

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
 DF-46 (REV 10/20)

| | | | |
|--|------------------------------|--|---------------------------|
| Fiscal Year 2022-23 | Business Unit 0530 | Department CA Health & Human Services Agency | Priority No. 01 |
| Budget Request Name 0530-034-BCP-2022-MR | | Program 0280 – Secretary of California Health and Human Services | Subprogram |

Budget Request Description

Data Exchange Governance to Facilitate Health Information Exchange

Budget Request Summary

CalHHS requests \$8.8 million General fund in 2022-23 and ongoing for 18.0 permanent positions and costs for consulting, and \$50 million General Fund, to expend over two years, for grant and capacity development programs to establish a robust governance program for the California Data Exchange Framework and facilitate health information exchange in California.

| | | |
|--|---|-------------|
| Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Code Section(s) to be Added/Amended/Repealed | |
| Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i> | Department CIO | Date |

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. _____ **Project Approval Document:** _____

Approval Date: _____

If proposal affects another department, does other department concur with proposal? Yes No

Attach comments of affected department, signed and dated by the department director or designee.

| | | | |
|--|--------------------------|---|--------------------------|
| Prepared By Elaine Scordakis | Date 5/13/2022 | Reviewed By John Ohanian | Date 5/13/2022 |
| Department Director John Ohanian | Date 5/13/2022 | Agency Secretary Marko Mijic for Mark Ghaly, MD, MPH | Date 5/13/2022 |

Department of Finance Use Only

Additional Review: Capital Outlay ITCU FSCU OSAE Dept. of Technology

| | |
|------------------------|---|
| PPBA Kia Cha | Date submitted to the Legislature 5/13/2022 |
|------------------------|---|

A. Budget Request Summary

CalHHS requests \$8.8 million General fund in 2022-23 and ongoing for 18.0 permanent positions and costs for consulting, and \$50 million General Fund, to expend over two years, to facilitate health information exchange and establish a robust governance program for the California Health and Human Services Data Exchange Framework. The programs and governance work will allow 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.

B. Background/History.

Chapter 143, Statutes of 2021 (AB 133) put California on the path to building its first-ever, statewide Health and Human Services Data Exchange Framework (DxF) — a single data sharing agreement and common set of policies and procedures that will govern the exchange of health information among health care entities and government agencies beginning in July 2022. A statewide data exchange framework is needed to make sure that 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. Upon the enactment of AB 133, CalHHS embarked in rigorous stakeholder engagement with the Data Exchange Framework Advisory Group, Subcommittees, and other interested parties. This has resulted in the development of the DxF and brought to light governance work that is needed to fully implement the DxF.

Previously, as part of the Health Information Technology for Economic and Clinical Health Act (HITECH), a component of the American Reinvestment and Recovery Act of 2009 (ARRA), CalHHS was awarded a four-year \$38.8 million federal grant in February 2010 to encourage and fuel adoption of health information exchange throughout the state. This funding was critical to set in motion efforts necessary to initiate large scale health information exchange. Much progress was made through 2014 developing necessary technical standards and trust agreements; providing grants to local health information organizations to expand and improve operations; removing barriers to health information exchange (HIE) interoperability; coordinating with state departments and other public health programs to support meaningful use of electronic health records (EHRs) and population health management systems; and convening, educating, and informing HIE stakeholders. Through committees, work groups, and statewide summits, stakeholders shared ideas and provided feedback, encouragement, and support, thus serving as change agents in their communities to promote HIE. Despite progress made under the grant and the limited funding associated with AB 133, there is still significant work to be accomplished.

Resource History
(Dollars in thousands)

| Program Budget | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 |
|-------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Authorized Expenditures | 0 | 0 | 0 | 0 | 0 | \$2,500,000 |
| Actual Expenditures | 0 | 0 | 0 | 0 | 0 | \$1,553,425 |
| Revenues | 0 | 0 | 0 | 0 | 0 | 0 |
| Authorized Positions | 0 | 0 | 0 | 0 | 0 | 0 |
| Filled Positions | 0 | 0 | 0 | 0 | 0 | 2 |
| Vacancies | 0 | 0 | 0 | 0 | 0 | 0 |

C. State Level Consideration

To further the advancement of the work accomplished to date and build for a future of data-driven efforts to better coordinate human and social supports with the medical and health care

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sectors and to provide opportunities to better coordinate and deliver services that are more client-centered, efficient, effective, and tailored, CalHHS must further develop the governance structure of the Data Exchange Framework (DxF).

