage requirement expires, California will have a total of 14 months to initiate and complete redeterminations for nearly all of California's Medi-Cal beneficiaries. This significant and complex undertaking will require the partnership of counties, Medi-Cal managed care plans, community-based organizations (CBOs), and other state and local partners. The May Revision continues to include \$146 million (\$73 million General Fund) over two fiscal years for additional county workload costs to support their work performing Medi-Cal eligibility determinations

During this process, the Administration will prioritize a seamless process and maximizing continuity of coverage for Medi-Cal beneficiaries. Accordingly, the Administration has prepared for the resumption of redeterminations through the following proposals:

- **Health Enrollment Navigators Project**—The May Revision includes \$60 million (\$30 million General Fund), available over four years, to continue the Health Enrollment Navigators Project. Health enrollment navigators help eligible beneficiaries retain Medi-Cal coverage by assisting with annual renewals, reporting updated contact information, and engaging in outreach regarding application assistance and enrollment. Health enrollment navigators will also provide more targeted outreach and enrollment to support individuals newly eligible for Medi-Cal through coverage expansions, such as the expansion for all income-eligible Californians regardless of immigration status.
- **Coverage Ambassadors**—DHCS is enlisting counties, CBOs, state and local government partners, Medi-Cal managed care plans, providers, and others to be Coverage Ambassadors to amplify messaging on various platforms related to the continuity of coverage for beneficiaries in preparation for the end of the PHE.
- **Media and Outreach Campaign**—An April 1 Budget proposal included \$25 million (\$12.5 million General Fund) for a media and outreach campaign to encourage beneficiaries to update their contact information with their counties, and to educate beneficiaries of the implications of their eligibility once the COVID-19 PHE ends.
- **Transitions to Covered California**—DHCS and Covered California are actively working to implement Chapter 845, Statutes of 2019 (SB 260) to support a seamless transition of eligible individuals from Medi-Cal coverage to a Covered California health plan.

Overall, these efforts, in collaboration with key partners, aim to prioritize individuals who will still be eligible for Medi-Cal or Covered California coverage to remain in coverage once regular eligibility redeterminations resume.

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## **REFORMING SKILLED NURSING FACILITY FINANCING TO ADVANCE QUALITY, VALUE, AND EQUITY**

Currently, the state provides annual cost-based increases and quality incentive payments to skilled nursing facilities, funded partly by a Quality Assurance Fee equivalent to 6-percent of facility revenues. The resulting revenue draws down additional federal funding to support nursing facility payments. The existing framework, authorized initially in 2004 and last extended in 2020 sunsets on December 31, 2022. The May Revision proposes to reform the funding framework to better incentivize value, quality, and workforce. Building on the average 4-percent annual increase proposed in the Governor's Budget, the May Revision includes \$280 million (\$132.7 million General Fund) for the new Workforce and Quality Incentive Program for payment to facilities that meet quality benchmarks or make substantial improvements.

A long-term funding framework that assures the long-term financial viability of these vital Medi-Cal providers is predicated on enabling nursing facilities to invest in quality patient care, improving workforce retention, and empowering the voices of essential workers responsible for the health and safety of nursing home residents.

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## **HOSPITAL AND NURSING FACILITY WORKER RETENTION PAYMENTS**

The May Revision proposes \$933 million for one-time payments to approximately 600,000 California hospital and nursing facility workers who have been at the front-lines delivering care to the most acute patients during the COVID-19 Pandemic. The ongoing response to COVID-19 has significantly impacted California's workforce working in hospitals and nursing facilities. Retaining essential workers in these settings is a priority of the Administration and these payments are designed to help retain this critical workforce. To recognize the tireless work of these workers and to support the retention of workers in an environment of high vacancies and turnover, the state will provide a baseline payment and will increase the payment up to \$1,500 if employers commit to fully matching the additional amount.

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## EQUITY AND PRACTICE TRANSFORMATION PAYMENTS

Building on the \$400 million (\$200 million General Fund) proposed at the Governor's Budget, the May Revision proposes an additional \$300 million (\$150 million General Fund), available over five years, for Equity and Practice transformation payments. These payments will focus on advancing equity, addressing COVID-19 driven health disparities, and improving quality measures in children's preventive, maternity, and behavioral health care. The May Revision proposes \$100 million (\$50 million General Fund) to further support early childhood-focused efforts, including grants focused on encouraging health care provider integration with other early-childhood focused programs. Additionally, the May Revision proposes \$200 million (\$100 million General Fund) for grants and technical assistance to allow small physician practices to upgrade their clinical infrastructure, such as electronic health record systems, data collection and reporting capabilities, implementation of care management systems, and other activities that will allow the adoption of value-based and other payment models that improve health care quality while reducing costs.

