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

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Business Unit</th>
<th>Department</th>
<th>Priority No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022-23</td>
<td>4265</td>
<td>California Department of Public Health</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Budget Request Name</th>
<th>Program</th>
<th>Subprogram</th>
</tr>
</thead>
</table>

**Budget Request Description**
COVID-19 Direct Response Expenditures

**Budget Request Summary**
The California Department of Public Health (CDPH) requests $1.8 billion one-time California Emergency Relief Fund and $100 million General Fund reimbursement authority in 2022-23 to continue the state’s efforts to protect public health and safety against the spread of COVID-19 and to implement the state’s SMARTER Plan approach to COVID-19 going forward. Funding provided will support vaccinations (including boosters), testing, enhanced surveillance, test to treat therapeutics, medical surge staffing, operations support, and border operations.

**Requires Legislation**
☐ Yes ☒ No

**Code Section(s) to be Added/Amended/Repealed**
N/A

**Does this BCP contain information technology (IT) components?**
☐ Yes ☒ No

**Department CIO**
N/A

**Date**
N/A

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.** N/A  **Project Approval Document:** N/A

**Approval Date:** N/A

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

**Prepared By**
Jennifer Hill  **Date**
5/13/2022

**Reviewed By**
Phuong La  **Date**
5/13/2022

**Department Director**
Brandon Nunes  **Date**
5/13/2022

**Agency Secretary**
Julie Souliere  **Date**
5/13/2022

**Department of Finance Use Only**

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

**PPBA**
Sonal Patel  **Date submitted to the Legislature**
5/13/2022
A. Budget Request Summary

The California Department of Public Health (CDPH) requests $1.8 billion one-time California Emergency Relief Fund and $100 million General Fund reimbursement authority in 2022-23 to continue the state’s efforts to protect public health and safety against the spread of COVID-19 and to implement the state’s SMARTER Plan approach to COVID-19 going forward. Funding provided will support vaccinations (including boosters), testing, enhanced surveillance, test to treat therapeutics, medical surge staffing, operations support, and border operations.

B. Background/History

Under the authority of the Emergency Services Act, as well as other laws governing public health emergencies, the state responded swiftly to the COVID-19 Pandemic by coordinating actions with local authorities and deploying federal, state, mutual aid, and private sector resources to support communities across the state. Many of the innovative programs established to serve the state were the first of their kind, thereby establishing California as a leader in responding to the pandemic and developing a path for recovery and resilience.

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.

California has set the standard when it comes to COVID-19 harm reduction and vaccination measures. These measures include supporting vaccination resources to support over 200,000 doses per day, implementing masking requirements and recommendations when needed, prioritizing support for schools, and equitably allocating and distributing resources.

CDPH has played a crucial role in slowing community transmission and saving the lives of many Californians by providing vaccinations (including boosters), testing, contact tracing, medical surge staffing, and border operations activities (including testing and isolation/quarantine services). 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. 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.

California’s SMARTER Plan reflects upon what the state has done and how the state has learned to respond to COVID-19. 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, such as vaccines and boosters, 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.
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 our 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.

**Vaccinations**

California has administered over 75 million vaccinations1, with over 84% of Californians aged 5+ having received at least one vaccine dose, and 74.6% of Californians aged 5+ have completed the primary series2. Over 14 million boosters have been administered, with more age groups quickly becoming eligible3.

It is imperative that the state continue its efforts to increase the rate of vaccination in the hardest-hit communities and statewide. The SMARTER Plan outlines the state’s goal of administering at least 200,000 vaccines per day, on top of existing pharmacy and provider infrastructure to administer vaccines. Maintaining the state’s vaccine infrastructure is especially important as the state seeks to maintain the highest level of protection for families in the face of emerging variants, provide additional doses for certain high-risk populations and prepare for expected vaccine approvals for our youngest Californians (under 5 years old)4.

