STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 03/25)

Fiscal Year	Business Unit Number	Department
2026-27	4265	California Department of Public Health

Hyperion Budget Request Name	Relevant Program or Subprogram
4265-136-BCP-2026-GB	4045010 – Healthy Communities

Budget Request Title
Silicosis Surveillance, Outreach, Education, and Technical Assistance (SB 20)

Budget Request Summary
The California Department of Public Health (CDPH) requests 4 positions and $912,000 General Fund in 2026-27 and ongoing to support occupational safety activities required of Senate Bill 20 (Chapter 734, Statutes of 2025).

Requires Legislation (submit required legislation with the BCP)	Code Section(s) to be Added/Amended/Repealed
☐ Trailer Bill Language ☐ Budget Bill Language ☒ N/A	Click or tap here to enter text.

Does this BCP contain information technology (IT) components? ☐ Yes ☒ No *If yes, the departmental Chief Information Officer must sign.*	Department CIO	Date
	Click or tap here to enter text.	Click or tap to enter a date.

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

Project No. N/A **Approval Date:** N/A

Project Approval Document: N/A **Total Project Cost:** N/A

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	Date	Reviewed By	Date
Ayanna Kiburi	10/13/2025	Phuong La	10/14/2025
Department Director	**Date**	**Agency Secretary**	**Date**
Rita Nguyen	10/15/2025	Julie Souliere	10/17/2025

Department of Finance Use Only

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

Principal Program Budget Analyst	Date submitted to the Legislature
Nina Hoang	1/9/2026

A. Problem Statement

Silicosis is an irreversible but preventable occupational lung disease caused by the inhalation of silica dust. Silicosis can lead to lung transplant or death. Silica is a common mineral found in quartz, sand, and other rock types. Countertop fabrication workers who cut, grind, polish, and drill engineered stone are at elevated risk due to exposure to high concentrations of silica within engineered stone. As of September 11, 2025, California Department of Public Health (CDPH) has identified 385 cases of silicosis among engineered stone fabrication workers in California, including at least 45 workers who have undergone lung transplants and at least 22 workers who have died. Moreover, silicosis disproportionately affects immigrant workers in California. Based on data collected to date, 98 percent of silicosis cases in California are among young Latino men, which represents a significant overrepresentation relative to the proportion of Latino individuals in California. Given the relatively recent popularity of engineered stone as a countertop material, it is expected that many more California workers have been exposed to silica dust and will be identified with silicosis in the near future.

This proposal would provide funding to allow CDPH to implement the provisions of Senate Bill (SB) 20 (Chapter 734, Statutes of 2025), which aims to address silicosis among stone fabrication workers by prohibiting dry fabrication methods, requiring reporting and tracking of silicosis cases, requiring outreach and education about silicosis prevention and diagnosis, and enhancing enforcement by deeming silicosis a "serious injury or illness" that requires an investigation by the Department of Industrial Relations (DIR). SB 20 requires CDPH to track cases of silicosis, identify fabrication shops, provide outreach and education about silicosis prevention and diagnosis to workers, employers, and healthcare providers, and provide technical assistance to local health jurisdictions (LHJs).

Prior Resource History:

To date, silicosis surveillance and prevention activities within CDPH have largely been absorbed by existing state staff, as well as federally funded time-limited contractors. As the number of silicosis cases continues to rise and the scope of surveillance and prevention activities expands under SB 20, current staffing levels will be unable to sustain this workload.

Resource History

Program Budget	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Authorized Expenditures	0	0	0	0	0	0
Actual Expenditures	0	0	0	0	$50K*	$207.9K*
Revenues	0	0	0	0	0	0
Authorized Positions	0	0	0	0	0	0
Filled Positions	0	0	0	0	0	0
Vacancies	0	0	0	0	0	0

*Limited term reimbursement contract with the Department of Industrial Relations

Workload History

Workload Measure	2019	2020	2021	2022	2023	2024	2025
Number of confirmed engineered stone silicosis cases identified	13	7	2	25	84	122	138
Silicosis surveillance dashboard with weekly updates (Developed in 2024 and launched January 2025)	N/A	N/A	N/A	N/A	N/A	Dashboard under development	33 updates

B. Justification

SB 20 addresses the concerning increase in silicosis cases, lung transplants, and deaths among engineered stone workers. To effectively address this public health issue, CDPH must continue and expand silicosis surveillance and prevention activities with focused outreach and education initiatives, as well as technical assistance to other agencies and individuals providing care and prevention activities for workers with silicosis. CDPH currently conducts silicosis surveillance using funds from a limited-term contract with the DIR and time-limited federal grant-funded contractors whose funding is uncertain. CDPH does not have state staff positions dedicated to silicosis full-time.