### Significant Adjustments:

- **2021-22 Budget**—The Budget reflects lower Medi-Cal expenditures of approximately \$1.8 billion General Fund in 2021-22 compared to the Governor's Budget. The majority of the current year decrease results from lower base program cost and COVID-19 related caseload costs, the shift of state-only claiming adjustment payments, and the resolution of deferred federal claims.
- **Year-Over-Year**—The May Revision projects Medi-Cal expenditures of \$36.6 billion General Fund in 2022-23, an increase of \$11.5 billion General Fund compared with the revised 2021-22 expenditures. A majority of the year-over-year increase was estimated at Governor's Budget, and the major drivers of the additional \$3.5 billion increase is attributable to projected state-only claiming adjustment payments, base program cost increases, increase in projected federal fund deferral payments, and increased COVID-19 caseload in 2022-23.
- **Medi-Cal Caseload Impact**—The May Revision projects an average monthly caseload of 14.4 million beneficiaries in 2021-22 and 14.5 million in 2022-23, and includes \$8.9 billion total funds (\$2.5 billion General Fund) in 2021-22 and \$9.9 billion total funds (\$2.8 billion General Fund) in 2022-23 for caseload attributable to the COVID-19 PHE. Due to the recent renewal of the federal COVID-19 PHE through July 15, 2022, caseload is projected to continue growing through October 2022

rather than June as assumed at Governor's Budget, peaking at 14.9 million beneficiaries in October 2022.

- **CalHOPE Extension**—The May Revision includes \$10.9 million General Fund in 2021-22 and proposes \$80 million General Fund in 2022-23 and \$40 million General Fund in 2023-24 to continue providing crisis counseling after Federal Emergency Management Agency grant funding ends through December 2023. CalHOPE provides safe, secure, and culturally sensitive emotional support for Californians. The CalHOPE phone line and CalHOPE Connect partners with 30 community-based organizations and over 400 peer crisis counselors.
- **Los Angeles County Misdemeanor Incompetent to Stand Trial Services and Supports**—The May Revision includes one-time \$100 million General Fund for Los Angeles County to support access to community-based treatment and housing for individuals found incompetent to stand trial for misdemeanor charges. This replaces lease revenue bond authority that was competitively awarded to Los Angeles County through the Board of State and Community Corrections.
- **Doula Benefit**—The May Revision proposes an increase to the maximum reimbursement rate per birth from an average of \$450 to \$1,094 per birth to better align with rates in other Medicaid programs as well as an implementation shift from July 2022 to January 2023. The estimated annual cost is \$10.8 million (\$4.2 million General Fund).
- **Village San Francisco and Yurok Tribe of California Regional Wellness Center**—The May Revision includes one-time \$15 million General Fund to support the construction of a Regional Wellness Center for substance abuse and behavioral health services for the Yurok Tribe of California. The May Revision also proposes one-time \$15 million General Fund to support the construction of the Village San Francisco, Friendship House facility that will offer health care, behavioral health, and social support services.

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## 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, Adult Protective Services, Community Care Licensing, Disability Determination

Services, and Child Care and Nutrition. The May Revision includes \$42.4 billion (\$16.5 billion General Fund) for DSS programs in 2022-23.

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### 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 2022-23. The amount budgeted includes \$6.5 billion for CalWORKs program expenditures and \$2 billion in other programs. Other programs include expenditures for Child Welfare Services, Foster Care, Department of Developmental Services programs, the Statewide Automated Welfare System, 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 367,000 families in 2022-23.

Significant Adjustments:

- **CalWORKs Grant Increase**—The May Revision reflects an 11-percent increase to CalWORKs Maximum Aid Payment levels, which is estimated to cost \$296.2 million in 2022-23. These increased grant costs are funded entirely by the Child Poverty and Family Supplemental Support Subaccount of the Local Revenue Fund.

