

The background of the entire slide is a detailed architectural blueprint. It features a complex network of lines, circles, and text, typical of a technical drawing. The lines are thin and light blue, creating a grid-like structure with various shapes and sizes. There are also some larger, more prominent lines and shapes, possibly representing structural elements or specific components of a building. The overall appearance is that of a professional engineering or architectural plan.

CALIFORNIA

Health & Human Services Agency

2021-2022 HHS BUDGET Building Opportunities For All Californians

Building our future together

The 2021-2022 Health and Human Services (HHS) budget presents California with a once-in-a-generation opportunity to address the health, economic and racial inequities that were exacerbated by the pandemic.

As we look to further our recovery, we can redefine normal and build back better. For California, this means that all individuals can thrive and be part of healthy, equitable communities. The budget charts a path to a system where social services—such as housing supports, food and childcare—are linked to health and behavioral health service.

The proposals included in the budget look to advance services that are person-centered and address the social, cultural and linguistic needs of the individuals they serve. Taken together, these investments advance the health and well-being of all Californians, as well as their social and economic mobility.



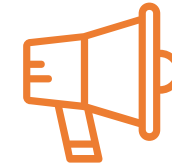
2021-2022 HHS Budget Highlights

- Expands Medi-Cal coverage to Californians 50 years and older regardless of immigration status.
- Builds an integrated and whole-person Medi-Cal program that serves the comprehensive needs of Californians.
- Expands California Food Assistance Program benefits to Californians 50 years and older regardless of immigration status.
- Increases payments to older, disabled and vulnerable Californians through the State Supplementary Program.
- Expands access to housing and homelessness programs for Californians served by social safety-net programs.
- Makes historic investments to improve access and to stabilize the State's child care and development system.
- Builds a foundation for a 21st century public health system designed to protect and prevent Californians from chronic and infectious diseases.
- Builds a modern behavioral health system that serves all children and youth ages 0 through 25 regardless of income or health insurance status.
- Increases rates to providers while focusing on better outcomes for Californians with intellectual and developmental disabilities.
- Builds a network of home and community-based services for older and disabled Californians.

Our Strategic Priorities

1. Build a Healthy California for All
2. Integrate Health and Human Services
3. Improve the Lives of the Most Vulnerable

Our Guiding Principles



Adopt a Culture of Collaboration & Innovation

Focus on Outcomes & Value Generation



Use Data to Drive Action

Put the Person back in Person-Centered



See the Whole Person

Building Supports for Vulnerable and Homeless Families

The COVID-19 pandemic has exacerbated inequities in unprecedented ways. As we look beyond the pandemic, the 2021-2022 HHS budget is prioritizing investments that will promote a recovery for all Californians. The proposals included in the budget look to build opportunities and provide supports needed to ensure that those hardest impacted by the pandemic have the opportunity to thrive as part of our recovery.

These investments build on the idea that the cycle of poverty can continue for generations and often leads to the destabilization of entire neighborhoods and communities. Intergenerational poverty is associated with prolonged exposure to poor nutrition and inadequate access to critical resources, such as quality healthcare and education, as well as family separation.

The trajectory of intergenerational poverty spans throughout one's life, from prenatal to adolescence, through adulthood, and parenthood if these adults have children. At its core are adverse experiences that perpetuate and exacerbate poverty, such as the impacts of institutional racism, exposure to interpersonal and community violence, abuse and neglect, enrollment in low performing schools, low earnings, poor health, and homelessness and/or incarceration. Creating new opportunities for upward mobility for our most vulnerable Californians not only builds a more just and inclusive society but also builds a stronger and more resilient economy.

The 2021-2022 HHS budget makes investments in California's safety net programs that have been designed to collectively work to lift families out of poverty with cash assistance, housing-related assistance, access to high-quality childcare, and targeted food and health benefits. The budget also invests in resources to prevent child abuse or neglect and to support better meeting the needs of children in foster care. These investments will help provide a foundation to advance the health and well-being of all Californians and improve social and economic mobility.

Building an Integrated and Whole-Person Medicaid Program

Medicaid, or Medi-Cal in California, is among the most effective antipoverty programs. Research has demonstrated the impact on low-income individuals and families both in terms of better health outcomes but also in terms of economic security and self-sufficiency. As we look to further the Medi-Cal program to address some of the most complex challenges facing Californians' most vulnerable neighbors, the 2021-2022 HHS budget 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 will 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 significant impact on an individuals' health and quality of life and, through iterative system transformation, will ultimately reduce the per-capita costs over time.

Today, beneficiaries may access six or more separate delivery systems (managed care, fee-for-service, mental health, substance use disorder, dental, developmental, In Home Supportive Services, etc.) in order to get their needs addressed. As one would expect, the need for care coordination increases with greater system fragmentation, greater clinical complexity, and/or decreased patient capacity for coordinating their own care. Therefore, in order to meet the behavioral, developmental, physical, and oral health needs of all members in an integrated, patient centered, whole person fashion, the state is seeking to integrate our delivery systems and align funding, data reporting, quality and infrastructure to mobilize and incentivize towards common goals.

Building a Behavioral Health System for Children and Youth

The COVID-19 pandemic has worsened behavioral health conditions for children and youth. Without 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 has been under-scaled. The need has never been greater and addressing these needs is vital to our recovery.

The children's behavioral health system needs more focus on prevention and early intervention services and supports, increasing the number of behavioral health professionals, providing more crisis services, and adding acute care services and beds. Coordination among 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.

