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Children's Health Programs in California

Promoting a Lifetime of Health and Well-Being

A lifetime of good health begins in childhood. A comprehensive and coordinated health care system that helps keep California's children and families well can improve health throughout children's lives, reduce the cost of care for families as well as for the state, and help build a skilled and productive workforce. In short, there is a vital link between healthy children and a healthy California.

Poverty poses a major threat to children's health. Low-income children are more likely than other children to be in poor health and to fare worse when facing chronic conditions, and the effects of poverty on children's health accumulate over time.[a] As they reach adulthood, low-income children in poor health are more likely to have low incomes, to do poorly in school, and to be less healthy than their better-off peers.[b] In turn, *their* children's health and well-being are also jeopardized, creating an intergenerational cycle of poverty and poor health.[c] In California, where one in four children live in poverty, this cycle of poverty and poor health poses a significant risk to the social and economic well-being of our state.

Fortunately, public policies can play a role in helping children and their families stay healthy. For example, public health care coverage boosts access to health care and improves children's well-being in the short and long term, increasing the likelihood that they will become healthy and productive adults. In addition, public health services – such as vaccinations, home visiting services, and dental screenings – that aim to prevent disease and promote healthy lifestyles are central to addressing health disparities between children of different races, ethnicities, and socioeconomic backgrounds, as well as to reducing health care costs and saving lives.

This publication is designed to create an understanding of California's current health care system for children and their families – including both public health care coverage and public health programs – by illustrating the size and scope of these programs, who they benefit, and the services they offer. This publication also highlights some of the key challenges and opportunities in addressing children's health in California in the wake of the Great Recession and with the implementation of federal health care reform.

A comprehensive and well-coordinated health care system that helps California's children and their families stay healthy includes access to both health care coverage and public health programs. While California has embarked on a historic expansion of public health care coverage, recent budget cuts have undermined certain health services for children. Investing in a comprehensive system will help ensure that more children grow up to be healthy adults, enabling them to be active and productive members of their communities.

Public Health Care Coverage

Providing public health care coverage for low- and moderate-income children is critical to the well-being of California's youth. This coverage is administered through a complex system, with responsibility shared among counties, the state, and the federal government. The Department of Health Care Services (DHCS) oversees Medi-Cal, California's Medicaid program, which is funded with both state and federal dollars and covers nearly half of all children in the state, according to the most recent data available. DHCS also oversees a number of programs that complement Medi-Cal, such as by targeting children with special health needs or expanding eligibility for public health care coverage to moderate-income children and families. This includes programs such as the Medi-Cal Access Program (formerly Access for Infants and Mothers (AIM)), California Children's Services (CCS), Child Health and Disability Prevention Program (CHDP), and Family Planning Access Care and Treatment (Family PACT).

Since 2007-08, health programs serving children in California have experienced changes due to both federal health care reform and the Great Recession. Under the federal Patient Protection and Affordable Care Act (ACA) – also known as federal health care reform – state policymakers expanded Medi-Cal to certain populations and simplified the program's complex eligibility and enrollment rules. State policymakers also created a new health insurance exchange called Covered California, through which families can now purchase insurance with the help of federal tax credits. Moreover, state policymakers eliminated the Healthy Families Program (HFP), the state's version of the federal Children's Health Insurance Program (CHIP).[d] To implement this change, the state transitioned hundreds of thousands of children from the HFP to Medi-Cal in 2013 and increased Medi-Cal's income eligibility limit for children to 250 percent of the federal poverty line (a threshold that rose to 266 percent of the poverty line in 2014). Policymakers also eliminated the Managed Risk Medical Insurance Board (MRMIB), which – prior to the 2014-15 fiscal year – had administered the HFP and two other programs specific to children: AIM and the County Health Initiative Matching Fund Program. DHCS now oversees these programs.

In addition, in response to sizeable budget shortfalls caused by the Great Recession, policymakers repeatedly cut state spending, including funding for programs and services supporting children's health. These cuts had a number of consequences, such as limiting families' access to health services and requiring families to pay more out of pocket for care. This publication's companion piece, *Children's Health Programs in California: Recent Years' Budget and Policy Changes,* is a timeline detailing many of these choices.

With the many policy changes made at the state and federal levels, funding for public health care coverage has changed dramatically in recent years. Overall, funding for DHCS – which includes both state and federal dollars – more than doubled from 2007-08 to 2014-15, after adjusting for inflation, due largely to the increase in federal funding for the Medi-Cal expansion and to the transfer of programs from MRMIB to DHCS.

However, certain public health care coverage programs for children experienced a decrease in funding during the Great Recession and were still operating below pre-recession levels as of 2012-13. For example, General Fund support for CCS, which provides services for children with special health care needs, was 17 percent lower than in 2007-08, after adjusting for inflation. Yet, CCS served 3.5 percent more children in 2012-13 than in 2007-08. In addition, General Fund support for children and youth served through Family PACT was 13 percent lower than in 2007-08, after adjusting for inflation. Family PACT's caseload also decreased between 2007-08 and 2012-13. This drop may be due to budget cuts made to California's teen pregnancy prevention programs, which make referrals to Family PACT.

Public Health Programs and Services

Investing in public health is an effective way to improve health, reduce health care costs, and boost productivity.[e] In fact, investing in public health services in combination with expanding public health care coverage and delivering effective preventive and chronic care could boost long-term benefits to individuals, families, communities, and the state.[f]

Public health services have a high return on investment. They lead to better self-reported health, lower rates of chronic illness, and lower mortality rates, in addition to reducing health care costs.[g] Unfortunately, recent years' budget cuts to public health programs at the federal, state, and local levels may undermine public health professionals' ability to provide basic preventive services, such as linking individuals to health services or targeting health outreach to at-risk populations.