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### IN-HOME SUPPORTIVE SERVICES

The IHSS program provides domestic and related services such as housework, meal preparation, and personal care services to eligible low-income individuals with disabilities, including children, and adults aged 65 and older. These services are provided to assist individuals to remain safely in their homes and prevent more costly out-of-home care, such as nursing homes. The May Revision includes \$19 billion (\$6.5 billion General Fund) for the IHSS program in 2022-23. Average monthly caseload in this program is estimated to be 601,000 recipients in 2022-23.

Significant Adjustments:

**IHSS Permanent Back-up Provider System**—\$34.4 million (\$15.4 million General Fund) ongoing to establish a permanent back-up provider system for IHSS recipients to avoid disruptions to caregiving due to an immediate need or emergency. A portion of the funding is for transition activities, and will allow counties to maintain existing emergency back-up provider services until October 2022 when the permanent system is implemented.

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

The federal SSI program provides a monthly cash benefit to individuals with disabilities, including children, and adults aged 65 or older who meet the program's income and resource requirements. In California, the SSI payment is augmented with an SSP grant. These cash grants help recipients meet their 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 individuals who are ineligible for SSI/SSP due solely to their immigration status. The May Revision includes \$3.1 billion General Fund in 2022-23 for the SSI/SSP program. The average monthly caseload in this program is estimated to be 1.1 million recipients in 2022-23. A 5.9-percent federal SSI cost-of-living adjustment and 24-percent SSP increase took effect on January 1, 2022, bringing the maximum SSI/SSP grant levels to \$1,040 per month for individuals and \$1,766 per month for couples. CAPI benefits are equivalent to SSI/SSP benefits.

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## **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 \$988.8 million General Fund in 2022-23 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 \$9.2 billion in 2022-23.



Significant Adjustments:

- **Family Finding and Engagement Grant**—\$150 million one-time General Fund available over five years for a county-optional program to supplement foster caregiver recruitment and retention. The resources will support statewide training and technical assistance on evidence-based best practices for intensive family finding and engagement services. Each participating county must provide matching funding and build a network of support for youth such that permanent connections and homes are established.
- **Caregiver Approvals**—\$50 million General Fund annually beginning in 2022-23 to assist counties in reducing approval timelines for foster caregiver applications. The resources will allow counties to hire additional staff to reduce pending and probationary resource family applications.

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## IMMIGRATION SERVICES

DSS funds qualified organizations and administers programs that provide critical services to immigrants in California.

Significant Adjustments:

- **Rapid Response Efforts**—\$175 million one-time General Fund for Rapid Response efforts to provide additional support for migrant arrivals at the Southern California border and funding for other emergent issues.
- **California Immigrant Justice Fellowship**—\$2.5 million General Fund one-time in both 2022-23 and 2023-24 for the California Immigrant Justice Fellowship.

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## CHILD CARE

To transform the state's child care system, the Administration continues to implement key recommendations from the Master Plan for Early Learning and Care. The May Revision continues to make comprehensive improvements in the state's early learning and care system by building upon the historic investments included in the 2021 Budget Act. Child care and nutrition programs were transferred from the California Department of Education (CDE) to DSS, effective July 1, 2021. Federal funding continues to be



instrumental in providing for the recovery and stability of families, and for the workforce and programs serving them.

The May Revision includes \$6.3 billion (\$2.7 billion General Fund) for child care programs, including continued support for the historic multi-year commitment to rate increases and supplemental funding to providers in the first collective bargaining contract ratified last year. It also continues commitments to expand child care access by 200,000 slots by 2025-26.

The May Revision includes \$270 million for 36,000 additional subsidized slots compared to 2021-22. When combined with the slots funded in the 2021 Budget Act, this brings the total to over 145,000. The May Revision also includes \$413 million to support a full year of rate increases while the state continues to work with partners and stakeholders toward a single reimbursement rate structure that addresses quality standards for equity and accessibility, while supporting positive learning and developmental outcomes for children. The Administration and CCPU continue to work collaboratively through Joint Labor Management Committees to reach agreement regarding the establishment of healthcare and retirement benefits trusts for CCPU-represented providers.