The purpose and goals of Governance Structure are to:

- Oversee the DxF that includes development and implementation of a single data sharing agreement and common set of policies and procedures that will govern the exchange of health information among healthcare and social services entities and government agencies
- Adopt and advance DxF Guiding Principles
- Build a trusted network to encourage the adoption of the DxF, while ensuring security, privacy, and other protections
- Allow for flexibility and make modifications to the Data Sharing Agreement and its Policies & Procedures, as law, priorities, technology, and relationships affecting healthcare and social services change over time
- Encourage collaboration among stakeholders serving diverse functions across the California healthcare and human services industry
 - Involve stakeholders in developing Data Sharing Agreement and its Policies & Procedures
 - Provide regular reports regarding state of the Data Exchange Framework
 - Develop and prioritize use cases to drive incremental expansion of health information exchange over time and incorporate social services information exchange
 - Advocate for federal policy changes (e.g., needed standards, changes to OCR or 42 CFR Part 2 rules and law, etc.)
- Identify, prioritize, and address regulatory and system investment needs to support implementation of the DxF and the Data Sharing Agreement

A Legal and Contractual Framework is needed so that:

- Healthcare entities defined in AB 133 will execute the DxF Data Sharing Agreement with California Health and Human Services
 - As a signatory to the Data Sharing Agreement, CalHHS would have the ability to enforce the terms of the Data Sharing Agreement and its Policies & Procedures if a participant is in breach or violation of the Data Sharing Agreement or its Policies & Procedures
- Pursuant to the Data Sharing Agreement, healthcare entities will share data specified in AB 133 and subsequently defined in the Data Sharing Agreement and its Policies & Procedures with other healthcare entities in California
- The Data Sharing Agreement will incorporate, by reference, Policies & Procedures; signatories to the Data Sharing Agreements would be required, by contract, to comply with these Policies & Procedures:
 - Updates to the Data Sharing Agreement and Policies & Procedures will be overseen by the Governance Structure

The benefits include:

- Separating Policies & Procedures from Data Sharing Agreement allows for flexibility and stakeholder input without requiring the entire Data Sharing Agreement to be updated and resigned by participants.
- At the same time, tying Policies & Procedures to the Data Sharing Agreement establishes a mechanism for ensuring compliance, imposing sanctions and seeking remedies
- Standardization of contracting framework allows for ease of administration and certainty

Data Exchange Framework Governance Functions & Program Support:

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- **Alignment of state law and federal law** – State staff and consultant funding are needed to address the following:
 - Facilitate and oversee a process to identify state laws and regulations that may conflict with federal law and that prohibits (or creates ambiguity and uncertainty that stymies) secure data sharing
 - Advance policy proposals to CalHHS to refine rules and policies – including regulations and may include licensing requirements for entities subject to AB 133 – and to advance proposals to legislative leaders to amend or establish new state law as needed.
 - Identify challenges with federal law and regulations and develop approaches to engage with federal partners to resolve conflicts or issues (e.g., HRSA and USCDI v2 data standard conflicts)

This would be an ongoing workload as new laws are enacted and existing law is amended. Also, the workload will likely be implemented in phases and require extensive stakeholder input.