Since the creation of the California Department of Public Health (CDPH) in 2007, California's investment in public health programs and services has consistently accounted for a small share of General Fund spending, and this proportion has shrunk as policymakers reduced funding for CDPH due to the Great Recession. From 2007-08 to 2014-15, General

Fund support for CDPH was cut by more than 70 percent, after adjusting for inflation. From 2007-08 to 2012-13, state policymakers eliminated funding for seven public health programs serving children and reduced funding for two more. For example, policymakers cut all funding for the California Children's Dental Disease Prevention Program starting in 2009. Dental disease is the leading chronic health problem among children, and for many low-income children this program may have been their only source of dental care. Policymakers also eliminated state support for Black Infant Health, which aims to address the high rates of infant mortality and preterm births among African American mothers and babies, before restoring $4 million in funding for the program as part of the 2014-15 budget agreement.

In addition, between 2007-08 and 2012-13 state policymakers slashed funding for California's teen pregnancy prevention services, completely defunding three programs and deeply cutting support for another. California has been a leader in teen pregnancy prevention since the 1970s, and the state tops the nation in successfully reducing the number of teen births. Yet, with the reduction in funding for public health, organizations providing teen pregnancy prevention services can now reach only a fraction of the number of participants that they had served in 2007-08, prior to the budget cuts. One estimate suggests that the annual net cost of teen births to California taxpayers is $870 million.[h] Failure to reinvest in teen pregnancy prevention services could result in much higher costs to the state over the long term.

The Future of Children's Health in California

Research demonstrates that the combination of expanding health care coverage, improving preventive and chronic care, and investing in public health is the most effective way to improve health, save lives, and reduce costs.[i] It is critical then that policymakers continue to support children's access to public health care coverage in addition to reinvesting in public health programs.

These are some key issues that state policymakers should address:

- **Make certain that all California children and their families have access to affordable health care coverage.** This includes reaching eligible children and parents who remain unenrolled in public health care programs as well as extending coverage to Californians who are unable to access affordable public health care coverage due to their immigration status.

- **Ensure that children enrolled in public health care coverage have timely access to health care providers.** Children and families with public health care coverage generally receive primary and specialty health care through Medi-Cal managed care plans and dental care from dentists who participate in the program on a "fee-for-service" (FFS) basis. California recently implemented a 10 percent cut to Medi-Cal's FFS payment rates and imposed a similar reduction on Medi-Cal managed care plans.[j] In order to help shore up Medi-Cal's already overextended provider network, policymakers should consider reversing these payment cuts in 2015. At a minimum, the state should monitor the impact of these cuts to determine whether access has been compromised.

- **Assure quality of care for children with special health care needs.** Some children experience chronic health problems that require additional care. Unfortunately, just 6 percent of such children enrolled in public health care coverage in California receive care that meets federal quality guidelines. Policymakers should improve the coordination of benefits and care between CCS and the Medi-Cal Program in order to more effectively meet these children's health care needs.

- **Invest in public health.** Public health services have been shown to both improve health and reduce health care costs. Reinvesting in California's public health programs, such as children's safety programs, dental screenings, teen pregnancy prevention services, and others, would have positive long-term impacts on the health and well-being of the state's families and communities.

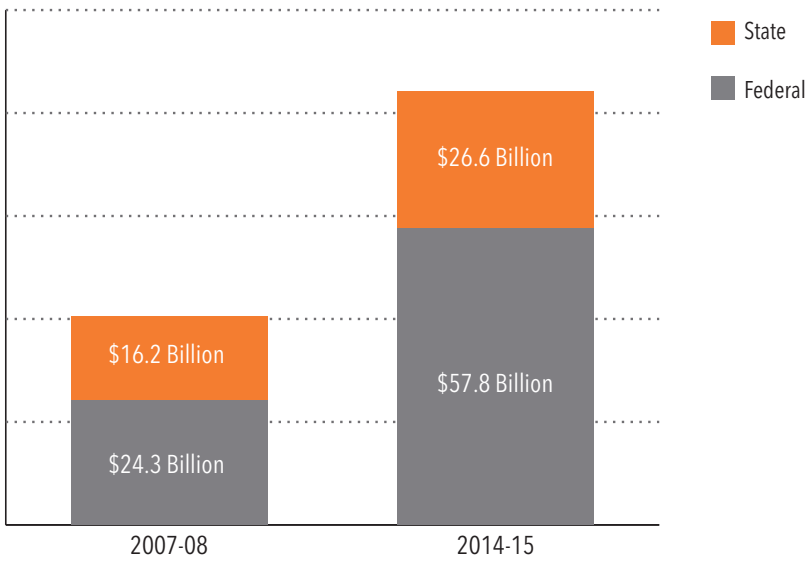
In addition, federal policymakers should correct the "family glitch," which undermines access to affordable health care coverage. In general, if job-based health insurance plans are deemed unaffordable based on federal guidelines, families can purchase a plan through Covered California with the assistance of federal tax credits. However, federal regulations define "affordability" based on the cost of a job-based plan for an individual employee, not for the employee's entire family. As a result, many families who cannot afford job-based coverage are ineligible for federal tax credits through Covered California, meaning that plans offered through the state's health insurance exchange may be out of reach for low- and moderate-income families. Some of the children in these families could be eligible for Medi-Cal, but the rest – along with their parents – would likely remain uninsured. This hole in coverage is known as the "family glitch" and may undermine efforts to ensure low- and moderate-income children's access to health care coverage. Congress and/or the Obama Administration could fix the family glitch by simply redefining "affordability" based on the cost of a job-based plan for an employee's entire family.

The state of children's health today affects California's future. A comprehensive and well-coordinated system for children's health will invest in public health care coverage and in public health services. Doing so will improve health throughout children's lives, maximize California's return on investment, and build a healthier, more productive state.