Staffing Information

To implement SB 20's requirements to 1) track and follow-up confirmed cases of silicosis; 2) identify businesses who conduct fabrication activities; 3) provide outreach and education about silicosis prevention and diagnosis to workers, employers, and healthcare providers; and 4) provide technical assistance to LHJs engaged in silicosis surveillance and prevention activities, CDPH will need an annual appropriation of $912,000 and 4 positions starting in 2026-27. This funding is needed to establish and maintain the programmatic infrastructure required to address workload from SB 20. The permanent positions are as follows:

1.0 Public Health Medical Officer III: To review medical records to confirm cases of engineered stone silicosis and conduct outreach and provide technical support and education to clinicians and local health jurisdictions statewide.

1.0 Research Scientist III (Epi/Biostat): To oversee silicosis surveillance and database management related to silicosis cases reported to CDPH through various mechanisms, including electronic case reporting, hospital discharge and emergency department data, direct reporting to CDPH, California Reportable Disease Information Exchange (CalREDIE), etc. This work is required to identify, track, confirm, and characterize silicosis cases and share information with the DIR, a requirement of the bill.

1.0 Health Program Specialist I: To process surveillance data and conduct and review case interviews to gather additional information related to exposures and health outcomes. Consult with DIR to obtain regularly updated information related to silicosis cases.

1.0 Health Program Specialist II: To identify businesses who conduct fabrication activities, generate educational materials for a variety of stakeholder audiences, and provide

outreach and education about silicosis prevention and diagnosis to workers, employers, and healthcare providers. To provide technical assistance to local health jurisdictions engaged in silicosis surveillance and prevention activities in collaboration with the rest of the team.

C. Departmentwide and Statewide Considerations

This proposal is consistent with CDPH's mission to advance the health and wellbeing of California's diverse people and communities, through its commitment to health equity and addressing occupational health disparities. SB 20 targets an occupational health issue that disproportionately affects young Latino workers who are employed in a high-risk industry and experiencing severe outcomes, including lung transplant and death, sometimes before the age of 40. This budget change proposal enhances occupational health surveillance and prevention by strengthening the department's capacity to address the alarming rise in silicosis cases among engineered stone workers. These positions will enable CDPH to fulfill its statutory responsibilities under SB 20, including case tracking, outreach to high-risk businesses, increasing awareness and education to workers and other stakeholders, and technical assistance to local health jurisdictions. Moreover, SB 20 requires data sharing and interagency collaboration, which will have positive operational and policy impacts across state agencies, including the DIR. This budget change proposal will protect vulnerable workers through timely identification and response to silicosis cases, coupled with prevention activities to prevent others from being exposed to and developing disease. This proposal will support Agency and Department priorities, including California Health and Human Services (CalHHS) Agency's guiding principles which prioritize equity, data-driven action, and person-centered programming to eliminate disparities in health outcomes across the state. The additional positions requested in the proposal will enable evidence-based outreach and education to some of the state's most vulnerable workers, as well as those who employ and provide health care for them. This proposal also aligns with CDPH's Strategic Plan 2025-2030, Priorities 5 and 6 (Priority 5: Advance Healing, Equity, and Health Equity and Priority 6: Promote Healthy Communities).

This proposal will also benefit other state agencies, including the DIR. DIR has been involved in the response to engineered stone silicosis and will benefit from the approval of this request through increased access to information about businesses that fabricate artificial stone and workplace information about silicosis cases to identify high-risk workplaces and enhance their enforcement of the respirable crystalline silica standard.

