

February 10, 2009

TO: CSAC Health and Human Services Policy Committee

FROM: Kelly Brooks, CSAC Legislative Representative  
Farrah McDaid Ting, CSAC Senior Legislative Analyst

**Re: Proposed Changes to the Health and Human Services Platforms**

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## **Background**

The policy committees of the California State Association of Counties (CSAC) review and, if appropriate, revise their respective planks of the association's policy platform on a biannual basis.

Attached you will find the proposed revisions to the existing CSAC health services and human services platforms for your review. These revisions were discussed at the January 8, 2009 Health and Human Services Policy Committee meeting. The first sets of revisions presented to the committee on January 8th have been incorporated into the documents. The set of revisions before you reflect additional discussion and suggestion put forward on January 8<sup>th</sup>.

The policy committee is scheduled to meet via **conference call on February 20, 2009 at 9 a.m.** to complete the review the proposed changes and approve the documents for transmittal to the CSAC Board of Directors.

## **Staff Comments**

After finalizing and approving the platforms on February 20, the policy committee will forward its recommendations to the CSAC Board of Directors for their review and approval during the March 19, 2009 meeting. Should the Board of Directors modify or seek clarification on the Health and Human Services Policy Committee's recommendations, the policy committee will again meet via conference call to comply with any inquiries. The Board of Directors then will take final action on platform changes at its next scheduled meeting after the conference call (if needed).

Please refer to the guide below — that includes a page and line number cross-reference — that describes the proposed changes to both the Health Services Platform and the Human Services Platform and the rationale behind each change.

If you have comments or questions, please contact Farrah McDaid Ting at (916) 327-7500 Ext. 559 or [fmcdaid@counties.org](mailto:fmcdaid@counties.org).

## HEALTH SERVICES PLATFORM

<b>Page, line</b>	<b>Change</b>	<b>Rationale/Need</b>
Pg. 35, lines 27-30	Insert preventative health paragraph: “Counties also support a continuum of preventative health efforts – including mental health services, drug and alcohol services, nutrition awareness and disease prevention – and healthy living models for all of our communities, families, and individuals. Preventative health efforts have proven to be cost effective and provide a benefit to all residents.”	To create policy regarding the county commitment to and importance of prevention across the health care continuum.
Pg. 35, lines 32-35	Insert paragraph: “The State’s chronic underfunding of health programs strains the ability of counties to meet accountability standards to provide access to quality health and mental health services. Freezing health program funding also shifts costs to counties and increases the county share of program costs, while at the same time running contrary to the constitutional provisions of Proposition 1A.”	Inserted to reflect concern over chronic underfunding of health programs and services and the cost shifts to counties that result. (Similar language is in the Human Services Platform)
Pg. 35, lines 37-42	Insert paragraph: “At the federal level, counties support economic stimulus efforts that help maintain services levels and access for the state’s neediest residents. Counties are straining to provide services to the burgeoning numbers of families in distress. People who have never sought public assistance before are arriving at county health and human services departments. For these reasons, counties strongly urge that any federal stimulus funding must be shared directly with counties for programs that have a county share of cost.”	Creation of policy to outline counties’ position that any federal economic stimulus funding that is passed by Congress that affects any program for which counties have a share of cost must be disbursed directly to counties.
Pg. 36, lines 6-10	Insert preventative health paragraph (same as Page 35, lines 27-30): ” Counties also support a continuum of preventative health efforts – including mental health services, drug and alcohol services, nutrition awareness and disease prevention – and healthy living models for all of our communities, families, and individuals. Preventative health efforts, such as access to healthy food and opportunities for safe physical activity, have proven to be cost effective and provide a benefit to all residents.”	To create policy regarding the county commitment to and importance of preventative health efforts across the health care continuum.