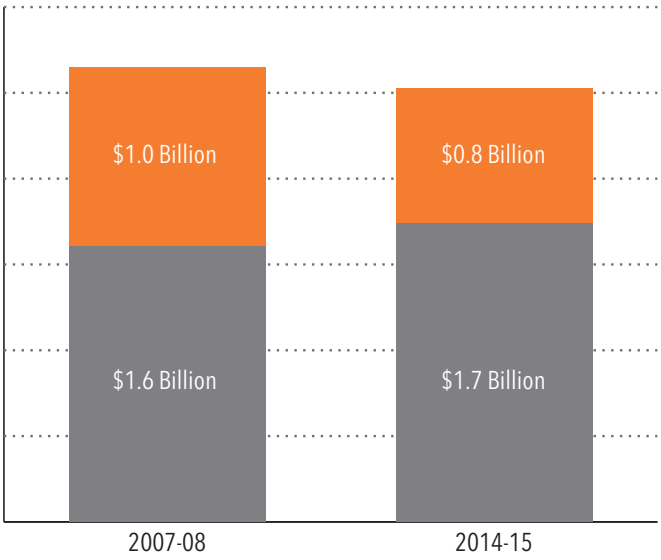
Fewer State Dollars for Public Health

Between 2007-08 and 2014-15, state funding for CDPH has decreased by nearly one-fourth, while state funding for DHCS has increased by almost two-thirds, after adjusting for inflation.

Department of Health Care Services (DHCS)



Department of Public Health (CDPH)



Note: Figures are in 2014-15 dollars. 2007-08 actuals and 2014-15 estimated. State funding includes both General Fund and special fund dollars. CDPH spending for 2007-08 excludes dollars for the Drinking Water Program, which was transferred to the State Water Resources Control Board in 2014-15.
Source: Department of Finance, Governor's Budget Summary 2009-10 (January 2009), Schedule 9 and Department of Finance, Governor's Budget Summary 2015-16 (January 2015), Schedule 9

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Notes on Methodology:
Unless specified, data included in this publication were provide by the agencies administering each program. In some cases, agencies were unable or unwilling to provide data. Local sources of funds are not included because of the difficulty of obtaining comprehensive and accurate information. Numbers served are reported to provide a sense of the size of each program, but the data are not necessarily comparable across the programs. The California Budget & Policy Center thanks all the agencies that provided program data for their help in making this publication possible.

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Endnotes

[a] Anne Case, Darren Lubotsky, and Christina Paxson, "Economic Status and Health in Childhood: The Origins of the Gradient," *American Economic Review* 92 (2002), pp. 1308-1334.

[b] Anne Case, Angela Fertig, and Christina Paxson, "The Lasting Impact of Childhood Health and Circumstance," *Journal of Health Economics* 24 (2005), pp. 365-389.

[c] Anna Aizer and Janet Currie, "The Intergenerational Transmission of Inequality: Maternal Disadvantage and Health at Birth," *Science* 23 (2014), pp. 856-861 and Janet Currie, "Healthy, Wealthy, and Wise: Socioeconomic Status, Poor Health in Childhood, and Human Capital Development," *Journal of Economic Literature* 47 (2009), pp. 87-122.

[d] The 2012-13 budget agreement eliminated the Healthy Families Program for a number of reasons, including to help close a budget shortfall and to streamline the state's public health care coverage.

[e] See Ross Devol and Armen Bedroussian, *An Unhealthy America: The Economic Burden of Chronic Disease* (Milken Institute: October 2007); Jeffrey Levi, et al., *Prevention for a Healthier California: Investments in Disease Prevention Yield Significant Savings, Stronger Communities* (Trust for America's Health: October 2008); and Glen P. Mays and Sharla A. Smith, "Evidence Links Increases in Public Health Spending to Declines in Preventable Deaths," *Health Affairs* 30 (2011), pp. 1585-1593.

[f] Bobby Milstein, et al., "Why Behavioral and Environmental Interventions Are Needed to Improve Health at Lower Cost," *Health Affairs* 30 (2011), pp. 823-832.

[g] See Timothy T. Brown, "How Effective Are Public Health Departments at Prevention Mortality," *Economics and Human Biology* 13 (2014), pp. 34-45; Timothy T. Brown, Maria S. Martinez-Gutierrez, and Bahar Navab, "The Impact of Changes in County Public Health Expenditures on General Health in the Population," *Health Economics, Policy and Law* 9 (2014), pp. 251-269; and Timothy A. Waidmann, Barbara A. Ormond, and Randall R. Bovbjerg, *The Role of Prevention in Bending the Cost Curve* (Urban Institute: October 2011).

[h] Petra Jerman, Norman Constantine, and Carmen Rita Nevarez, *No Time for Complacency: Teen Births in California* (Public Health Institute, Center for Research on Adolescent Health and Development: Spring 2012).

[i] Bobby Milstein, et al., "Why Behavioral and Environmental Interventions Are Needed to Improve Health at Lower Cost," *Health Affairs* 30 (2011), pp. 823-832.

[j] In 2011, state policymakers approved a 10 percent cut to Medi-Cal fee-for-service payments for doctors, dentists, pharmacists, and other providers, along with an "actuarially equivalent" cut to Medi-Cal managed care capitation rates. Litigation delayed implementation of these payment cuts until late 2013. For a discussion of these reductions, see Legislative Analyst's Office, *The 2014-15 Budget: Analysis of the Health Budget* (February 20, 2014), pp. 25-39.