D. Outcomes and Accountability

CDPH will continue and expand its silicosis surveillance activities by receiving referrals of additional cases through DIR DOSH and raising awareness through outreach and education activities reaching a variety of stakeholders. The additional cases identified through the new legislation will require additional data processing and public health follow-up for confirmation. Prevention strategies targeting engineered stone workers will be developed and refined based on surveillance results.

CDPH will develop fact sheets, webinars, and educational materials targeting employers, workers, and healthcare providers. The Public Health Medical Officer and Research Scientist will develop materials that are data-driven, and the Health Program Specialists will develop a dissemination plan, so that materials are distributed to the relevant stakeholder groups. These activities will help provide employers with the knowledge and resources needed to protect their workers from exposure to respirable crystalline silica, and improve healthcare providers' recognition of this occupational lung disease and access to current guidelines and resources for care.

CDPH intends to measure these outcomes by assessing the number of confirmed cases of engineered stone silicosis captured by our surveillance system, the number of businesses that fabricate artificial stone that are identified, the number of educational materials that are

developed and disseminated, and the number of times that technical assistance is provided to local health jurisdictions and other state partners.

Projected Outcomes

Workload Measure	2026-2027	2027-2028	2028-2029	2029-2030	2031-2032
Confirmed engineered stone silicosis cases identified (a projected estimate of cases)	~165	~175	~185	~200	~200
Confirmed cases referred to DIR DOSH (projected estimate)	165	175	185	200	200
Confirmed cases coordinated with local health jurisdiction	90	100	110	120	120
Cases received from DIR DOSH, confirmed and processed (projected estimate)	~20	~30	~30	~30	~30
Evidence-based, cultural and literacy-appropriate educational materials and resources developed for workers, employers, clinicians, local health departments	10	10	10	10	10
Educational outreach and awareness campaigns using materials developed above for employers, clinicians, and workers	4	4	4	4	4
Updates of inventory of fabrication operations statewide	15	15	15	15	15
Distributions of surveillance findings to stakeholders, including dashboard updates	50	50	50	50	50
Technical assistance requested and provided to clinicians, employers, employees, local health departments	50	50	50	50	50
Analyses conducted to monitor trends and clusters	12	12	12	12	12
Clinical guidance provided to health care providers on diagnosis and care of silicosis patients	50	50	50	50	50
Medical records reviewed for case confirmation and data abstraction	500	525	550	600	600
Reports and publications prepared for a range of audiences, including the scientific/public health community, employers, advocacy groups, clinicians, and other stakeholders.	5	5	5	5	5
Contacts with stakeholders, local officials, medical professionals, employers, and labor organizations and advocacy groups	50	50	50	50	50
Represent CDPH in meetings and interactions with staff from other programs, various stakeholders, and local, state, or federal agencies involved with silicosis surveillance.	15	15	15	15	15

Surveillance findings will be publicly available on the Engineered Stone Silicosis Surveillance dashboard (without personal identifiers), updated weekly. Program staff will solicit feedback from local health jurisdictions and other stakeholders on satisfaction with technical assistance processes.

E. Implementation Plan

Please see the table below with details on major milestones, including hiring and outreach and education deliverables.

Timeline	Activity
July 2026 – June 2027	Establish positions, recruit and hire new staff: Research Scientist III, Public Health Medical Officer III, Health Program Specialist II, and Health Program Specialist 1. Initiate activities as hiring progresses.
July 2026 - Ongoing	Continue and expand upon tracking and confirming cases of engineered stone silicosis. Share data with DOSH as required by SB 20.
September 2026 - Ongoing	Begin to identify businesses that conduct fabrication activities.
January 2027 - Ongoing	Develop outreach and dissemination plan for healthcare providers, employers, workers.
January 2027 - Ongoing	Develop outreach and educational materials
March 2027 - Ongoing	Conduct outreach to employers, workers, and healthcare providers. Modify materials as needed based on surveillance data.