- **Review of federal standards and national efforts impacting data exchange** – State staff and consultant funding are needed to address the following:
 - Identification of gaps in standards and consideration of opportunities to expand upon federal standards and policies where federal standards and policies fall short or have not been developed.
 - Engagement with federal agencies regarding updates to federal standards and policies and advance policy recommendations to federal agencies, including CMS, OCR, CDC and others.
- **Development, modifications to and enactment of DxF Data Sharing Agreement Policies & Procedures** - staff and consultant funding are needed to maintain the Data Sharing Agreement, Policies & Procedures and other guidance ("State Policy Guidance") in support of the DxF. The State Policy Guidance should cover topics where the main considerations are expected to evolve over time. State Policy Guidance may cover the following topics: privacy and security, including consent requirements, exchange purposes – permitted purposes vs. prohibited purposes, technical specifications, implementation and on-boarding guidance, breach notification policies, data quality, authorizations, Individual Access Services, minimum technical requirements, other minimum requirements, e.g., insurance, including cyber liability coverage, dispute resolution process, and others as identified by state governance and its committees.

This would be an ongoing workload as new and existing Policies & Procedures are enacted and amended as state and federal law are enacted and amended and as health and human service market, ecosystems and programs change over time. This activity will also require extensive stakeholder input.

- **Enforcement and monitoring of the Data Sharing Agreement** and its Policies & Procedures - staff and consultant funding are needed to address the following:
 - Monitoring and audit function – The goal is to monitor compliance with Data Sharing Agreement and its Policies & Procedures and identify any breaches or non-compliance
 - Monitoring may include accounting for tens of thousands of signatories to the DxF Data Sharing Agreement as required under AB 133
 - The enforcement program will provide for attestations or audits on a regular basis
 - Audits on an ad hoc basis will certify the monitoring function is effective
 - Audits on an as needed basis will also be conducted to respond to reports and threats

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- Enforcement function – The goal is to respond to breaches, non-compliance or other violations of the Data Sharing Agreement and its Policies & Procedures including:
 - Processes for enforcement actions, including processes for appeals. Potential types of sanctions and remedies that may include:
 - Monetary penalties
 - Remediation plan
 - Suspension of participation
 - Determination of sanction or remedy – based on facts and circumstances, but subject to standards in order to limit subjectivity
 - Dispute resolution function and grievance processes that will be set forth in Policies & procedures
- **Program development and financing** – State staff and consultant funding is needed to address the following:
 - Identify areas of need and growth and opportunities to expand HIE
 - Develop HIE use cases to be integrated into programs, regulatory and contracting requirements, etc.
 - Identify additional permitted exchange activities
 - Prepare for change in privacy and security law and policy in order to inform modification of privacy and security policies & procedures
 - Develop SDOH and demographic/SOGI data collection standards and parameters for incentive programs to collect such data
 - Establish a framework and parameters for programs that support adoption and implementation of the Data Exchange Framework and potential financing mechanisms (federal, state, private, and philanthropic) which may include:
 - HIE onboarding
 - Technical assistance
 - Public-private HIE incentive programs
 - HIE capacity and services (e.g., digital identity and provider directory services)
 - **Grant Program to support the adoption and implementation of the Data Exchange Framework** – State staff and consultant funding are needed to implement a two year \$50 million (\$25M per year) grant program to provide funding to external entities to address the following:
 - Technical assistance for small/under-resourced providers, e.g., to support health care organizations adoption of EHRs and HIE onboarding
 - Rural hospitals and clinics, community-based organizations, small and solo provider practices and other organizations subject to AB 133 that need support to adopt Certified EHR Technology CEHRT or other electronic documentation systems needed to enable data sharing in alignment with state requirements.
 - Health information exchange onboarding to support organization subject to the AB 133 mandate that aren't currently able to actively share information through health information intermediaries. Funding should be prioritized for entities that are serving populations that disproportionately experience disparities and inequities.
 - Planning for digital identity, electronic provider directory and consent management services
 - Education and technical assistance for entities new to health information exchange, especially for those entities that are required by AB 133 to sign onto the Data Sharing Agreement such as laboratories and psychiatric hospitals
 - Funding is also necessary for education and technical assistance for social services organizations, community-based organizations, and public health authorities.
 - Establish incentive programs across public and private payers aligned with use case priorities and with consistent terms and requirements

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- EHR incentive program that incentivizes health care organizations to adopt EHR technology capable of collecting, exchanging, and using electronic health information pursuant to AB 133
- HIE onboarding program that provides incentives to health and human service organizations to participate in information exchange in accordance with AB 133
- Regular goal setting – develop and approve annual strategic plan setting forth the goals and priorities of the Governance Structure and budget requests
- Support activities that enhance interagency and inter-departmental data sharing practices and activities, including state and county agencies

It is proposed that these programs would be implemented over two years to allow for program ramp up activities.