Children's Health Programs in California
An Overview

DEPARTMENT	CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS)									
PROGRAM	**Medi-Cal Program[4]**		**Healthy Families Program** (Eliminated in 2013)[6]		**Access for Infants and Mothers Program (AIM)[7]**		**American Indian Infant Health Initiative**		**California Children's Services (CCS)[12]**	
FISCAL YEAR	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**
TOTAL SPENDING (2012-13 Dollars, in Thousands)	**Not Available**	**$11,256,748**	**$1,208,540**	**$846,676**	**$132,823**	**$116,582**	**$460**	**$628**	**$369,737**	**$298,751**
Federal Funds	Not Available		$764,312	$548,098	$77,741	$68,014	$460	$628	$187,103	$146,724
State General Fund	Not Available		$444,229	$206,532	$0	$0	$0	$0	$182,634	$152,027
State Special Funds	Not Available		$0	$92,046	$55,082	$48,568	$0	$0	$0	$0
Percent Change in Total Spending, 2007-08 to 2012-13	**Not Available**		**-29.9%**		**-12.2%**		**36.4%**		**-19.2%**	
DESCRIPTION	Jointly funded state-federal program created in 1965 to provide health coverage for low-income individuals and families		Jointly funded state-federal program created in 1997 to provide health coverage for low- and moderate-income children		State program established in 1991 to provide low-cost health coverage for certain pregnant women		Founded in 1995 to address poor maternal and child health outcomes within the American Indian community		State program in operation since 1927 to provide specialty care for low- and moderate-income children and youth with certain health conditions	
TARGET POPULATION	Low-income individuals including families with children, childless adults, pregnant women, seniors, people with disabilities, children in foster care, and individuals with certain diseases		Low- and moderate-income children without health insurance with family incomes too high to qualify for Medi-Cal		Moderate-income pregnant women without health insurance or with prohibitively expensive coverage		High-risk pregnant and parenting American Indian families with young children		Children and youth with CCS-eligible conditions such as cystic fibrosis, cancer, and traumatic injuries, among others, whose families are unable to afford treatment	
SERVICES/BENEFITS	Comprehensive health coverage including medical, mental health, dental, and vision benefits		Low-cost comprehensive health coverage including medical, mental health, dental, and vision benefits		Low-cost comprehensive health coverage for pregnant women with total out-of-pocket cost based on 1.5% of modified adjusted gross income		Home visitation and/or case management from health professionals to offer health information and/or connect families with additional resources		Addresses certain serious and chronic conditions with diagnosis and treatment, medical case management, physical and occupational therapy, and specialized medical equipment at no cost to patients	
CURRENT ELIGIBILITY REQUIREMENTS ("FPL" refers to federal poverty line)	• Age 18 and under with family income at or below 266% of the FPL (including children and youth who previously would have enrolled in the former Healthy Families Program); or • Pregnant women with incomes at or below 213% of the FPL[5]		• Age 18 and under; and • Uninsured in prior 3 months; and • Ineligible for no-cost Medi-Cal; and • US citizen or qualified immigrant; and • Family income at or below 250% of the FPL		• Resident of California;[8] and • Not enrolled in no-cost Medi-Cal or Medicare Part A and Part B; and • Income greater than 213% and at or below 322% of the FPL; and • Not covered by health insurance or has a plan with a maternity-only deductible or copayment greater than $500		• Pregnant American Indian women;[9] or • Women pregnant with an American Indian baby; or • American Indian children age 5 and under; or • Relative caregivers of American Indian children		• Age 20 and under; and • Resident of California; and • Living with a CCS-eligible condition;[13] • And one of the following: - Enrolled in Medi-Cal with full benefits; or - Annual family income at or below $40,000; or - Estimated out-of-pocket medical expenses greater than 20% of family income	
TOTAL NUMBER SERVED[1]	Not Available		851,011	623,321	8,122	6,835	Not Avail.[10]	Not Avail.[11]	220,103	227,859
Children	4,101,329	4,529,361	Not Available		Not Available		Not Available		220,103	227,859
Pregnant Women	Not Available		Not Applicable		Not Available		45	78	Not Applicable	
RACE/ETHNICITY							Not Available			
White	14.1%	14.3%	10.5%	14.2%	21.7%	26.6%			11.1%	22.3%
Latino	59.6%	59.4%	55.7%	37.6%	44.3%	37.1%			50.5%	47.6%
Asian[2]	7.4%	6.9%	10.7%	34.7%	18.1%	26.3%			4.0%	4.9%
Black	7.8%	7.3%	2.2%	6.6%	1.3%	1.3%			5.9%	5.1%
Multiple	Not Available		Not Available		Not Available				Not Available	
Missing/Unknown	7.6%	8.4%	2.3%	0.7%	Not Available				26.5%	15.8%
Other[3]	3.4%	3.7%	18.6%	6.2%	14.6%	8.7%			1.9%	4.4%

Note: Children's health programs are defined as those that provide services for children and pregnant women. Data reflect spending for these two populations. Not Available (Not Avail.) indicates that the program did not or could not collect the data. Not Applicable (Not Appl.) indicates that the program did not exist, was not funded for that fiscal year, or did not provide direct services to children and/or pregnant women.