In 2021-22, the **Vaccinate ALL 58** Campaign (VA58)5 continues to focus on a data-driven, equity-centered approaches in its efforts to reach Californians who have yet to get vaccinated or boosted. The campaign’s “surround sound approach” reaches our audience on multiple media channels and outreach and education tactics with a unified message to combat misinformation. To date, the campaign has engaged over 700 community-based organizations (CBOs), in partnership with philanthropic organizations, and worked with more than 300 ethnic media outlets to reach Californians. Through these efforts, and many other partnerships with local health jurisdictions, faith-based organizations, elected officials and more, the VA58 Campaign continues to reach the most impacted racial/ethnic and socio-graphic communities in California6.

The May Revision reflects a shift of $130 million for vaccine media and outreach activities included in the Governor's Budget to the Office of Community Partnerships and Strategic Communications. The May Revision also proposes an additional $100 million for the Office. The Office was proposed as a part of Governor’s Budget, and will manage the state’s highest priority public awareness and community outreach campaigns. CDPH will collaborate with the new Office and provide subject-matter expertise.

---

1 https://covid19.ca.gov/vaccination-progress-data/
2 https://covid19.ca.gov/
3 https://covid19.ca.gov/vaccination-progress-data/
5 https://www.vaccinateall58.com/
as the functions of COVID-19 outreach campaigns are transferred over to the new Office to support ongoing outreach support to 58 counties and at least 150 CBOs.

Testing

The state’s Testing Task Force (TTF) supports a robust testing infrastructure with more than 8000 active testing programs that utilize professional antigen, PCR or PCR pooled testing. These programs include onboarding, training, regulatory compliance, registration, reporting and resulting of tests targeted to populations most impacted by COVID-19 in California. During the Omicron surge, these sites became critical access points for testing expansion with more than 1600 community sites and over 100 schools opening their sites to test their local communities. These sites will play an essential role in providing Test-to-Treat oral therapeutics in at-risk communities for uninsured and underinsured populations.7

To continue to support low-cost PCR testing & stable turnaround time, the TTF launched a laboratory network in May 2022 to provide low-cost PCR testing and stable turnaround times, while allowing for flexibility to ramp up test processing and testing turnaround times during a surge.

As of January 2022, the TTF has distributed more than 36 million at-home antigen tests to Californians, including but not limited to K-12 students, teachers and staff, community organizations serving priority populations, childcare facilities, skilled nursing facilities, long-term care facilities for visitations, and healthcare workers for return to work. The TTF leverages a multi-modal strategy to maximize testing as a mitigation strategy. This infrastructure will be expanded to meet Californians at greatest risk for severe COVID-19 infections while providing access to lifesaving therapeutics.

Public Health Readiness and Response (formerly Contact Tracing)

As of April 2022, CDPH and other state departments have redirected 94 state staff and 105 CDC-Foundation disease investigators to local health jurisdictions (LHJs) as a part of the existing California Connected contact tracing program to meet case investigation and contact tracing staffing requests from local health jurisdictions (LHJs). State staff are trained to serve as case investigators, contact tracers, outbreak investigators, and contact tracing school specialists.

CDPH is seeking state employee volunteers to join the Public Health Reserve Corps (PHRC) - a unit of trained strike teams that will provide contact tracing and case investigation support in the case of a state of emergency in the State of California that poses a risk to public health. PHRC members will be trained and may be called on at any time to be deployed to support LHJs where they will be responsible for performing contact tracing or case investigation duties in alignment with CDPH and the assigned LHJ procedures.

Staffing Deployments

As of May 10, 2022, the number of current hospitalizations due to confirmed and suspected COVID-19 cases in California reached a total of 1,203 hospitalized patients, and 153 intensive care unit patients. Over 1,000 health care workers are currently deployed to support health care facilities and expand surge capacity and vaccine administration.8 The SMARTER plan outlines that the state will help facilitate the deployment of surge staff for facilities in impacted regions via statewide coordinated staffing contracts to so that hospitals are appropriately staffed, especially in impacted communities.9 Effective April 1, 2022, facilities will be required to reimburse the state for deployed staff. Therefore, this proposal also reflects an increase of $100 million in reimbursement authority for both CDPH and the Emergency Medical Services Authority (EMSA) to recover costs associated with medical surge staff deployment. CDPH will also continue to provide invoice staffing resources to EMSA to assist in collecting reimbursement from facilities.