- **Identification and qualification of exchange intermediaries**

State staff and consultant funding are needed to support this program. The objective of this activity is to develop and manage a qualifying process within CalHHS which establishes a set of criteria that Health Information Exchange Intermediaries must meet to certify them as compliant with the state's DxF Data Sharing Agreement and Policies & Procedures. The qualifying process would provide:

- Assurances to organizations required to meet the AB 133 data exchange mandate that intend to contract with an Intermediary to meet the mandate that the Intermediary has met the State's DxF requirements
- Identify intermediaries that meet minimum state requirements and can support data exchange in compliance with the DxF
- Establish and regularly revise minimum requirements vendors and intermediaries must meet to receive state funds or help DxF participants meet their obligations under the Data Sharing Agreement. Examples include: Form of entity and state of organization (consider how qualifying requirements should address national exchange intermediaries such as Carequality), minimum assets and/or services, and minimum insurance requirements
- Establish Policies & Procedures and interoperability rules and standards consistent with federal requirements
- Publish and disseminate information regarding the state's qualification process, including a public list of qualifying organizations.

- **Communications and Education** – State staff and consultant funding is needed to market and promote the Data Exchange Framework to provide awareness, encourage adoption and usage, to develop best practices regarding the Data Exchange Framework, to report on participation and new developments, and to connect needs and support requests with available resources and tools. Also, resources are needed to support the extensive stakeholder engagement in all the program areas being created in this proposal. There is also a need for advisory bodies - at least two - one of which will be a selected group of public and private stakeholders to advise on policies, programs and priorities that Governance pursues. The second will constitute leaders from CalHHS departments and local health and human service representatives to enhance inter-department and inter-governmental data sharing practices and policies.

- **Digital Identities** – AB 133 tasked CalHHS to develop a strategy for digital identities. Work has begun on assessing recommendations that will form the basis of the digital identity strategy. However, much more work is necessary in order to develop master patient index and provider directory services, as well as linkage mechanisms with qualified information exchange intermediaries to promote validation and success. The strategy for digital identity will outline the additional work needed to develop and establish digital identities in California. Subject

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Matter Expertise is needed to do this work and to begin implementation of the digital identities strategies. Funding is needed for state staff, consultants and vendors to support the following:

- Stakeholder engagements in the following areas: providers of health care, health information organizations and networks, labs, hospitals, behavioral health providers, public health entities, government entities, privacy and patient advocacy.
- Stakeholder engagements will help establish:
 - the methods of validating and linking data to establish digital identities (for example, establishing the minimum data elements necessary that when combined together create a profile of an individual with a reasonable amount of certainty)
 - address issues such as how data are collected and shared, and discrepancies in data (for example, data can be collected by sex or gender)
 - address validation of accuracy of data
- Planning for and potential solicitations to establish individual and provider digital identity management and directory services.
- **Ongoing review of the Data Sharing Agreement & Coordination** - Finally, state staff and consulting funding are needed to review and approve necessary or recommended amendments to the Data Sharing Agreement and its Policies & Procedures related to the evolution of state and federal law and reassess any thresholds or minimum requirements set forth in the Data Sharing Agreement. Coordination is needed with other branches of state and local government to:
 - Develop processes and policies to share data between other CalHHS departments and other state agencies
 - Coordinate with licensing agencies to develop policy and support enforcement of requirements for Data Sharing Agreement signatories to update their provider directory information/credentials
 - Develop processes and support inclusion of county and local health, public health, and social services agencies, as part of the Data Exchange Framework, to assist both public and private entities to connect through uniform standards and policies.