DEPARTMENT	CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS)											
PROGRAM	**Child Health and Disability Prevention Program (CHDP)[14]**		**County Health Initiative Matching Fund Program**		**Family Planning Access Care and Treatment (Family PACT)**		**High-Risk Infant Follow-Up**		**Neonatal Quality Improvement Initiative**		**Newborn Hearing and Screening Program**	
FISCAL YEAR	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**
TOTAL SPENDING (2012-13 Dollars, in Thousands)	**$48,827**	**$52,453**	**$1,668**	**$1,825**	**$33,767**	**$29,720**	**$2,497**	**$1,400**	**$559**	**$460**	**$4,451**	**$3,804**
Federal Funds	$31,029	$34,447	$1,084	$1,160	$25,634	$22,625	$2,497	$1,400	$559	$460	$3,532	$3,018
State General Fund	$17,798	$18,006	$0	$0	$8,133	$7,096	$0	$0	$0	$0	$919	$785
State Special Funds	$0	$0	$584	$665	$0	$0	$0	$0	$0	$0	$0	$0
Percent Change in Total Spending, 2007-08 to 2012-13	**7.4%**		**9.4%**		**-12.0%**		**-43.9%**		**-17.7%**		**-14.5%**	
DESCRIPTION	Preventive health program adopted by state in 1973 to provide periodic screenings for the early detection of disease and disabilities		Program that enables counties to use local resources to draw down federal Children's Health Insurance Program funds in order to provide low-cost health coverage		State reproductive health program for low-income Californians enacted in 1996		Program within CCS to identify and follow-up on infants at risk for serious and chronic conditions		Collaboration between DHCS and the California Children's Hospital Association to reduce the chance of infections in CCS-approved NICUs		System established in 2006 for the identification of hearing loss in infants along with intervention and referral services	
TARGET POPULATION	Low- and moderate-income children and youth		Moderate-income children without health coverage		Low-income men and women, including teens, with a need for family planning services		Infants and toddlers at risk of developing a CCS-eligible condition after discharge from certain Neonatal Intensive Care Units (NICUs)		Infants served in CCS-approved NICUs		Infants born in hospitals certified to participate in the program	
SERVICES/BENEFITS	Complete health assessments, education, immunizations, and referrals[15]		Funding for low-cost health coverage provided through County Organized Health Systems or Local Initiatives (often referred to as "Healthy Kids")		Comprehensive family planning services such as contraception, pregnancy testing, limited fertility treatments, and sexually transmitted infection testing, among others		Diagnostic services such as physical and developmental assessments and assistance in coordination of services		Teams within hospitals investigate infections in CCS-approved NICUs, assess NICU practices and implement infection-reducing changes, and exchange information with other project teams		Testing for hearing loss prior to 3 months of age and referral to services before 6 months of age	
CURRENT ELIGIBILITY REQUIREMENTS ("FPL" refers to federal poverty line)	• Children not enrolled in Medi-Cal between birth and 90 days after the first day of 1st grade; or • Age 18 and under with income at or below 200% of the FPL; or • Age 20 and under and enrolled in Medi-Cal[16]		• Age 18 and under; and • Ineligible for Medi-Cal; and • Income above 266% of FPL but at or below 300% of the FPL[17]		• Resident of California; and • Annual family income at or below 200% of the FPL; and • No other family planning coverage or an inability to pay the deductible for existing coverage		• Age 2 and under; and • CCS eligibility for NICU care and low birth weight or pre-term delivery; or • Certain medical conditions requiring assistance with breathing, indication of brain trauma, or problems with the central nervous system and low birth weight or pre-term delivery		Not Applicable[18]		Not Applicable	
TOTAL NUMBER SERVED[1]	822,182	603,400	1,758	1,831	149,559	113,288	44	1,387	Not Applicable		124,972	634,219
Children	822,182	603,400	Not Available		149,559	113,288	44	1,387			124,972	634,219
Pregnant Women	Not Applicable		Not Applicable								Not Applicable	
RACE/ETHNICITY			Not Available						Not Applicable		Not Available	
White	8.0%	9.0%			28.6%	23.7%	2.3%	9.2%				
Latino	65.2%	59.3%			52.7%	58.2%	54.5%	29.8%				
Asian[2]	2.9%	3.2%			6.2%	5.8%	0.0%	3.5%				
Black	5.4%	5.4%			8.7%	8.4%	11.4%	7.0%				
Multiple	Not Available				Not Available		Not Available					
Missing/Unknown	18.3%	22.9%			Not Available		29.5%	47.5%				
Other[3]	0.2%	0.2%			3.8%	4.0%	2.3%	3.0%				

DEPARTMENT	DHCS (cont.)		CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH)									
PROGRAM	**Pediatric Palliative Care**		**Adolescent Family Life Program (AFLP)**		**Black Infant Health**		**California Home Visiting Program**		**Child Maltreatment Surveillance**		**Child Passenger Safety**	
FISCAL YEAR	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13[27]**	**2007-08**	**2012-13**
TOTAL SPENDING (2012-13 Dollars, in Thousands)	**$0**	**$781**	**$25,213**	**$5,747**	**$13,396**	**$6,008**	**$0**	**$16,947**	**$82**	**$0**	**$461**	**$152**
Federal Funds	$0	$601	$13,555	$5,747	$9,356	$6,008	$0	$16,947	$0	$0	$0	$0
State General Fund	$0	$180	$11,658	$0	$4,040	$0	$0	$0	$82	$0	$461	$152
State Special Funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Percent Change in Total Spending, 2007-08 to 2012-13	**Not Applicable**		**-77.2%**		**-55.2%**		**Not Applicable**		**-100.0%**		**-67.1%**	
DESCRIPTION	Program established in 2010 via federal waiver to provide both curative and palliative support services for seriously ill children		Enacted in 1988 to provide supportive services for pregnant and parenting teens and their children		Launched in 1989 to address the high rates of preterm birth and infant mortality among African American mothers and babies		Supports pregnant women, mothers, and children with two evidence-based home-visiting programs, Healthy Families America (HFA) and Nurse Family Partnership (NFP), beginning in 2012		Projects focused on developing more reliable estimates of child maltreatment		Program focusing on preventing injury and death in young children due to not using or misusing child passenger safety seats	
TARGET POPULATION	Children and youth with eligible life-limiting or life-threatening health conditions		Low-income and/or at-risk pregnant and parenting teens		At-risk pregnant and parenting African-American women		Pregnant and parenting families living in at-risk communities		Not Applicable		Families with young children with an emphasis on low-income families	
SERVICES/BENEFITS	Care coordination, pain management and respite care, and family training and support services		Case management services including strengths assessment, home visitation, and referral services		10 prenatal and 10 postpartum group sessions along with case management to provide relevant resources and referrals		Trained professionals provide parenting information and resources within family homes during pregnancy and the first few years of the child's life		Tracking of referrals to Child Protective Services, cases of child maltreatment, hospitalizations, and child deaths as a result of abuse or neglect		Development of child passenger safety education services in collaboration with local agencies, hospitals, and community organizations	
CURRENT ELIGIBILITY REQUIREMENTS ("FPL" refers to federal poverty line)	• Reside in a participating county;[19] and • Eligible for full-scope Medi-Cal; and • Age 20 and under; and • Have an eligible condition[20]		• Reside in a participating county;[21] and • Age 18 and under		• Self-identified African-American woman; and • Age 18 and over; and • 26 weeks pregnant or less; and • Resides in target area; and • Consents to participate in all facets of program[24]		• HFA: - Pregnant women within 3 months of due date; and - Multiple life stressors[26] • NFP: First-time mothers who are less than 28 weeks pregnant		Not Applicable		Not Applicable[29]	
TOTAL NUMBER SERVED[1]	Not Appl.	46	35,340[22]	11,552[23]	11,443[25]	6,163	Not Appl.	2,211	Not Applicable[28]		Not Applicable	
Children		46	35,340	11,552	Not Available			Not Avail.				
Pregnant Women		Not Appl.			Not Available			Not Avail.				
RACE/ETHNICITY	Not Appl.								Not Applicable		Not Applicable	
White		13.0%	9.4%	7.7%				16.6%				
Latino		54.3%	73.0%	76.4%				61.6%				
Asian[2]		4.3%	1.9%	2.4%				2.8%				
Black		0.0%	7.4%	6.2%	100%	100%		9.1%				
Multiple		Not Avail.	4.1%	4.1%				4.4%				
Missing/Unknown		26.1%	Not Available					3.9%				
Other[3]		2.2%	3.9%	2.7%				1.6%				