Significant Adjustments:

- **Extension of Family Fee Waivers**—The May Revision proposes extending family fee waivers for state-subsidized preschool and childcare and development services from July 1, 2022 through June 30, 2023. The May Revision includes \$136 million federal funds for DSS and \$21.3 million (\$10.8 million Proposition 98 General Fund, \$10.5 million non-Proposition 98 General Fund) for CDE for these waivers.
- **Hold Harmless: Reimbursement for Authorized Hours of Care**—The May Revision proposes to reimburse voucher-based child care providers and preschool providers for authorized hours of care, who otherwise would be reimbursed for actual hours of care, from July 1, 2022 through June 30, 2023. The May Revision includes \$114 million (\$6 million General Fund, \$108 million federal funds) for DSS.
- **Child Care and Development Infrastructure Grant Program Augmentation**—The May Revision includes \$200.5 million (\$100 million General Fund, \$100.5 million federal funds) in 2022-23 for minor renovation and repair focused on child care deserts and low-income communities.
- **Alternative Payment Program (APP) Capacity Grant**—The May Revision includes \$20 million General Fund to assist APPs in developing capacity to serve additional slot commitments.

### OTHER SIGNIFICANT ADJUSTMENTS:

- **Minor Victims of Commercial Sexual Exploitation**—\$25 million one-time General Fund for prevention, intervention, and services for youth who have been the victims of sex trafficking.
- **Assistance for Promise Neighborhoods**—\$12 million one-time General Fund available over three years to support Promise Neighborhoods in Chula Vista, Corning, Hayward, and Mission.

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## DEPARTMENT OF DEVELOPMENTAL SERVICES

The Department of Developmental Services (DDS) provides individuals with intellectual and developmental disabilities a variety of services, as an entitlement, that allow them to live and work independently or in supported environments. The May Revision builds on historic DDS investments made in the 2021 Budget Act—including an estimated \$1.2 billion General Fund by 2025-26 to fully implement service provider rate reform, and prioritizes system stability, workforce development, service access and equity, and outcome-based initiatives that are grounded in person-centered principles. The May Revision includes \$12.7 billion (\$7.6 billion General Fund) and estimates that approximately 400,485 individuals will receive services by the end of 2022-23.

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### PROMOTING WORKFORCE STABILITY

The May Revision includes \$185.3 million General Fund one-time in 2022-23 and \$1.1 million (\$881,000 General Fund) and seven positions ongoing to address challenges in recruiting and retaining regional center service coordinators and direct support professionals (DSPs). This proposal complements 2021 Budget Act investments providing pay differentials to DSPs who can communicate with consumers in languages or mediums other than English and establishing a DSP training program with tiered certification levels that result in corresponding pay differentials. Specifically, the May Revision includes the following multi-prong strategy:

- **Training Stipends**—\$127.8 million to provide up to two \$500 training stipends (with an additional \$150 for taxes and administration) for DSPs.
- **Internships for Workers who Provide Direct Services**—\$22.5 million to implement a three-month training and internship program intended to establish an entry point

into DSP career paths. This proposal also includes up to two \$500 retention stipends for workers.

- **Tuition Reimbursement Program**—\$30 million to establish a tuition reimbursement program for regional center service coordinators pursuing advanced degrees in health and human services-related fields.
- **Pilot for Remote Supports**—\$5 million to pilot a program aimed at developing remote supports using technology systems to increase consumer independence and, when chosen and safe, reduce in-person and around-the-clock services.

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## EARLY START ELIGIBILITY: DEVELOPMENTAL DELAY THRESHOLDS AND FETAL ALCOHOL SYNDROME

The May Revision includes \$6.5 million General Fund in 2022-23, increasing to \$29.5 million General Fund in 2024-25, to support adjustments in identifying children with qualifying signs of developmental delays. This proposal includes statutory changes revising the Early Start qualification threshold from a 33 percent delay to a 25 percent delay in one of the specified assessment areas; separating communication delay assessments into expressive and receptive categories; and highlighting Fetal Alcohol Syndrome as a risk factor for intellectual and/or developmental delays. These changes are intended to engage families sooner with early intervention services. Following Early Start, and depending on subsequent assessments, some children may continue receiving services through Provisional Eligibility or Lanterman Act Services.

Significant Adjustments:

- **Service Access and Equity Grant Program**—\$11 million General Fund one-time in 2022-23 to increase the resources currently available for DDS to award to regional centers and community-based organizations through its Service Access and Equity Grant Program, which focuses on supporting strategies to reduce disparities and increase equity in regional center services.
- **Financial Management Services for Self-Determination Program**  
**Participants**—\$7.2 million ongoing (\$4.4 million General Fund) to support participants in the Self-Determination Program by amending statute to move the cost of Financial Management Services out of their individual budgets.