F. Supplemental Information

Attachment A: Fiscal Detail Sheet

Attachment B: Workload Analysis

Attachment C: Current Organizational Chart

Attachment D: Proposed Organizational Chart

Attachment I - BCP Fiscal Detail Sheet

(Dollars in Thousands)

BCP Title: Silicosis Surveillance, Outreach, Education, and Technical Assistance SB 20

BR Name: 4265-136-BCP-2026-GB

Budget Request Summary

Personal Services

Personal Services	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Positions - Permanent	0.0	4.0	4.0	4.0	4.0	4.0
Total Positions	**0.0**	**4.0**	**4.0**	**4.0**	**4.0**	**4.0**
Salaries and Wages Earnings – Permanent	0	503	503	503	503	503
Total Salaries and Wages	**$0**	**$503**	**$503**	**$503**	**$503**	**$503**
Total Staff Benefits	0	276	276	276	276	276
Total Personal Services	**$0**	**$779**	**$779**	**$779**	**$779**	**$779**

Operating Expenses and Equipment

Operating Expenses and Equipment	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5301 - General Expense	0	24	24	24	24	24
5302 - Printing	0	8	8	8	8	8
5320 – Travel: Out-of-State	0	8	8	8	8	8
5320 – Travel: In-State	0	32	32	32	32	32
5322 - Training	0	4	4	4	4	4
5340 – Consulting and Professional Services - Interdepartmental	0	1	1	1	1	1
5342 - Departmental Services	0	56	56	56	56	56
Total Operating Expenses and Equipment	**$0**	**$133**	**$133**	**$133**	**$133**	**$133**

Total Budget Request

Total Budget Request	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Total Budget Request	**$0**	**$912**	**$912**	**$912**	**$912**	**$912**

Fund Summary

Fund Source

Fund Source	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Fund source - State Operations 0001 – General Fund	0	912	912	912	912	912
Total State Operations Expenditures	**$0**	**$912**	**$912**	**$912**	**$912**	**$912**
Total All Funds	**$0**	**$912**	**$912**	**$912**	**$912**	**$912**

Program Summary

Program Funding

Program Funding	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
4045010 – Healthy Communities	0	912	912	912	912	912
Total All Programs	**$0**	**$912**	**$912**	**$912**	**$912**	**$912**

Personal Services Details

Positions

Positions	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5594 – Research Scientist	0.0	1.0	1.0	1.0	1.0	1.0
7705 – Public Hlth Med Officer III	0.0	1.0	1.0	1.0	1.0	1.0
8336 – Hlth Program Spec II	0.0	1.0	1.0	1.0	1.0	1.0
8338 – Hlth Program Spec I	0.0	1.0	1.0	1.0	1.0	1.0
Total Positions	**0.0**	**4.0**	**4.0**	**4.0**	**4.0**	**4.0**

Salaries and Wages

Salaries and Wages	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5594 – Research Scientist	0	110	110	110	110	110
7705 – Public Hlth Med Officer III	0	205	205	205	205	205
8336 – Hlth Program Spec II	0	98	98	98	98	98
8338 – Hlth Program Spec I	0	90	90	90	90	90
Total Salaries and Wages	**$0**	**$503**	**$503**	**$503**	**$503**	**$503**

Staff Benefits

Staff Benefits	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5150900 - Staff Benefits - Other	0	276	276	276	276	276
Total Staff Benefits	**$0**	**$276**	**$276**	**$276**	**$276**	**$276**

Total Personal Services

Total Personal Services	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Total Personal Services	**$0**	**$779**	**$779**	**$779**	**$779**	**$779**

Health Program Specialist I
1.0 Position

Activity	Number of Items	Hours per Item	Total Annual Hours
Conduct, abstract, code, and enter case interviews to gather additional information related to exposures and health outcomes	150	5	750
Consult with Department of Industrial Relations to regularly obtain information about fabrication shops, including silica exposure assessments and sampling data, as required by SB 20.	200	1	200
Elicit feedback from local health jurisdictions about quality of technical assistance provided by the state	25	4	100
Facilitate data sharing about silicosis cases with the Department of Industrial Relations, as required by SB 20.	50	3	150
Develop partnerships with key stakeholders, including local health departments	25	10	250
Communicate with health care facilities to obtain medical records for case confirmation and data abstraction	150	1	150
Assist with routine data processing and cleaning	30	5	150
Participate in regular silicosis surveillance staff meetings	50	1	50
Total hours for workload projected for this classification			**1,800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1.0**