DEPARTMENT	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH)											
PROGRAM	**Childhood Lead Poisoning Prevention Branch**		**Children's Dental Disease Prevention Program**		**Community Challenge Grants**		**Genetic Disease Screening Program[33]**		**Infant Botulism Treatment and Prevention Program**		**Immunization Branch[36]**	
FISCAL YEAR	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**
TOTAL SPENDING (2012-13 Dollars, in Thousands)	**$22,434**	**$24,277**	**$3,300**	**$0**	**$19,781**	**$0**	**$118,792**	**$106,557**	**$3,930**	**$4,410[34]**	**$41,598**	**$52,334**
Federal Funds	$6,328	$6,178	$0	$0	$19,781	$0	$0	$0	$0	$0	$41,598	$52,334
State General Fund	$0	$0	$3,300	$0	$0	$0	$0	$0	$0	$0	$0	$0
State Special Funds	$16,106	$18,098	$0	$0	$0	$0	$118,792	$106,557	$3,930	$4,410	$0	$0
Percent Change in Total Spending, 2007-08 to 2012-13	**8.2%**		**-100.0%**		**-100.0%**		**-10.3%**		**12.2%**		**25.8%**	
DESCRIPTION	Established in 1986 to provide services to children with lead poisoning and to prevent children's future exposure to lead		Established in 1979 to provide school-based oral health prevention services		Grant program created in 1996 to fund pregnancy prevention services within communities with high teen birth rates		Genetic and congenital screening programs for newborns and pregnant women which began in 1966 and 1986, respectively		Founded in 1976 to provide prevention and treatment services to individuals in California, the US, and worldwide		Promotes immunizations for vaccine-preventable diseases	
TARGET POPULATION	California children and youth		Children in preschools and elementary schools with at least 50% participation in the National School Lunch Program		Youth at risk for teen births, pregnant and parenting teens, teen caregivers, and certain at-risk adults		Pregnant women and newborns in California		Those infected with botulism or at risk of infection with an emphasis on infants age 1 and under		Immunization promotions are targeted to the general population, and the Vaccines for Children Program (VCP) targets low-income and/or uninsured children	
SERVICES/BENEFITS	Outreach to and education for families, children, and communities along with in-home visits from public health nurses and environmental health specialists for children exposed to lead		Oral health education, preventive dental services, and/or dental screenings		Comprehensive sex education, mentoring, youth development, and referrals to clinical care		Initial testing, follow-up for certain test results, and diagnostic and confirmatory testing		Provides certain botulism prevention and diagnostic services statewide and is the only source worldwide of BabyBIG, the medicine to treat botulism		Disseminates immunization materials, sponsors immunization campaigns, and manages the state VCP, which offers vaccines at no cost through participating providers	
CURRENT ELIGIBILITY REQUIREMENTS ("FPL" refers to federal poverty line)	Age 20 and under with lead poisoning[30]		Enrollment in participating schools		• Between ages 15 and 19; and • Pre-sexually active or sexually active; and • Match target population characteristics from a local needs assessment		Not Applicable		Not Applicable		• Age 18 and under;[37] and • Eligible for Medi-Cal or Child Health and Disability Prevention Program (CHDP); or • Uninsured or underinsured; or • American Indian or Alaskan Native	
TOTAL NUMBER SERVED[1]	649,802[31]	Not Avail.	307,880[32]	Not Appl.	Not Avail.	Not Appl.	913,608	876,441	Not Applicable[35]		Not Available	
Children	649,802		307,880				559,044	492,265				
Pregnant Women	Not Applicable		Not Applicable				354,564	384,176				
RACE/ETHNICITY	Not Available		Not Avail.	Not Appl.	Not Avail.	Not Appl.			Not Applicable		Not Available	
White							23.0%	24.7%				
Latino							53.4%	47.7%				
Asian[2]							9.7%	12.1%				
Black							5.1%	5.2%				
Multiple							4.7%	5.0%				
Missing/Unknown							1.5%	1.7%				
Other[3]							2.7%	3.6%				