<b>Page, line</b>	<b>Change</b>	<b>Rationale/Need</b>
Pg. 36, lines 12-17	Insert paragraph on county responsibility for terrorist or biomedical attacks: "County health departments are also charged with responding to terrorist and biomedical attacks, including maintaining the necessary infrastructure – such as laboratories, hospitals, medical supply and prescription drug caches, as well as trained personnel – needed to protect our residents. Counties welcome collaboration with the federal and state governments on the development of infrastructure for bioterrorism and other disasters. Currently, counties are concerned about the lack of funding, planning, and ongoing support for critical infrastructure."	Drafted to address the need for stable and ongoing terrorist and biomedical emergency funding for counties.
Pg. 36, line 28	Delete "They" and insert "Counties"	Clarifying language
Pg. 36, lines 35-37	Insert language about the intent of the Proposition 63 funding: "...it is intended to provide new funding that expands and improves the capacity of existing systems of care and provides an opportunity to integrate funding at the local level."	Clarifies the county position on the language and intent of the disbursement of Proposition 63 (The Mental Health Services Act) funding. Replaces existing sentence with cleaner language.
Pg. 36, lines 39-41	Insert: "We also strongly oppose any effort to redirect the Proposition 63 funding to existing state services instead of the local services for which it was originally intended."	Clarifies the county position on the language and intent of the disbursement of Proposition 63 (The Mental Health Services Act) funding.
Pg. 36, line 46	Insert: "to the extent that resources are available."	Clarifies the state statute for mental health services delivered with realignment funds.
Pg. 37, line 18	Delete "urge" and replace with "expect"	Added to imply stronger intent/language
Pg. 37, lines 44 –50, Pg. 38, lines 1-49, & Page 39, lines 1-19.	Insertion of a "Children's Health" section which addresses California Children' Services (CCS), State Children's Health Insurance Program (SCHIP), Proposition 10/ First 5 Commissions,	Creates language around children's issues that are of importance to

Page, line	Change	Rationale/Need
	and AB 3632.	counties.
Pg. 37, lines 46-50, Page 38, lines 1-22	<p>Insertion of a California Children’s Services section: “Counties provide diagnosis and case management services to the approximately 175,000 children enrolled in the California Children’s Services (CCS) program, whether they are in Medi-Cal, Healthy Families or the CCS-Only program. Counties also are responsible for determination of medical and financial eligibility for the program. Counties also provide Medical Therapy Program (MTP) services for both CCS children and special education students, and have a share of cost for services to non-Medi-Cal children.</p> <p>Maximum federal matching funds for CCS program services must continue in order to avoid the shifting of costs to counties.</p> <p>Despite recent actions by the Legislature to lessen proposed cuts to the program, the Department of Health Care Services has unilaterally implemented reductions to CCS County Administration and also implemented a radically different methodology for funding both CCS County Administration and MTP. This action, noticed to counties in November 2008, was taken because the Department had been overspending their state budget appropriations for both CCS County Administration and MTP for a number of years. Counties have consistently kept expenditures within their approved budgets and were unaware that the total amount of the state approved county budgets actually exceeded state budget appropriation levels. Counties have always operated within individual county budgets approved by the Department, which allowed for reimbursement of the actual cost of providing services (at matching levels applicable to each program). The new allocations represent a radically different method of funding counties for both CCS County Administration and MTP, and threaten the viability of the program as a whole. Counties cannot continue to bear the rapidly increasing costs associated with both program growth and eroding state support, and for these reasons endorse a stakeholder process to redesign the program with the goal of continuing to provide the timely care and services for these</p>	Drafted to outline the financial risks to counties of the CCS program, as well point out the potential for harm to the critically ill children served by the program.

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	most critically ill children.”	
Pg. 38, lines 25-31	Insertion of a State Children’s Health Insurance Program (SCHIP) section: “The State Children’s Health Insurance Program (SCHIP) is a federally funded program that allows states to provide low- or no-cost health insurance to children up to 250 percent of the Federal Poverty Level (FPL). California’s SCHIP program is called the Healthy Families Program. CSAC supports a reauthorization of the SCHIP program, including an eligibility increase of up to 300 percent of the FPL for the state’s children.	Drafted to outline county support for SCHIP reauthorization and the expansion of eligibility up to 300 percent of the Federal Poverty Level.
Pg. 38, lines 33-49	<p>Insertion of a Proposition 10 (First 5 Commissions) section: “Proposition 10, the California Children and Families Initiative of 1998, provides significant resources to enhance and strengthen early childhood development. Local children and families commissions (First 5 Commissions), established as a result of the passage of Proposition 10, must maintain the full discretion to determine the use of their share of funds generated by Proposition 10. Further, local First 5 commissions must maintain the necessary flexibility to direct these resources to the most appropriate needs of their communities, including childhood health, childhood development, nutrition, school readiness, child care and other critical community-based programs. Counties oppose any effort to diminish Proposition 10 funds or to impose restrictions on their local expenditure.</p> <p>In recognition that Proposition 10 funds are disseminated differently based on a county’s First 5 Commission structure and appropriated under the premise that local commissions are in a better position to identify and address unique local needs, , counties oppose any effort to lower or eliminate the state’s support for county programs with the expectation that the state or local First 5 commissions will backfill the loss with Proposition 10 revenues.</p>	The same language is included in the Human Services Platform. The language reflects updates from the committee.
Pg. 39, lines 3-19	Insertion of an AB 3632 section: “County mental health agencies provide necessary, child and family-centered high quality services to special education pupils. This program is known as AB	Drafted to reflect the county position that the AB 3632 mandate for special