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## DEPARTMENT OF PUBLIC HEALTH

The Department of Public Health (CDPH) is charged with protecting and promoting the health and well-being of the people of California. The Budget includes \$6.7 billion (\$1.1 billion General Fund) in 2022-23 for the Department. During the COVID-19 Pandemic, federal support—including Federal Emergency Management Agency public assistance, Coronavirus Relief Funds, and various federal grants—has allowed the state to increase spending on public health response efforts by billions of dollars. In addition, the recently enacted American Rescue Plan Act of 2021 provided over \$2 billion to state and local public health efforts.

As the COVID-19 Pandemic evolves from an acute crisis to an ongoing public health concern, the state's strategy for responding to COVID-19 will evolve. The May Revision reflects the changing nature of COVID-19, including the end of some policies that the state and federal government enacted in response to the pandemic, as well as the implementation of the state's SMARTER Plan approach to COVID-19 going forward.

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### THE SMARTER PLAN AND THE NEXT PHASE OF COVID-19

California's SMARTER Plan reflects upon what the state has done and how the state has learned to respond to COVID-19 over the last two years. The Administration will use the lessons of the last two years to approach mitigation and adaptation measures through effective and timely strategies. Throughout the pandemic the state has leaned on science and relied on tools and strategies that create protection. This includes vaccines, masks, tests, isolation and quarantine, improving ventilation, and community outreach within the hardest-hit communities. Moving forward, based on the evolving conditions of the virus, the state will be prepared to use these different strategies in more precise and targeted ways, integrating new innovations and information to protect the state.

The main points of the SMARTER plan are as follows:

- **Shots**—Vaccines are the most powerful weapon against hospitalization and serious illness.
- **Masks**—Properly worn masks with good filtration help slow the spread of COVID-19 or other respiratory viruses.

- **Awareness**—The state will continue to stay aware of how COVID-19 is spreading and of evolving variants. The state will communicate clearly how people should protect themselves and coordinate state and local government response.
- **Readiness**—COVID-19 isn't going away and the state needs to be ready with the tools, resources, and supplies needed to quickly respond and keep public health and the health care system well prepared.
- **Testing**—Getting the right type of tests—PCR or antigen—to where they are needed most. Testing will help California minimize the spread of COVID-19.
- **Education**—California will continue to work to keep schools open and children safely in classrooms for in-person instruction.
- **Rx**—Evolving and improving treatments will become increasingly available and critical as a tool to save lives.

In order to implement the SMARTER Plan, the May Revision includes:

- **Staffing**—\$100 million for medical surge staffing in 2022-23 to allow CDPH to support upfront staffing costs for facilities needing additional staff during COVID-19 surges, until facilities can be invoiced and reimburse the state for such costs. Effective April 1, 2022, facilities are required to reimburse the state for deployed staff. Additionally, the May Revision includes \$40 million in resources for vaccine staff in 2022-23 to prepare for the release of vaccines for children under five, continue second boosters for eligible populations, and increase staffing capacity at pediatric sites.
- **Testing**—\$530 million in 2022-23 to purchase additional antigen test kits, support school testing with end-to-end vendors and laboratory network costs, and continue rapid testing and treatment sites.
- **Vaccines**—\$93 million in 2022-23 for expanded programming prioritizing vaccination of children under 5, additional boosters for eligible populations over 50 or otherwise at higher risk, and mobile vaccination sites through the end of budget year. In addition, \$230 million is for the Office of Community Partnerships and Strategic Communications to continue supporting COVID-19 vaccine-related public education and outreach campaigns previously implemented by CDPH. Of this amount, \$130 million was included for CDPH in the Governor's Budget and will be transferred to the Office at the May Revision.

- **Enhanced Surveillance**—\$16 million in 2022-23 to continue activities to that allow tracking and monitoring of transmission of COVID-19 through wastewater surveillance, epidemiologic data analysis, modeling of future data trends, and research on the long-term impacts of COVID-19.
- **Test to Treat Therapeutics**—\$158 million in 2022-23 to implement a Test-to-Treat Program for therapeutic treatment targeted at uninsured and underinsured populations.
- **Border Operations**—\$468 million for border operations that will continue the state's COVID-19 response and humanitarian assistance at the southern border including in anticipation of increased arrivals and the need for additional support services. California's national model of care and community partnership provides COVID-19 testing and vaccine services, support services, and temporary shelter for migrants so they may safely continue with their immigration proceedings after their release from short-term federal immigration custody. The California model prioritizes the state's border communities and the wellbeing of migrants.
- **Operations Support**—\$183 million for the COVID-19 call center, contractor support and contract costs, and the Public Health Reserve Corps.
- **Emergency Contingency Funds**—\$250 million to support unanticipated COVID-19 emergency response needs.