D. Justification

The COVID-19 pandemic has exacerbated the need to accelerate the exchange of data among entities and providers in order to deliver person-centered, data-driven programs and services that improve outcomes for their patients. This proposal is structured so that with governance, the DxP can begin to work to facilitate the correct patient information getting to the correct provider at the right time. This work will be accomplished by state staff and subject matter expert consultants in the health information exchange field.

State Staff - \$2,449,000 General Fund Ongoing:

- Leadership & Operations – the CEA will provide leadership on health and social services data among CalHHS departments and offices, while also developing standards and identifying best practices to facilitate governance of the DxP. Additionally, the CEA will serve as a single point of contact for internal and external stakeholders. This proposal also includes funding for overall project management and subject matter expertise and staff support for operations of all the programs described above.
- Legal – The programs identified require attorneys who must have the highest expertise in: specific California and federal laws and regulations such as the 21st Century Cures Act, Health Insurance Portability and Accountability Act (HIPAA), the Confidentiality of Medical Information Act, 42 C.F.R Part 2 related to substance use disorder treatment records, Lanterman-Petris-Short Act, Lanterman Developmental Disabilities Services Act, Information Practices Act; technology, federal interoperability and information blocking requirements,

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information security; regulations, enforcement activities and procedures, and experience with HIE and other California privacy laws such as public health laws and social services laws. The attorney will focus on the development of standards, harmonization of state and federal law, and policy guidance which is extremely complex and requires adept experienced legal professionals who grasp the HIE intricacies, electronic health records issues, the health care and social services industries, and nuances of the law. In addition, legal counsel will develop, update, and maintain all agreements such as the DxF Data Sharing Agreement and business associate agreements; negotiate agreements with other public and private attorneys who have the highest level of experience; and educate decision-makers, policy makers, and public and private attorneys with the highest level of experience on agreements, policy guidance, and standards. Legal counsel will assist with enforcement activities for the DxF, review and assist with creation of the Data Sharing Agreement and its Policies & Procedures, provide recommendations for statutory amendments related to aligning California law with federal law, and engage with stakeholders on all these matters. The attorneys need to be at a classification level that brings credibility to CalHHS during discussions and negotiations with executives, Chief Counsels and senior attorneys, policy makers, and the federal government. In addition, this type of experience in attorneys is very rare in the state, as the pay disparity between the private sector and state is significant in this area of the law, making it necessary to hire at higher classifications to generate a larger candidacy pool. The volume of legal analyses required for the efforts in this proposal are immense and ongoing.

- Management & Support – State staff will provide the oversight, management, planning and organizational activities for all the described program areas, stakeholder meetings and workgroups. This also includes contract and grant management and reporting activities.

Subject Matter Experts (SME) Consultants \$5,661,000 General Fund Ongoing:

- Project Management – Strong project management is needed to coordinate and oversee the multiple projects in this proposal. This project management team needs to be versed in governance and health information exchange with extensive facilitation and collaboration experience with both public and private entities in the healthcare and social services fields.
- Communications/Meetings/Events/Logistics Planning – Professional marketing, event and logistics services are needed for workgroup, stakeholder, and committee meetings and logistics as well as marketing and promotions of products developed.
- Standards/HIE SME – A general HIE SME experienced in healthcare, information technology, HIE and federal standards is required to facilitate and drive governance efforts as well as provide technical assistance and education

Grant and Capacity Development Program to support the adoption and implementation of the Data Exchange Framework - \$50 million General Fund:

- State staff and consultant funding will implement a two year \$50 million (\$25M per year) grant and capacity development program to provide funding to external entities to support HIE onboarding, technical assistance, education, digital identity and provider directory services, establish an incentive program, and support activities that enhance interagency and inter-departmental data sharing practices and activities, including state and county agencies. This will improve the quality and effectiveness of care for patients. It will increase the number of providers that can electronically exchange patient data and expand the data-exchange capabilities of providers already participating in health information exchange.

E. Outcomes and Accountability

It is anticipated with the success of this proposal and its many projects, there will be accelerated exchange of data among entities and providers to deliver better person-centered, data-driven programs and services that improve outcomes for patients.