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	<p>3632 (Statutes of 1984). The State provided inadequate funding for this mandate from fiscal year 2002-03 through 2004-05. Since that time, the state has provided a combination of federal Individuals with Disabilities Act (IDEA) funds, state General Fund and mandate reimbursements. Counties cannot assume the legal and financial risk for this federal special education entitlement program. Counties expect the state to continue to fund counties for the costs of providing the state mandated services under AB 3632 and to develop a reasonable plan for repaying past due SB 90 claims. Alternatively, counties would also support repealing the AB 3632 mandate on counties, recognizing that accountability for ensuring the provision of mental health-related services under the IDEA rests with education – not local government. If school districts become fiscally responsible for this mandate, the program must be restructured so that schools are legally responsible for ensuring that mental health-related services are provided to special education students pursuant to the federal IDEA. Under such a restructured system, county mental health departments would remain committed to maintaining and enhancing their effective collaborative partnerships with education, and to working with all interested stakeholders in developing a system that continues to meet the mental health needs of special education pupils.</p>	<p>education students should be restructured to provide maximum accountability, funding and quality of services.</p>
<p>Pg. 39, lines 34-35</p>	<p>Insert: "...expired in 2006, and since that time, counties have depended on a year-to-year state budgeting process for funds.</p>	<p>Correction of Proposition 36 expiration date and slight grammar change to sentence.</p>
<p>Pg. 39, line 36</p>	<p>Insert: "...and counties are increasingly..."</p>	<p>Indicates the urgency of the situation in which counties are underfunded for mandated Proposition 36 services.</p>
<p>Pg. 39, lines 36-37</p>	<p>Insert: "these voter-mandated services"</p>	<p>Addresses the situation in which counties are</p>

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		underfunded for mandated Proposition 36 services.
Pg. 39, lines 37-38	Insert sentence: "Due to the state budget deficit, funding for Proposition 36 and the Offender Treatment Program has declined."	Again, addresses the situation in which counties are underfunded for mandated Proposition 36 and Offender Treatment Program (OTP) services.
p. 39, lines 46-48	Insertion of language regarding funding for non-offender treatment programs: "Furthermore, even with Proposition 36 funding, state investment in non-offender substance abuse and treatment services has been static for the last decade. This situation limits the array and amount of services a county can administer to the non-offender population."	Language outlines the static funding for non-offender treatment programs, which limits the ability of counties to provide services.
Pg. 39 line 42	Insert "...early intervention..."	Addresses the forms of treatment that have proven to be effective for this population.
Pg. 39, line 43	Insert "...have been proven to..."	Clarifying language bolstering the case for such services.
Pg. 39, line 44	Insert "...funding for..."	Clarifying language.
Pg. 39, line 45	Insert "...non-offenders and..." & "...alike..."	Clarifies language regarding the disparity in funding for both offender and non-offender treatment programs.
Pg. 39, line 45	Delete "Ultimately" and substitute "Therefore"	Clarifying language.
Pg. 39, line 46	Insert "...will..."	Clarifying language.
Pg. 40, lines 2-6	Insert paragraph regarding counties' perspective on Medicaid funding and possible changes to the Medi-Cal program: California counties have a	Revised and updated county concerns regarding