Health Program Specialist II
1.0 Position

Activity	Number of Items	Hours per Item	Total Annual Hours
Identify businesses who conduct fabrication activities, consult with internal silicosis surveillance staff to verify whether businesses have confirmed cases of engineered stone silicosis	800	1	800
Develop outreach and educational materials about silicosis prevention and diagnosis to workers, employers, and healthcare providers	10	45	450
Develop dissemination plan for outreach and education materials, ensuring that materials are developed in Spanish and English	1	100	100
Participate in regular silicosis surveillance staff meetings	50	1	50
Develop partnerships with key stakeholders including employer groups, worker groups and unions, health care provider groups, and Cal/OSHA	15	10	150
Provide technical assistance to local health jurisdictions engaged in silicosis surveillance and prevention activities	50	3	150
Assist with preparation and editing of reports and data summaries for technical and lay audiences	5	20	100
Total hours for workload projected for this classification			**1,800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1.0**

Research Scientist III (Epidemiology/Biostatistics)
1.0 Position

Activity	Number of Items	Hours per Item	Total Annual Hours
Review medical records for data abstraction, enter data into silicosis surveillance database	200	3	600
Review cases and associated data received from Department of Industrial Relations	50	3	150
Collect data from a variety of sources, including hospitalization and emergency discharge data, direct reporting to CDPH, CalREDIE, and electronic case reporting. Link data as appropriate, analyze silicosis surveillance data, and summarize results to help target prevention efforts	200	3	600
Prepare and aggregate silicosis surveillance data as needed for publicly available dashboard	50	1	50
Develop and generate routine quality assurance mechanisms for silicosis surveillance database	12	10	120
Prepare reports and publications for various audiences, including peer reviewed journals, employers, advocacy groups, and other stakeholders	5	30	150
Represent CDPH in meetings with staff from other programs and at meetings with other stakeholders	15	2	30
Coordinate with colleagues from the Department of Industrial Relations regarding cases and prevention strategies	50	1	50
Participate in regular silicosis surveillance staff meetings	50	1	50
Total hours for workload projected for this classification			**1800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1.0**

Public Health Medical Officer III
1.0 Position

Activity	Number of Items	Hours per Item	Total Annual Hours
Review medical records to confirm cases of engineered stone silicosis	45	2	90
Provide clinical consultation to local health officers and healthcare professionals regarding complex case medical record reviews	48	5	240
Develop trainings and provide technical consultation to physicians and local health jurisdictions related to silicosis as a reportable condition, as required by Title 17 reporting requirements.	80	8	640
Promote awareness of silicosis among healthcare providers to improve case identification and disseminate clinical recommendations related to diagnosis and care of silicosis patients through medical, nursing, and other relevant associations	40	10	400
Provide subject matter expertise to develop evidence-based outreach and education materials targeting healthcare providers, employers, and workers	25	8	200
Participate in regular silicosis surveillance staff meetings	50	1	50
Review reports, public outreach materials, and other materials for publication	15	12	180
Total hours for workload projected for this classification			**1,800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1.0**

California Department of Public Health
Center for Healthy Communities
OCCUPATIONAL HEALTH BRANCH

September 2025
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Naomi López Caraballo, MD, EIS Officer, CDC §

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Nelly Telleria/Communication Specialist*

§ Federal Employees
± Shared with and sitting in EHIB
*Contract/Grant Employees
**Emergency Preparedness Team

Kristin Cummings, MD, MPH, ATSF Branch Chief
Occupational Health Branch

California Department of Public Health
Center for Healthy Communities
OCCUPATIONAL HEALTH BRANCH

September 2025
Proposed

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Kashyap Thakore/Staff Tox Spec (580-351-7978-001)
Amanda Hooker/HEC III (580-351-8313-002)
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Cassandra Marquez/HPS I (580-351-8338-001)

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Laura Styles/Res Sci *
Claire Romeu/Research Associate II*
Christine Steiner /Program Administrator I*
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