---

7 https://covid19.ca.gov/smarter/
8 https://covid19.ca.gov/state-dashboard/#latest-update
9 https://covid19.ca.gov/smarter/
CDPH is monitoring the new COVID-19 Omicron subvariant BA.2 that has become the dominant strain in the state and country. In alignment with the SMARTER Plan, CDPH is poised to scale up and deploy medical surge contract staff as needed to support our hospital and healthcare systems\(^\text{10}\). Should the state experience additional COVID-19 surges and CDPH identifies a need for additional medical surge support for facilities above the funding available for medical surge staffing, CDPH and EMSA will work together to utilize the $100 million in reimbursements to support additional medical surge needs.

Additionally, with the recent approval of the second COVID-19 booster vaccine for adults 50+ years old, and the pending approval of the COVID-19 vaccine for 0–5-year-olds, CDPH remains capable of deploying additional vaccine contract staff. As the state enters the next phase of the COVID-19 pandemic, which may include future surges and new variants, California will continue to be the nation’s model for emergency preparedness.

**Operations Support**

As COVID-19 cases continue to occur in California, the CDPH’s emergency call center continues to field calls from residents seeking information related to COVID-19, the Administration’s SMARTER Plan, MyTurn, Vaccine and Testing Information, Housing Payment Assistance, school questions and other relevant topics. The call center also serves as an important way for Californians who are not able to access resources online to obtain answers to their questions and schedule vaccine appointments. Currently, the call center houses six call lines with up to 800 calls per day; and four email accounts with up to 55 emails per day. As California continues in the next phase of COVID-19 response as outlined in the SMARTER Plan, and to keep up with the demand for information on COVID-19\(^\text{11}\), service agreements will need to continue in order to answer phone calls, respond to SMS text messages, and web chats from California residents.

A large component of pandemic response includes providing resources (e.g., personal protective equipment, test kits, therapeutics, and vaccine supplies, other medical supplies, etc.) for public health and medical entities. CDPH has been distributing over-the-counter and Clinical Laboratory Improvement Amendments-waived tests to both public health and medical partners, schools and County Boards of Education, Department of Social Services (DSS) facilities, and several other non-public health and medical entities. As outlined in the SMARTER Plan, making sure testing kits and supplies are readily available, as well as maintaining warehousing functions to quickly distribute critical supplies and resources when needed, is a critical component to help California minimize the spread of COVID-19.

**Border Activities**

In April 2021, CDPH, in partnership with other state departments, began conducting response operations to alleviate the impacts of COVID-19 at the California/Mexico border. COVID-19 response activities and humanitarian assistance at the southern border continue to be necessary. CDPH has taken the lead in securing staffing services administering COVID-19 vaccines, providing COVID-19 testing services, and assisting in the management of three regional hubs that include lodging for COVID-19 positive individuals, in direct alignment with the SMARTER Plan’s initiatives. The May Revision also includes additional funding for triage support and transportation costs.

**Surveillance**

Epidemiological surveillance has been a critical component of California’s COVID-19 pandemic response, and is a core function of public health. According to the Centers for Disease Control and Prevention (CDC), “public health surveillance is the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice.” Numerous surveillance activities have been implemented to track COVID-19 in California. As the state moves into the next phase of the COVID-19 response, guided by the SMARTER

\(^{10}\) https://covid19.ca.gov/smarter/
\(^{11}\) https://covid19.ca.gov/smarter/
Plan framework which emphasizes the importance of surveillance work as a central tenant of effectively tracking the virus and targeting mitigation measures, it is essential to maintain surveillance as a priority public health activity and adapt surveillance systems to meet evolving needs.

The SMARTER plan highlights specific surveillance activities such as with wastewater surveillance to monitor community spread, whole genome sequencing to identify variant strains and monitor variants of concern, and the study of post-COVID or "Long" COVID to understand the long-term effects of COVID-19 on individuals and communities\textsuperscript{12}.