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	unique perspective on the state's Medicaid program. Counties are charged with preserving the public health and safety of communities. As the local public health authority, counties are vitally concerned about health outcomes. Undoubtedly, changes to the Medi-Cal program will affect counties. Counties are concerned about state and federal proposals that would decrease access to health care and that would shift costs or risk to counties.	Medicaid funding and possible restructuring of the Medi-Cal program.
Pg. 40, line 7	Deleted section of text beginning with "State officials began..."	Text was reordered, clarified and inserted in lines 2-6 (see above).
Pg. 41, lines 15-18	Insertion of paragraph regarding the rapidly increasing costs for the CCS program: <ul style="list-style-type: none"> <li>▪ Counties cannot continue to bear the rapidly increasing costs associated with both CCS program growth and eroding state support, and for these reasons endorse a stakeholder process to redesign the CCS program in its entirety with the goal of continuing to provide the timely care and services for these most critically ill children.</li> </ul>	Drafted to outline the financial risks to counties of the CCS program, as well as point out the potential for harm to the critically ill children served by the program.
Pg. 41, line 44	Bullet point beginning with "The Medi-Cal program must retain categorical linkages to full benefits." moved to the top of the section	Organization
Pg. 41, lines 45-46	Insertion of bullet point: "Counties also believe that Medi-Cal long-term care must remain a state-funded program and oppose any cost shifts or attempts to increase county responsibility through block grants or other means."	Reiterates policy regarding Medi-Cal long-term care costs and the need for the state to retain the fiscal responsibility for the program.
Pg. 42, line 44	Insert "were given a choice of a..."	Grammatical change to reflect previous actions.
Pg. 43, line 1	Insert "Medicare Part D"	Grammatical change – moved subject of the

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		sentence.
Pg. 43, lines 1 and 2	Change certain words to past tense	Grammatical change to reflect previous actions.
Pg. 43, line 5	Change “will lead” to “led”	Grammatical change to reflect past tense.
Pg. 43, line 7	Insert “to this day”	Focuses on the fact that counties are still potentially liable for a share of cost on certain Medicare co-payments.
Pg. 43, lines 19-24	Insert new section titled “Medicare and Aging Issues”	New section of policy addresses several aging issues; such as the role counties can play in addressing the needs of an aging population, Medi-Cal long-term care, and the In-Home Supportive Services program.
Pg. 43, lines 34-35	Delete “we” and “our”	Remove personalization/grammar.
Pg. 44, lines 48-49	Insert “...as both employers and administrators of health care programs...”	Acknowledges the role of counties in the health care reform debate as not only service providers and administrators, but employers who offer benefits to employees as well.
Pg. 45, lines 4-5	Insert “...and be consistent with the goals and principles of local control at the county government level.”	Reiterates county commitment to local control in the provision of health care financing and administration.

**HUMAN SERVICES PLATFORM**

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Pg. 68, line 14-18	Insert paragraph: “The State’s chronic underfunding of health programs strains the ability of counties to meet accountability standards to provide access to quality health and mental health services. Freezing health program funding also shifts costs to counties and increases the county share of program costs, while at the same time running contrary to the constitutional provisions of Proposition 1A.”	Inserted to reflect concern over chronic underfunding of human services programs and the cost shifts to counties that result. (Also referenced in Health Platform)
Pg. 68, lines 20-27	Insert paragraph: “At the federal level, counties support economic stimulus efforts that help maintain services levels and access for the state’s neediest residents. Counties are straining to provide services to the burgeoning numbers of families in distress. People who have never sought public assistance before are arriving at county health and human services departments. Counties report long lines in their welfare departments as increasing numbers of people apply for programs such as Medicaid, Supportive Nutrition Assistance Program (Food Stamps), Temporary Assistance to Needy Families (TANF), and General Assistance. For these reasons, counties strongly urge that any federal stimulus funding must be shared directly with counties for programs that have a county share of cost.	Creation of policy to outline counties’ position that any federal economic stimulus funding that is passed by Congress that affects any program for which counties have a share of cost must be disbursed directly to counties. (Also referenced in Health Platform)
Pg. 68, lines 28-32	Counties support federal economic stimulus efforts in the following areas: An increase in the Federal Medical Assistance Percentage (FMAP) for Medicaid and Title IV-E, and benefit increases for the Supplemental Nutrition Assistance Program (SNAP); Temporary Assistance for Needy Families (TANF); the Child Abuse Prevention and Treatment Act (CAPTA); Community Services Block Grants (CSBG); child support incentive funds; and summer youth employment funding.	Outlines specific areas in which counties support direct federal economic stimulus funding.
Pg. 70, lines 22-25	Insert paragraph: “Furthermore, counties seek to obtain additional funding and flexibility at both the state and federal levels to provide robust transitional services to foster youth such as	Codifies counties’ commitment to funding and programs for