Analysis of Problem

Projected Outcomes

F. Analysis of All Feasible Alternatives

Alternative 1: Approve this proposal

Pros:

- With governance in place, the DxF will accelerate the exchange of data among entities and providers both within and across sectors (public and private) in order to deliver person-centered, data-driven programs and services that improve outcomes
- Utilizing common standards, standardize HIE across California
- Identify best practices in HIE

Cons:

- New Expenditures

Alternative 2: Do not approve this proposal

Pros:

- No new expenditures

Cons:

- Lack of coordinated governance and uncoordinated and interrupted access to patient health information
- Disparate HIE systems working under different standards not willing or able to exchange patient health information
- Adverse health outcomes and increased costs for patients
- Lack of compliance with AB 133 requirements

G. Implementation Plan

CalHHS would begin implementation as soon as the proposal is enacted as part of the Budget.

H. Supplemental Information

N/A

I. Recommendation

Approve this proposal as proposed.

BCP Fiscal Detail Sheet

BCP Title: Health Information Exchange

BR Name: 0530-034-BCP-2022-MR

Budget Request Summary

| Personal Services | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|--|-------------------------|------------------------|----------------|----------------|----------------|----------------|
| Positions - Permanent | 0.0 | 18.0 | 18.0 | 18.0 | 18.0 | 18.0 |
| Total Positions | 0.0 | 18.0 | 18.0 | 18.0 | 18.0 | 18.0 |
| Salaries and Wages Earnings - Permanent | 0 | 1,539 | 1,539 | 1,539 | 1,539 | 1,539 |
| Total Salaries and Wages | \$0 | \$1,539 | \$1,539 | \$1,539 | \$1,539 | \$1,539 |
| Total Staff Benefits | 0 | 910 | 910 | 910 | 910 | 910 |
| Total Personal Services | \$0 | \$2,449 | \$2,449 | \$2,449 | \$2,449 | \$2,449 |

Operating Expenses and Equipment

| Operating Expenses and Equipment | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|--|-------------------------|------------------------|-----------------|----------------|----------------|----------------|
| 5301 - General Expense | 0 | 36 | 36 | 36 | 36 | 36 |
| 5302 - Printing | 0 | 18 | 18 | 18 | 18 | 18 |
| 5304 - Communications | 0 | 36 | 36 | 36 | 36 | 36 |
| 5306 - Postage | 0 | 18 | 18 | 18 | 18 | 18 |
| 5320 - Travel: In-State | 0 | 54 | 54 | 54 | 54 | 54 |
| 5322 - Training | 0 | 36 | 36 | 36 | 36 | 36 |
| 5324 - Facilities Operation | 0 | 144 | 144 | 144 | 144 | 144 |
| 5326 - Utilities | 0 | 18 | 18 | 18 | 18 | 18 |
| 5340 - Consulting and Professional Services - External | 0 | 5,661 | 5,661 | 5,661 | 5,661 | 5,661 |
| 5344 - Consolidated Data Centers | 0 | 216 | 216 | 216 | 216 | 216 |
| 5346 - Information Technology | 0 | 162 | 162 | 162 | 162 | 162 |
| 539X - Other | 0 | 25,000 | 25,000 | 0 | 0 | 0 |
| Total Operating Expenses and Equipment | \$0 | \$31,399 | \$31,399 | \$6,399 | \$6,399 | \$6,399 |

Analysis of Problem

Total Budget Request

| Total Budget Request | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|-----------------------------|-------------------------|------------------------|-----------------|----------------|----------------|----------------|
| Total Budget Request | \$0 | \$33,848 | \$33,848 | \$8,848 | \$8,848 | \$8,848 |

Fund Summary

Fund Source

| Fund Source | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|--|-------------------------|------------------------|-----------------|----------------|----------------|----------------|
| State Operations - 0001 - General Fund | 0 | 33,848 | 33,848 | 8,848 | 8,848 | 8,848 |
| Total State Operations Expenditures | \$0 | \$33,848 | \$33,848 | \$8,848 | \$8,848 | \$8,848 |
| Total All Funds | \$0 | \$33,848 | \$33,848 | \$8,848 | \$8,848 | \$8,848 |