California 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, poverty, and poor health outcomes.

The 2021-2022 HHS budget makes investments to transform California's behavioral health system for children and youth into a world-class, innovative, up-stream focused system where all children and youth are routinely screened, supported, and served for emerging and existing behavioral health needs.

Building a Developmental Services System of the Future

Over the past decade, the developmental services system has experienced an average annual growth rate in spending that has exceeded caseload growth. However, the quality of services provided and the outcomes of the individuals served are difficult to quantify and measure. Furthermore, there is need for improvement in the consumer and family experience, especially for communities of color that face barriers in access to services.

The 2021-22 HHS budget reforms the rate structure within the developmental services system to focus on quality and outcomes. Key to implementing these reforms will be building the capability to adequately track and measure outcomes at the regional center, service provider, and consumer level in order to ensure that consumers and their families are served and that we are paying for outcomes and not volume. Ultimately, this will ensure that investments in developmental services deliver on the promise of person-centered program design and service delivery.

The budget makes transformational investments in service access and equity by including culturally and linguistically competent orientations and trainings for families, community navigators at family resource centers, implicit bias training for regional center personnel, reducing regional center caseload ratios, resources for deaf consumers, and Early Start outreach to tribal communities. The budget also supports consumers and families by including: provisional eligibility for Lanterman Developmental Disabilities Act services for children ages 3 and 4 years old, a coordinated family support service pilot that will benefit adults who live in the family home, and advancing the self-determination program at regional centers, including an ombudsperson office at headquarters.

Building an Age-Friendly State for Older Individuals and Families

The COVID-19 pandemic disproportionately harmed older and other at-risk adults and strained aging and disability services. Older adults have experienced unprecedented death rates— particularly among Latino, Black, and Asian Pacific Islander communities and those living in nursing homes. At the same time, aging is changing and it's changing California. California's over-60 population is projected to diversify and grow faster than any other age group. By 2030, 10.8 million Californians will be an older adult, making up one-quarter of the state's population.

Intensified social isolation and ageism have been especially burdensome. The suffering experienced by, and pressures placed on, older adults, adults with disabilities, caregivers and service providers during this time have made implementing parts of California's Master Plan for Aging even more urgent. The Master Plan for Aging applies the hard lessons learned during the COVID-19 pandemic, which has highlighted the urgent need to embrace new ways to support older adults, people with disabilities, and communities of color. The Master Plan for Aging calls on all California communities to build a California for All Ages: for older Californians currently living through the many different stages of the second half of life; for younger generations who can expect to live longer lives than their elders; and for communities of all ages—family, friends, neighbors, coworkers, and caregivers—surrounding older adults.

As Californians, we can create communities where people of all ages and abilities are engaged, valued and afforded equitable opportunities to thrive as we age, how and where we choose. Consistent with the Master Plan for Aging, the 2021-2022 HHS budget makes investments to realize the promise of an age-friendly state, while building out a home-and-community-based system.

Building a 21st Century Public Health System

The COVID-19 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 those has led the California Department of Public Health to modify and refine its preparedness planning, the magnitude of the COVID-19 pandemic has been unprecedented and overwhelming. No segment of the state—whether by geography, ethnicity, or age—has been untouched.

The pandemic has exposed the vast disparities within California's public health system and its lack of essential infrastructure to prevent disease, promote health, and prepare for and respond to both immediate threats and chronic challenges to the health and well-being of those who call California home. Federal, state, and local 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.

California has the opportunity to catapult forward into a first-in-class public health system that is able to lead the most populous state in the nation around critical issues that have direct population and personal health impacts, in addition to state security and economic impacts. A system that is able to monitor and detect new and emerging infectious and communicable diseases; that is able to quickly respond and mitigate their impacts on individuals, communities and the economy; and that is able to integrate with the healthcare delivery system to create a seamless continuum that includes surveillance, prevention and treatment.

Building Services for the Most Marginalized in our Communities

The California Department of State Hospitals manages the nation's largest inpatient forensic mental health hospital system. Its mission is to provide evaluation and treatment in a safe and responsible manner, seeking innovation and excellence in state hospital operations, across a continuum of care and settings across five state hospitals (Atascadero, Coalinga, Metropolitan, Napa, and Patton). Additionally, the Department provides services in jail-based competency treatment programs and conditional release programs throughout the 58 counties.

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 California Department of State Hospitals are committed for treatment by a criminal or civil court judge. Approximately 90 percent of patients are forensic commitments, who 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 as necessary pandemic-related precautionary modifications in operations to protect health and safety further exacerbated the waitlist of felony Incompetent to Stand Trial patients that are pending placement in a state hospital facility. The 2021-2022 HHS budget makes investments designed to support individuals prior to admission into a state hospital, while also looking at short-term, medium-term, and long-term solutions that will address the current waitlists. Additionally, the investments included in the budget will help build community infrastructure to support the restoration of the individuals served by the state hospital system.

The 2021-2022 HHS Budget builds on our vision for a **Healthy California for All** that integrates health and human services and improves the lives of the most vulnerable in our communities.

RESOURCES

Visit our websites for additional Budget information:

- [Health and Human Services Agency](#)
- [Department of Finance](#)

Follow us on social media for additional Budget information:



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Contact us by email or phone for Budget questions:

- Email: chhsmail@chhs.ca.gov
- Phone: 916.654.3454

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