DEPARTMENT	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH)											
PROGRAM	**Information and Education Program**		**Kids' Plates Program**		**Local Maternal, Child and Adolescent Health**		**Male Involvement Program**		**Personal Responsibility Education Program**		**Positive Youth Development**	
FISCAL YEAR	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**	**2007-08**	**2012-13**
TOTAL SPENDING (2012-13 Dollars, in Thousands)	**$4,280**	**$2,199**	**$974**	**$2**	**$31,366**	**$21,250**	**$1,868**	**$0**	**$0**	**$6,090**	**$0**	**$1,784**
Federal Funds	$1,597	$781	$0	$0	$28,522	$21,250	$705	$0	$0	$6,090	**$0**	$1,784
State General Fund	$2,683	$1,418	$0	$0	$2,844	$0	$1,163	$0	$0	$0	**$0**	**$0**
State Special Funds	$0	$0	$974	$2	$0	$0	$0	$0	$0	$0	**$0**	**$0**
Percent Change in Total Spending, 2007-08 to 2012-13	**-48.6%**		**-99.8%**		**-32.3%**		**-100.0%**		**Not Applicable**		**Not Applicable**	
DESCRIPTION	Grant program for sexual and reproductive prevention and education services at the local level		Established in 1992 to use funds generated from the sale of certain license plates to support local childhood injury prevention programs		Services focusing on improving the health of women of childbearing age, children and youth, and their families		Teen pregnancy prevention programs for adolescent boys and young men launched in 1995		Grant program established under the federal Affordable Care Act to provide children and youth with prevention education related to pregnancy and sexually transmitted infections		Grant program established under the federal Affordable Care Act to improve the health and well-being of Adolescent Family Life Program (AFLP) clients and their children	
TARGET POPULATION	Children and youth at risk for teen pregnancy and caregivers of at-risk children and youth		Children in California		Maternal, child, and adolescent populations		Males living in communities with high teen birth rates		At-risk children and youth and pregnant and parenting youth living in areas with high teen birth rates		Low-income and/or at-risk pregnant and parenting teens	
SERVICES/BENEFITS	Education programs delivered in a variety of settings such as community organizations and juvenile justice facilities		Projects focused on reducing or eliminating preventible childhood accidents such as drowning, poisoning, and shootings		Promotes the health of mothers and their families through programs for reproductive health, pregnancy, and the care of infants and children		Pregnancy prevention education, mentoring, and referrals to clinical services		Prevention education services designed to reduce teen pregnancies and the transmission of sexuallty transmitted infections and to connect youth to clinical services		Case management focusing on strengths-based positive youth development and reproductive health	
CURRENT ELIGIBILITY REQUIREMENTS ("FPL" refers to federal poverty line)	• Between ages 12 and 19; and • Pre-sexually active or sexually active; or • At-risk including those who are homeless or involved with gangs; or • Pregnant and parenting children and youth; or • Caregivers of high-risk children and youth or adults who serve this population		Not Applicable		Eligibility varies by program		• Males between ages 15 and 24; and • Pre-sexually active or sexually active		• Between ages 10 and 19; or • Pregnant and parenting youth age 20 and under		• Reside in participating county; and • Age 18 and under	
TOTAL NUMBER SERVED[1]	Not Avail.	8,240	2,908[38]	Not Appl.[39]	Not Applicable[40]		Not Avail	Not Appl.	Not Appl.	9,375	Not Appl	See AFLP
Children		8,240	2,908							9,375		
Pregnant Women	Not Applicable		Not Applicable						Not Applicable			
RACE/ETHNICITY	Not Available		Not Avail.	Not Appl.	Not Applicable		Not Avail.	Not Appl.	Not Appl.	Not Avail.	Not Appl.	See AFLP
White												
Latino												
Asian[2]												
Black												
Multiple												
Missing/Unknown												
Other[3]												

DEPARTMENT	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH)							
PROGRAM	**Safe Routes to School**		**Teen Dating Violence Demonstration Projects**		**TeenSmart Outreach**		**Women, Infants, and Children (WIC)[46]**	
FISCAL YEAR	**2007-08**	**2012-13**	**2007-08**	**2012-13[40]**	**2007-08**	**2012-13**	**2007-08**	**2012-13**
TOTAL SPENDING (2012-13 Dollars, in Thousands)	**$0**	**$74**	**$0**	**$328**	**$1,869**	**$0**	**$1,138,247**	**$1,034,704**
Federal Funds	$0	$0	$0	$0	$934	$0	$801,978	$791,299
State General Fund	$0	$74	$0	$0	$934	$0	$0	$0
State Special Funds	$0	$0	$0	$328	$0	$0	$336,269	$243,405
Percent Change in Total Spending, 2007-08 to 2012-13	**Not Applicable**		**Not Applicable**		**-100.0%**		**-9.1%**	
DESCRIPTION	Provides support to local Safe Routes to School grantees to increase the number of children who safely walk or bike to school		Grant program focusing on capacity-building at the local level for the promotion of healthy teen relationships		Grant program that funded local initiatives focused on reducing teen pregnancies and sexually transmitted infections		Federally funded health and nutrition services for women and children	
TARGET POPULATION	Communities in California with a specific emphasis on low-income and underserved communities		Pre-teen and teenage youth		Teens at risk of becoming pregnant or contracting sexually transmitted infections		Low- and moderate-income women and young children	
SERVICES/BENEFITS	Education, assistance, and outreach for local communities and organizations		Demonstration projects focusing on prevention education to help reduce teen dating violence		Counseling related to sexual behavior and birth control as well as community outreach		Food assistance, information and education, breastfeeding support, and referrals to other community services via local offices throughout the state	
CURRENT ELIGIBILITY REQUIREMENTS ("FPL" refers to federal poverty line)	Not Applicable		Not Applicable[41]		Age 19 and under		• Household income at or below 185% of the FPL; and • Pregnant; or • Less than 6 months post-partum; or • Breastfeeding an infant less than 12 months of age; or • Families with children age 4 and under	
TOTAL NUMBER SERVED[1]	Not Applicable[41]		Not Appl.	2,524[44]	Not Avail.[45]	Not Appl.	1,205,421	1,241,153
Children				2,524			1,064,004	1,114,671
Pregnant Women			Not Applicable				141,417	126,482
RACE/ETHNICITY	Not Applicable		Not Appl.	Not Avail.	Not Avail.	Not Appl.	Not Available	
White								
Latino								
Asian[2]								
Black								
Multiple								
Missing/Unknown								
Other[3]								

Endnotes

1 Data for Medi-Cal, the Healthy Families Program, the Access for Infants and Mothers Program, and the County Health Initiative Matching Fund Program reflect the total average monthly number of children and/or pregnant women enrolled in each program.

2 The "Asian" category is composed of Amerasian, Asian Indian, Cambodian, Chinese, Filipino, Guamanian, Hawaiian, Japanese, Korean, Laotian, Samoan, Vietnamese, and Other Southeast Asian. Pacific Islanders/Oceanic races and ethnicities were grouped in the Asian category due to precedent established by certain programs.