Program Summary

Program Funding

| Program Funding | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|--|-------------------------|------------------------|-----------------|----------------|----------------|----------------|
| 0280 - Secretary of California Health and Human Services | 0 | 33,848 | 33,848 | 8,848 | 8,848 | 8,848 |
| Total All Programs | \$0 | \$33,848 | \$33,848 | \$8,848 | \$8,848 | \$8,848 |

Analysis of Problem

Personal Services Details

Positions

| Positions | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|--|-------------------------|------------------------|--------------|--------------|--------------|--------------|
| 1139 - Office Techn (Typing) (Eff. 07-01-2022) | 0.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| 1414 - Info Tech Spec II (Eff. 07-01-2022) | 0.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| 4800 - Staff Svcs Mgr I (Eff. 07-01-2022) | 0.0 | 5.0 | 5.0 | 5.0 | 5.0 | 5.0 |
| 5393 - Assoc Govtl Program Analyst (Eff. 07-01-2022) | 0.0 | 8.0 | 8.0 | 8.0 | 8.0 | 8.0 |
| 5795 - Atty III (Eff. 07-01-2022) | 0.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 |
| 7500 - C.E.A. (Eff. 07-01-2022) | 0.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Total Positions | 0.0 | 18.0 | 18.0 | 18.0 | 18.0 | 18.0 |

Salaries and Wages

| Salaries and Wages | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|--|-------------------------|------------------------|----------------|----------------|----------------|----------------|
| 1139 - Office Techn (Typing) (Eff. 07-01-2022) | 0 | 44 | 44 | 44 | 44 | 44 |
| 1414 - Info Tech Spec II (Eff. 07-01-2022) | 0 | 101 | 101 | 101 | 101 | 101 |
| 4800 - Staff Svcs Mgr I (Eff. 07-01-2022) | 0 | 412 | 412 | 412 | 412 | 412 |
| 5393 - Assoc Govtl Program Analyst (Eff. 07-01-2022) | 0 | 573 | 573 | 573 | 573 | 573 |
| 5795 - Atty III (Eff. 07-01-2022) | 0 | 259 | 259 | 259 | 259 | 259 |
| 7500 - C.E.A. (Eff. 07-01-2022) | 0 | 150 | 150 | 150 | 150 | 150 |
| Total Salaries and Wages | \$0 | \$1,539 | \$1,539 | \$1,539 | \$1,539 | \$1,539 |

Staff Benefits

| Staff Benefits | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|---|-------------------------|------------------------|--------------|--------------|--------------|--------------|
| 5150150 - Dental Insurance | 0 | 7 | 7 | 7 | 7 | 7 |
| 5150350 - Health Insurance | 0 | 131 | 131 | 131 | 131 | 131 |
| 5150450 - Medicare Taxation | 0 | 22 | 22 | 22 | 22 | 22 |
| 5150500 - OASDI | 0 | 95 | 95 | 95 | 95 | 95 |
| 5150630 - Retirement - Public Employees - Miscellaneous | 0 | 478 | 478 | 478 | 478 | 478 |
| 5150750 - Vision Care | 0 | 1 | 1 | 1 | 1 | 1 |
| 5150800 - Workers' Compensation | 0 | 11 | 11 | 11 | 11 | 11 |
| 5150900 - Staff Benefits - Other | 0 | 165 | 165 | 165 | 165 | 165 |
| Total Staff Benefits | \$0 | \$910 | \$910 | \$910 | \$910 | \$910 |

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Total Personal Services

| Total Personal Services | FY22 Current Year | FY22 Budget Year | FY22 BY+1 | FY22 BY+2 | FY22 BY+3 | FY22 BY+4 |
|--------------------------------|-------------------------|------------------------|----------------|----------------|----------------|----------------|
| Total Personal Services | \$0 | \$2,449 | \$2,449 | \$2,449 | \$2,449 | \$2,449 |