Wastewater surveillance is an important surveillance strategy, especially as at-home testing becomes a more commonly-utilized testing modality and testing requirements are loosened. Wastewater surveillance provides an opportunity to monitor a large number of individuals with a small number of samples. Currently, 39 sites are monitored across the state with the goal of ramping up to 75 sites in early 2023 to achieve greater coverage and representative wastewater surveillance for California\textsuperscript{13}.

A significant proportion of people experience post-COVID conditions ("Long COVID") weeks to months after their initial illness. People of any age, regardless of the severity of their initial COVID-19 illness, can develop post-COVID conditions. CDPH aims to characterize the proportion of COVID-19 patients that have ongoing health effects, the duration and severity of those effects, which patients are at greatest risk of long COVID, and the burden on California\textsuperscript{14}.

Therapeutics
COVID-19 therapeutics can be 80-90 percent effective in reducing hospitalization from COVID-19\textsuperscript{15}. As treatment and preventative therapeutics become increasingly available, the state must strengthen its ability to provide them quickly and equitably into the hands of those who need them. In keeping with the SMARTER Plan, resources are needed to develop test-to-treat options for those most impacted by COVID-19 and those that have structural barriers (i.e., the uninsured and underinsured) to rapidly accessing medical care.

To be effective, oral anti-viral medications and monoclonal antibodies are required to begin within days of an individual exhibiting symptoms\textsuperscript{16}. Similar to testing, vaccination and other public health actions, particular attention and effort needs to be given to the most vulnerable populations in California, including those most disproportionately affected by new infections and individuals who lack access to care. To support implementation of test-to-treat therapeutics, consistent with the SMARTER Plan, CDPH will provide grants for infrastructure, capacity building, and technical assistance to safety net providers across the state to facilitate rapid access to COVID-19 therapeutics for those who lack ready access to care, including the uninsured and underinsured. These grants will enable the safety net healthcare delivery system to strengthen its ability to care for Californians by improving its infrastructure – including expanding use of telehealth, mail-order medications, and workforce training.

CDPH will leverage and expand the testing capacity, infrastructure, and partnerships already developed to meet Californians at greatest risk for severe COVID-19 infections while providing access to lifesaving therapeutics.

Further, a critical aspect of Californians accessing early care for COVID-19 treatments is public awareness of the importance of intervention and information on how to access therapeutics. CDPH will implement a grassroots media campaign that reaches communities that have limited connections and access to

\textsuperscript{12} https://covid19.ca.gov/smarter/
\textsuperscript{13} https://covid19.ca.gov/smarter/
\textsuperscript{14} https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Post-COVID
\textsuperscript{15} https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Questions-and-Answers-Treatment-Information-for-Providers-and-Facilities.aspx
\textsuperscript{16} https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Questions-and-Answers-Treatment-Information-for-Providers-and-Facilities.aspx
medical care (i.e., undocumented, uninsured, underinsured, low English proficiency, etc.) to help share information regarding therapeutics as well as available infrastructure, capacity building, and technical assistance grants for safety net providers.

Funding
Although the state has made significant progress in mitigating the impacts of the virus and increasing vaccination rates, the pandemic continues to create challenges and present risks for Californians, with disproportionate impacts on the state’s most vulnerable populations. Accordingly, CDPH is requesting additional resources to continue prevention and response activities in 2022-23.

The 2022-23 Governor’s Budget included $760.8 million one-time General Fund for CDPH to support COVID-19 response activities through December 31, 2022. The department is currently projecting budget year costs of $1.8 billion one-time California Emergency Relief Fund to continue emergency response efforts through June 30, 2023, which includes a shift of resources included in the Governor’s Budget to the California Emergency Relief Fund.

C. State Level Consideration

This proposal aligns with several state priorities:

1. **SMARTER Plan**, introduced in February 2022 outlines seven key initiatives to target the state’s emergency response to tackle COVID-19 health disparities statewide, and particularly in disproportionately impacted communities.