Other Significant Adjustments:

- **Sickle Cell**—\$5 million for the Networking California Sickle Cell Care Initiative.
- **LGBTQ+ Youth**—\$5 million for grants to counties and experienced community-based organizations to partner to improve capacity, training, and culturally responsive care to the unique needs and protections of LGBTQ+ youth.

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## 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 \$3.2 billion (\$3 billion General Fund) in 2022-23 for support of the Department. The patient population is expected to reach 8,289 by the end of

2022-23, including patients receiving competency treatment in jail-based settings and community-based settings.

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## FELONY INCOMPETENT TO STAND TRIAL WAITLIST SOLUTIONS

The Department of State Hospitals continues to experience a significant growth in trial court referrals of individuals found incompetent to stand trial (IST) on felony charges. Additionally, the winter COVID-19 Omicron surge further impacted DSH's operations resulting in further growth in the waitlist of individuals deemed felony IST pending placement in a treatment program. As of the end of April 2022 there were 1,915 individuals deemed IST awaiting treatment. The Governor's Budget proposed funding for IST solutions, informed by the Incompetent to Stand Trial Solutions Workgroup convened last fall, to address the waitlist and to break the cycle of criminalization for individuals deemed felony IST. Based on feedback from stakeholder engagement and updated caseload projections, the May Revision includes \$535.5 million General Fund in 2022-23, increasing to \$638 million General Fund per year in 2025-26 and ongoing, to support the following changes to the proposed solutions:

- **Early Stabilization and Community Care Coordination**—To provide immediate solutions to support access to treatment for the over 1,900 individuals currently found IST on felony charges and waiting in jail, the May Revision includes additional funding for county sheriffs for custody supports, enabling stabilization teams increased access to ISTs.
- **Expand Diversion and Community-Based Restoration Capacity**—To increase the community infrastructure required to support the felony IST population, the May Revision includes additional funding to support county overhead to support the administration of the community-based restoration and diversion programs. The May Revision also includes increased investments into community housing that will be required to serve DSH identified populations for a minimum of 30 years.
- **Improve IST Discharge Planning and Coordination**—To reduce ISTs cycling through the criminal justice system by increasing coordination with county behavioral health departments to provide treatment records when ISTs are returned from DSH to the court, enabling counties to plan for continuity of treatment when the IST is released from jail.
- **Improve the Quality of Alienist Evaluations**—To improve the quality of IST determinations and decisions regarding the need for medications.

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## OTHER HEALTH AND HUMAN SERVICES ADJUSTMENTS

- **California Arrearage Payment Program**—Established in the 2021 Budget Act, the California Arrearage Payment Program (CAPP), administered by the Department of Community Services and Development, directed \$1 billion in federal American Rescue Plan Act funding towards financial assistance to reduce or eliminate past due energy bill balances accrued by customers economically impacted by the COVID-19 Pandemic. The May Revision includes one-time funding of \$1.2 billion to help address additional residential energy arrearages accumulated by California households impacted by the COVID-19 Pandemic. For more information see the Energy Section in the Climate Change Chapter.
- **Low-Income Household Water Assistance Program**—The Low Income Household Water Assistance Program (LIHWAP), also administered by the Department of Community Services and Development, provides financial assistance to low-income Californians to help manage their residential water utility costs. The May Revision includes one-time funding of \$200 million for residential wastewater and water arrearages.

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## 1991 AND 2011 REALIGNMENT

Realignment shifted administrative and fiscal responsibility to counties for a variety of programs, along with a dedicated source of funding. 1991 Realignment provides funding for social and health programs and 2011 Realignment provides funding for local public safety programs. Additionally, both 1991 and 2011 Realignment provide funding for mental health and child welfare programs. 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 11.5 percent from 2020-21 to 2021-22 and increase by 5 percent from 2021-22 to 2022-23.