3 The "Other" category includes Native American, Alaskan Natives, Middle Eastern, and Other. The "Missing/Unknown" data for the Access for Infants and Mothers Program and Adolescent Family Life Program is included under "Other."

4 DHCS was unable to provide total Medi-Cal spending for 2007-08 and was also unable to separate spending by fund source. Reported Medi-Cal data are for children ages 0 to 17. DHCS did not provide expenditures or demographic data for pregnant women.

5 Upon federal approval, pregnant women with incomes at or below 138% of the FPL will be eligible for the full benefits of the Medi-Cal Program. Pregnant women with incomes above 138% but at or below 213% of the FPL can opt to enroll in a Covered California health plan with no out-of-pocket costs while maintaining access to Medi-Cal services as needed. Seniors, individuals with disabilities, and non-disabled adults are also eligible based on varying eligibility requirements.

6 As part of the 2012-13 budget agreement, children enrolled in the Healthy Families Program (HFP) were transitioned to Medi-Cal and the HFP was eliminated. (The decrease in funding is partially a result of this transition.) Medi-Cal now covers all newly enrolling children who were previously eligible for the HFP, up to 266% of the FPL. Prior to its elimination, the HFP was administered by the former Managed Risk Medical Insurance Board (MRMIB).

7 The AIM Program was administered by the former MRMIB. It is now referred to as the Medi-Cal Access Program.

8 Women are eligible through pregnancy and 60 days following the birth of the child.

9 Participants must also score above a certain level on a Maternal/Child Risk Profile.

10 The American Indian Infant Health Initiative (AIIHI) did not collect data for the number of children receiving services in 2007-08.

11 AIIHI did not provide data for the number of children served in 2012-13.

12 CCS data include the Medical Therapy Program.

13 CCS-eligible diseases include but are not limited to certain infectious diseases; neoplasms; endocrine, nutritional, and metabolic diseases; immune disorders; congenital anomalies; and certain injuries.

14 Child Health and Disability Prevention Program data include the Health Care Program for Children in Foster Care.

15 The CHDP provides health screenings for children and youth enrolled in Medi-Cal, as well as other low- and moderate-income children and youth. For those enrolled in Medi-Cal, the federal Early and Periodic Screening, Diagnosis, and Treatment Program (EPDST) provides diagnosis and treatment. Children who are not enrolled in Medi-Cal receive referrals to health care providers who offer diagnosis and treatment at a reduced rate.

16 Medi-Cal enrollees receive diagnosis and treatment services through the EPDST Program.

17 The income limit may vary by county.

18 Direct services to infants are not provided.

19 These counties are Alameda, Fresno, Los Angeles, Marin, Monterey, Orange, San Diego, San Francisco, Santa Clara, Santa Cruz, and Sonoma.

20 Eligible conditions include but are not limited to cancer, Cystic Fibrosis, brain or head injuries, and heart defects or conditions.

21 Thirty counties have an Adolescent Family Life Program.

22 This number includes 17,600 parenting teens and their 17,740 children. Demographic data do not reflect clients' children. Percentages do not sum to 100.

23 This number includes 5,820 parenting teens and their 5,732 children. Demographic data do not reflect clients' children. Demographic data include Positive Youth Development Program data. Percentages do not sum to 100.

24 This includes consenting to group interventions, case management, and the release of certain confidential information.

25 Data are reported by calendar year and include both women and children served. For 2007, children include ages 0 through 21. For 2012, children include ages 0 through 17.

26 Multiple life stressors include but are not limited to single-parent status, teen pregnancy, involvement with the criminal justice system, and/or former foster care youth.

27 The Child Maltreatment Surveillance Program was funded in 2012-13 but was unable to secure any contracts to expend the funds.

28 Direct services to children are not provided. Funds go to county Child Death Review Teams to conduct child death reviews and support educational, programmatic, and policy efforts.

29 Direct services to children are not provided. Data reported by CDPH include only those that were readily available and may not be comprehensive.

30 Eligibility is for health services, including nursing and home services. Outreach and education is targeted to the general public.

31 These data are for California children tested for lead poisoning in calendar year 2007 and do not include children reached through outreach activities. Data are not available after 2011.

32 The data do not include parents reached through educational efforts or children served at health fairs.

33 The Genetic Disease Screening Program includes data for both the Newborn Screening Program and the Prenatal Screening Program.

34 This number is an estimate and prior-year adjustments may affect totals.

35 All infants under age 1 are susceptible to infant botulism, but actual cases are rare. CDPH prevention services are targeted to all infants in California. The Infant Botulism Treatment and Prevention Program consulted, diagnosed, or provided BabyBIG for 52 cases in California in 2007-08 and 67 cases in 2012-13. This program also provided similar services throughout the US.

[36] Spending data and the number served refer only to the Vaccines for Children Program. CDPH did not provide data for other immunizations programs targeting children or pregnant women

[37] Eligibility requirements refer only to the Vaccines for Children Program.

[38] This number reflects the child safety seats provided to children. Data reported by CDPH include only those that were readily available and may not be comprehensive.

[39] Direct services to children were not provided in the 2012-13 fiscal year.

[40] The number served is reflected in other programs.

[41] Direct services to children are not provided. Data reported by CDPH include only those that were readily available and may not be comprehensive.

[42] Six projects were funded between January 2010 and December 2013.

[43] Teen Dating Violence Demonstration Projects focus on children ages 11 to 18, with a specific focus on middle-school children.

[44] The total number served reflects individuals reached through interventions and through educational outreach. Data reported by CDPH include only those that were readily available and may not be comprehensive.

[45] CDPH did not provide data for the number of individuals served through the TeenSmart Outreach Program. However, the Bixby Center for Global Reproductive Health at the University of California San Francisco documented over 63,000 youth served in clinics and 25,000 youth served via community outreach in 2007-08.

[46] WIC data are reported by federal fiscal year, with 2007-08 data for the 2008 federal fiscal year and 2012-13 data for the 2013 federal fiscal year. The 2012-13 data are preliminary.