2. **CDPH 2019-2022 Public Health Strategic Map**: CDPH’s Strategic Map sets forth the department’s Mission, Vision and Strategic direction. This proposal is consistent with the following and objectives in the 2019 to 2022 Public Health Strategic Map:
   - *Protect the Public’s Health* by addressing the objective to strengthen foundational public health and health care infrastructure at the state and local levels to enhance California’s resilience to current and emerging health threats, respond effectively to health threats and emergencies, and upgrade capacity and capability of lab testing; and
   - *Promote health and wellness* to prevent disease and injury and foster vibrant, resilient, and prosperous communities by implementing innovative prevention strategies, improving statewide health outcomes by advancing protective measures and reducing risk and elevating public awareness of key health messages.

3. **California Health and Human Services Agency guiding principles** to advance data-driven and person-centered services and supports statewide to advance a California for All by driving action to address the health needs of our most vulnerable communities and populations; and

4. **Governor Gavin Newsom’s policies** to promote healthy lifestyles for individuals and families and reduce or eliminate health disparities while promoting health equity.

D. Justification

This proposal includes $1.8 billion California Emergency Relief Fund and $100 million in General Fund reimbursement authority in 2022-23 for CDPH to continue leading the state’s public health and safety response efforts against COVID-19. These proposed funds will support pandemic response efforts through June 30, 2023. To the extent additional pandemic response resources are needed in 2022-23, CDPH will continue to maximize the use of available federal funds to mitigate impact on the General Fund.

The following chart below summarizes the updated expenditure levels at the 2022-23 May Revision:

<table>
<thead>
<tr>
<th>Areas of Expenditure</th>
<th>2022-23 Governor’s Budget</th>
<th>2022-23 May Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinations(including boosters)</td>
<td>$182,323,000</td>
<td>$93,000,000</td>
</tr>
<tr>
<td>Testing</td>
<td>$361,934,000</td>
<td>$530,000,000</td>
</tr>
<tr>
<td>Operations Support</td>
<td>-</td>
<td>$165,133,000</td>
</tr>
<tr>
<td>Public Health Readiness &amp; Response (Formerly Contact Tracing)</td>
<td>$18,284,000</td>
<td>$18,284,000</td>
</tr>
<tr>
<td>Enhanced Surveillance</td>
<td>-</td>
<td>$16,465,000</td>
</tr>
<tr>
<td>Test to Treat Therapeutics</td>
<td>-</td>
<td>$158,129,000</td>
</tr>
<tr>
<td>Border Operations</td>
<td>$73,900,000</td>
<td>$468,388,000</td>
</tr>
<tr>
<td>Staffing</td>
<td>$124,309,000</td>
<td>$140,000,000</td>
</tr>
<tr>
<td>Emergency Contingency Funds</td>
<td>-</td>
<td>$250,000,000</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>$760,750,000</strong></td>
<td><strong>$1,839,399,000</strong></td>
</tr>
</tbody>
</table>

1 $230 million for vaccine media and outreach activities is proposed for the Office of Community Partnerships and Strategic Communications. Of this amount, $130 million was included in CDPH’s budget at the Governor’s Budget.

2 Includes $57.4 million General Fund for CDPH’s border response operations that will be carried over to 2022-23, from a $360 million DREOA allocation in 2021-22.

3 Proposal includes $100 million in reimbursement authority, not reflected in the table, to recover costs for medical surge staffing deployment.