## 1991 Realignment Estimate at 2022 May Revision

(\$ in Thousands)

Amount	2020-21 State Fiscal Year (Actuals)						Totals
	CalWORKs MOE	Health	Social Services	Mental Health	Family Support	Child Poverty	
<b>Base Funding</b>							
Sales Tax Account	\$742,048	\$2,860	\$2,296,188	\$-	\$440,789	\$102,919	\$3,584,804
Vehicle License Fee Account	363,383	1,017,203	216,223	-	185,798	290,884	2,073,493
<b>Subtotal Base</b>	<b>\$1,105,432</b>	<b>\$1,020,063</b>	<b>\$2,512,411</b>	<b>\$-</b>	<b>\$626,588</b>	<b>\$393,803</b>	<b>\$5,658,297</b>
<b>Growth Funding</b>							
Sales Tax Growth Account:	\$10,839	\$62,193	\$113,784	\$115,314	\$-	\$148,661	\$450,791
Caseload Subaccount	-	-	(113,784)	-	-	-	(113,784)
General Growth Subaccount	(10,839)	(62,193)	-	(115,314)	-	(148,661)	(337,007)
Vehicle License Fee Growth Account	4,280	53,748	-	104,743	-	128,475	291,246
<b>Subtotal Growth</b>	<b>\$15,119</b>	<b>\$115,941</b>	<b>\$113,784</b>	<b>\$220,057</b>	<b>\$-</b>	<b>\$277,136</b>	<b>\$742,037</b>
<b>Total Realignment 2020-21<sup>1/</sup></b>	<b>\$1,120,551</b>	<b>\$1,136,005</b>	<b>\$2,626,195</b>	<b>\$220,057</b>	<b>\$626,588</b>	<b>\$670,939</b>	<b>\$6,400,334</b>
	<b>2021-22 State Fiscal Year (Projected)</b>						
<b>Base Funding</b>							
Sales Tax Account	\$752,888	\$84,167	\$2,409,972	\$115,314	\$421,675	\$251,580	\$4,035,595
Vehicle License Fee Account	367,663	1,044,791	210,941	93,203	181,259	409,116	2,306,974
<b>Subtotal Base</b>	<b>\$1,120,551</b>	<b>\$1,128,959</b>	<b>\$2,620,913</b>	<b>\$208,517</b>	<b>\$602,934</b>	<b>\$660,695</b>	<b>\$6,342,569</b>
<b>Growth Funding</b>							
Sales Tax Growth Account:	\$-	\$104,923	\$70,065	\$212,827	\$-	\$250,799	\$638,614
Caseload Subaccount	-	-	(70,065)	-	-	-	(70,065)
General Growth Subaccount	-	(104,923)	-	(212,827)	-	(250,799)	(568,549)
Vehicle License Fee Growth Account	-	-	-	-	-	-	-
<b>Subtotal Growth</b>	<b>\$-</b>	<b>\$104,923</b>	<b>\$70,065</b>	<b>\$212,827</b>	<b>\$-</b>	<b>\$250,799</b>	<b>\$638,614</b>
<b>Total Realignment 2021-22<sup>1/</sup></b>	<b>\$1,120,551</b>	<b>\$1,233,882</b>	<b>\$2,690,978</b>	<b>\$421,344</b>	<b>\$602,934</b>	<b>\$911,495</b>	<b>\$6,981,183</b>
<i>Change From 2022 Governor's Budget</i>	\$-	\$50,474	(\$56,956)	\$118,628	\$-	\$140,867	\$253,014
	<b>2022-23 State Fiscal Year (Projected)</b>						
<b>Base Funding</b>							
Sales Tax Account	\$752,888	\$140,149	\$2,480,037	\$328,141	\$470,616	\$502,379	\$4,674,209
Vehicle License Fee Account	367,663	1,044,791	210,941	93,203	181,259	409,116	2,306,974
<b>Subtotal Base</b>	<b>\$1,120,551</b>	<b>\$1,184,940</b>	<b>\$2,690,978</b>	<b>\$421,344</b>	<b>\$651,875</b>	<b>\$911,495</b>	<b>\$6,981,183</b>
<b>Growth Funding</b>							
Sales Tax Growth Account:	\$-	\$31,217	\$77,071	\$63,320	\$-	\$74,618	\$246,226
Caseload Subaccount	-	-	(77,071)	-	-	-	(77,071)
General Growth Subaccount	-	(31,217)	-	(63,320)	-	(74,618)	(169,155)
Vehicle License Fee Growth Account	-	16,886	-	34,252	-	40,364	91,502
<b>Subtotal Growth</b>	<b>\$-</b>	<b>\$48,103</b>	<b>\$77,071</b>	<b>\$97,572</b>	<b>\$-</b>	<b>\$114,981</b>	<b>\$337,728</b>
<b>Total Realignment 2022-23<sup>1/</sup></b>	<b>\$1,120,551</b>	<b>\$1,233,043</b>	<b>\$2,768,049</b>	<b>\$518,916</b>	<b>\$651,875</b>	<b>\$1,026,476</b>	<b>\$7,318,911</b>
<i>Change From 2022 Governor's Budget</i>	\$-	\$12,514	(\$55,414)	\$155,715	\$56,244	\$184,572	\$353,630