Noteworthy funding for service agreements in 2022-23 includes, but is not limited to the following:

- $468.4 million to continue COVID border response efforts in coordination with other state departments. In partnership with federal, local, and non-profit partners, California is providing support and services to newly arriving migrants at the border in Imperial, San Diego, and Riverside Counties, including testing, temporary shelter, vaccines, and coordination for safe onward travel. The May Revision also includes funding for triage support and transportation;
- $200 million to provide 90-100 million test kits in support of the SMARTER Plan;
- $150 million to provide diagnostic testing services in the new laboratory network;
- $140 million to provide staffing deployments to health facilities including vaccination administration staff, licensed vocational nurses, certified nurse assistants, and registered nurses;
- $90 million in one-time grants to safety net providers to facilitate rapid access to COVID-19 therapeutics the uninsured and underinsured;
- $89 million for service agreements to provide front-line inbound and outbound call center, web chat, and SMS text support;
- $32 million for service agreements to provide support to families and pediatric providers for vaccines ages 0-5;
- $12 million to provide vaccine mobile units that will rotate across the counties and LHJs to provide pop-up clinic services;
- $10 million to track the long-term impacts of COVID-19 on California communities and individuals; and
- $6.5 million to supplement existing funds for the expansion of statewide wastewater surveillance, to meet the goals of the SMARTER Plan and to respond to COVID-19 outbreaks.

E. Outcomes and Accountability
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.
At the Governor’s Budget, CDPH requested resources through December 31, 2022. The May Revision proposal requests resources through the budget year. Proposed resources would continue the state’s efforts to implement the SMARTER Plan, proactively respond to the impacts of COVID-19 and protect Californians.

F. Analysis of All Feasible Alternatives

Alternative 1: $1.8 billion California Emergency Relief Fund $100 million in General Fund reimbursement authority in 2022-23 to implement the SMARTER Plan and continue the state’s efforts to protect public health and safety against the spread of COVID-19.

Pros:
- CDPH will be able to implement the SMARTER Plan and continue the state’s efforts to protect public health and safety against the spread of COVID-19 by providing vaccinations (including boosters), diagnostic testing, surveillance, therapeutics, medical staff support for facilities, operations support, and emergency response activities at the border.

Cons:
- One-time appropriation from the California Emergency Relief Fund.

Alternative 2: Do not allocate additional funds.

Pros:
- No appropriation from the California Emergency Relief Fund.

Cons:
- CDPH will not be able to implement the SMARTER Plan or continue the state’s efforts to protect public health and safety against the spread of COVID-19

G. Implementation Plan

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement the SMARTER Plan and continue pandemic response activities, including vaccination (and booster), testing, staffing, surveillance, therapeutics, and border activities to combat COVID-19.</td>
<td>July 2022-June 2023</td>
</tr>
</tbody>
</table>

H. Supplemental Information

Attachment A: BCP Fiscal Detail Sheets

Proposed Provisional Language:

4265-021-3398—For support of State Department of Public Health, payable from the California Emergency Relief Fund............ 1,782,036,000

Schedule:

(1) 4040-Public Health Emergency ................. 1,782,036,000

Provisions:

1. The funds appropriated in this item are for purposes related to the COVID-19 state of emergency, as proclaimed on March 4, 2020.

2. Up to $250,000,000 of the amount included in this item shall be available for encumbrance or expenditure upon approval from the Department of Finance. The Department of Finance shall provide written notification to the Joint Legislative Budget Committee within 10 working days from the date of Department of Finance approval.
I. Recommendation

Approve Alternative 1: $1.8 billion California Emergency Relief Fund and $100 million General Fund reimbursement authority in 2022-23 to implement the SMARTER Plan and continue the state’s efforts to protect public health and safety against the spread of COVID-19.
## BCP Fiscal Detail Sheet

BCP Title: COVID-19 Direct Response Expenditures
BR Name: 4265-383-BCP-2022-MR

### Budget Request Summary

#### Operating Expenses and Equipment

<table>
<thead>
<tr>
<th>Fund Source</th>
<th>FY22 Current Year</th>
<th>FY22 Budget Year</th>
<th>FY22 BY+1</th>
<th>FY22 BY+2</th>
<th>FY22 BY+3</th>
<th>FY22 BY+4</th>
</tr>
</thead>
<tbody>
<tr>
<td>5301 - General Expense</td>
<td>0</td>
<td>1,782,036</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Operating Expenses and Equipment</strong></td>
<td>$0</td>
<td>$1,782,036</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