<sup>1/</sup>Excludes \$14 million in Vehicle License Collection Account moneys not derived from realignment revenue sources.

## 2011 Realignment Estimate at 2022 May Revision

(\$ millions)

	2020-21	2020-21 Growth	2021-22	2021-22 Growth	2022-23	2022-23 Growth
<b>Law Enforcement Services</b>	<b>\$2,633.8</b>		<b>\$2,936.5</b>		<b>\$3,346.5</b>	
Trial Court Security Subaccount	567.0	30.3	597.3	41.0	638.3	18.0
Enhancing Law Enforcement Activities Subaccount <sup>1</sup>	489.9	242.4	489.9	262.7	489.9	297.5
Community Corrections Subaccount	1,366.0	227.0	1,593.0	307.5	1,900.5	135.0
District Attorney and Public Defender Subaccount	41.6	15.1	56.7	20.5	77.2	9.0
Juvenile Justice Subaccount	169.4	30.3	199.6	41.0	240.6	18.0
<i>Youthful Offender Block Grant Special Account</i>	<i>(160.0)</i>	-	<i>(188.6)</i>	-	<i>(227.4)</i>	-
<i>Juvenile Reentry Grant Special Account</i>	<i>(9.3)</i>	-	<i>(11.0)</i>	-	<i>(13.3)</i>	-
<b>Growth, Law Enforcement Services</b>		<b>545.0</b>		<b>672.7</b>		<b>477.5</b>
<b>Mental Health<sup>2</sup></b>	<b>1,120.6</b>	28.1	<b>1,120.6</b>	38.1	<b>1,120.6</b>	16.7
<b>Support Services</b>	<b>3,885.6</b>		<b>4,419.5</b>		<b>5,142.9</b>	
Protective Services Subaccount	2,397.2	252.9	2,650.1	342.7	2,992.8	150.4
Behavioral Health Subaccount	1,488.4	281.0	1,769.4	380.7	2,150.1	167.2
<i>Women and Children's Residential Treatment Services</i>	<i>(5.1)</i>		<i>(5.1)</i>		<i>(5.1)</i>	
<b>Growth, Support Services</b>		<b>562.1</b>		<b>761.5</b>		<b>334.3</b>
<b>Account Total and Growth</b>	<b>\$8,747.0</b>		<b>\$9,910.7</b>		<b>\$10,421.8</b>	
<b>Revenue</b>						
1.0625% Sales Tax	8,002.7		9,145.2		9,618.3	
General Fund Backfill <sup>3,4,5</sup>	12.0		12.9		16.1	
Motor Vehicle License Fee	732.3		752.6		787.4	
<b>Revenue Total</b>	<b>\$8,747.0</b>		<b>\$9,910.7</b>		<b>\$10,421.8</b>	

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).

<sup>1</sup>Base Allocation is capped at \$489.9 million. Growth does not add to the base.

<sup>2</sup>Base Allocation is capped at \$1,120.6 million. Growth does not add to the base.

<sup>3</sup>General Fund backfill pursuant to Section 11 of Chapter 34, Statutes of 2019 for sales tax exemptions pursuant to Revenue and Taxation Code Sections 6363.9 and 6363.10.

<sup>4</sup>General Fund backfill pursuant to Article XIII, Sec 36(d) for the sales tax exemption pursuant to Public Resources Code 26011.8 established by Chapter 690, Statutes of 2019.

<sup>5</sup>General Fund backfill for Administration proposed amendments to Public Resource Code 26011.8, which expands California Alternative Energy and Advanced Transportation Financing Authority sales tax exemption for taxpayers involved in Lithium extraction, processing, or manufacturing.