#### Total Budget Request

<table>
<thead>
<tr>
<th>Fund Source</th>
<th>FY22 Current Year</th>
<th>FY22 Budget Year</th>
<th>FY22 BY+1</th>
<th>FY22 BY+2</th>
<th>FY22 BY+3</th>
<th>FY22 BY+4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Budget Request</strong></td>
<td>$0</td>
<td>$1,782,036</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Fund Summary

#### Fund Source

<table>
<thead>
<tr>
<th>Fund Source</th>
<th>FY22 Current Year</th>
<th>FY22 Budget Year</th>
<th>FY22 BY+1</th>
<th>FY22 BY+2</th>
<th>FY22 BY+3</th>
<th>FY22 BY+4</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Operations - 3398 - California Emergency Relief Fund</td>
<td>0</td>
<td>1,782,036</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total State Operations Expenditures</strong></td>
<td>$0</td>
<td>$1,782,036</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total All Funds</strong></td>
<td>$0</td>
<td>$1,782,036</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Program Summary

#### Program Funding

<table>
<thead>
<tr>
<th>Program Funding</th>
<th>FY22 Current Year</th>
<th>FY22 Budget Year</th>
<th>FY22 BY+1</th>
<th>FY22 BY+2</th>
<th>FY22 BY+3</th>
<th>FY22 BY+4</th>
</tr>
</thead>
<tbody>
<tr>
<td>4040010 - Emergency Preparedness</td>
<td>0</td>
<td>1,782,036</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total All Programs</strong></td>
<td>$0</td>
<td>$1,782,036</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
## BCP Fiscal Detail Sheet

**BCP Title:** COVID-19 Direct Response Expenditures  
**BR Name:** 4265-382-BCP-2022-MR

### Budget Request Summary

#### Operating Expenses and Equipment

<table>
<thead>
<tr>
<th>Operating Expenses and Equipment</th>
<th>FY22 Current Year</th>
<th>FY22 Budget Year</th>
<th>FY22 BY+1</th>
<th>FY22 BY+2</th>
<th>FY22 BY+3</th>
<th>FY22 BY+4</th>
</tr>
</thead>
<tbody>
<tr>
<td>5301 - General Expense</td>
<td>0</td>
<td>-760,750</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Operating Expenses and Equipment</strong></td>
<td><strong>$0</strong></td>
<td><strong>$-760,750</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>

#### Total Budget Request

<table>
<thead>
<tr>
<th>Total Budget Request</th>
<th>FY22 Current Year</th>
<th>FY22 Budget Year</th>
<th>FY22 BY+1</th>
<th>FY22 BY+2</th>
<th>FY22 BY+3</th>
<th>FY22 BY+4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Budget Request</strong></td>
<td><strong>$0</strong></td>
<td><strong>$-760,750</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>

### Fund Summary

#### Fund Source

<table>
<thead>
<tr>
<th>Fund Source</th>
<th>FY22 Current Year</th>
<th>FY22 Budget Year</th>
<th>FY22 BY+1</th>
<th>FY22 BY+2</th>
<th>FY22 BY+3</th>
<th>FY22 BY+4</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Operations - 0001 - General Fund</td>
<td>0</td>
<td>-760,750</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total State Operations Expenditures</strong></td>
<td><strong>$0</strong></td>
<td><strong>$-760,750</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
</tr>
<tr>
<td><strong>Total All Funds</strong></td>
<td><strong>$0</strong></td>
<td><strong>$-760,750</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>

### Program Summary

#### Program Funding

<table>
<thead>
<tr>
<th>Program Funding</th>
<th>FY22 Current Year</th>
<th>FY22 Budget Year</th>
<th>FY22 BY+1</th>
<th>FY22 BY+2</th>
<th>FY22 BY+3</th>
<th>FY22 BY+4</th>
</tr>
</thead>
<tbody>
<tr>
<td>4040010 - Emergency Preparedness</td>
<td>0</td>
<td>-760,750</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total All Programs</strong></td>
<td><strong>$0</strong></td>
<td><strong>$-760,750</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>