	housing, employment services, and increased access to aid up to age 25. Counties also support such ongoing services for former and emancipated foster youth to help ensure the future success of this vulnerable population.”	transitioning and emancipated foster youth.
Pg. 70, lines 27-30	Insert paragraph: “With regards to case- and workload standards in child welfare, counties remain concerned about increasing workloads and decreasing funding, both of which threaten the ability of county child welfare agencies to meet their federal and state mandates in serving children and families impacted by abuse and neglect.”	Broaches the increasing workload and caseload issue in Child Welfare Services.
Pg. 70, lines 32-44	Insert paragraph: “Existing child welfare budgeting standards, based on 1984 workload considerations, are at best outdated and at worst woefully inadequate. The SB 2030 Child Welfare Workload Study established minimum and optimal caseload standards in 2000, and subsequent legislation required the development of a plan to implement the findings of the SB 2030 Workload Study. This plan was released June 2002; however, budget constraints have since prevented the state from allocating sufficient funding to implement the study’s recommendations even to the minimum level recommended. University of California at Davis validated the original SB 2030 study in 2005 and characterized it as the best study available on social worker caseloads. Counties support the implementation of the study’s recommendations as well as a reexamination of reasonable caseload levels at a time when cases are becoming more complex, often more than one person is involved in working on a given case, and when extensive records have to be maintained about each case. In the absence of implementation, counties support ongoing augmentations for Child Welfare Services to partially mitigate workload concerns and the resulting impacts to children and families in crisis. .”	Explains the background on caseload issues, starting with SB 2030 and expanding county policy to support efforts to mitigate workload issues.
Pg. 71, lines 36-38	Insert “...food security issues, and housing problems.”	Add food and housing issues and some grammatical changes.
Pg. 71, lines 44-48	Insert: “California’s unique position as the nation’s leading agricultural state should be leveraged to	Paragraph focuses on food security

	increase food security for its residents. Also, with the recent economic crisis, families and individuals are seeking food stamps and food assistance at higher rates. Counties support increased nutritional supplementation efforts at the state and federal levels, including increased aid, longer terms of aid, and increased access for those in need.”	and the need for increased nutritional supplementation.
Pg. 72, lines 2-4	Insert paragraph: “Counties also recognize safe, dependable and affordable child care as an integral part of attaining and retaining employment and overall family self-sufficiency, and therefore support efforts to seek additional funding to expand child care eligibility, access and quality programs.	Recognizes child care as a significant barrier to self sufficiency.
Pg. 72, lines 6-11	Insert paragraph: “Finally, counties support efforts to address housing supports and housing assistance efforts at the state and local levels. Housing is an important element in keeping families stable and self-sufficient. Recent research from the United Kingdom indicates that downturns in the housing market can damage family stability. Homelessness is also an issue of concern to counties. Long-term planning, creative funding, and accurate data on homelessness are essential to addressing housing security and homelessness issues.	Recognizes housing assistance and housing security as a key component of self sufficiency.
Pg. 72, lines 23-28	Insert paragraph: “More recently, the way in which child support enforcement funding is structured prevents many counties from meeting state and federal collection guidelines and forces smaller counties to adopt a regional approach or, more alarmingly, fail outright to meet existing standards. Counties need an adequate and sustainable funding stream to ensure timely and accurate child support enforcement efforts, and must not be held liable for failures to meet guidelines in the face of inadequate and inflexible funding.”	Outlines county support for an adequate and sustainable funding stream for child support enforcement.
Pg. 72, lines 41-42	Insert “...including childhood health, childhood development, nutrition, school readiness, child care and other critical community-based programs.”	Recognizes the myriad programs and services provided by First 5 Commissions under Proposition 10.

Pg. 72, lines 46-48	Insert "...disseminated differently based on a county's First 5 Commission structure and appropriated under the premise that local commissions are in a better position to identify and address unique local needs."	Recognizes the different structures under which county First 5 Commissions operate.
Pg. 73, line 27-43	Insert new section titled "Aging and Dependent Adults." Provides background on California's aging and dependent adult populations. Outlines county support for adequate and sustainable funding for programs that serve aging and dependent adults.	Reflects the need for policy on this growing population.
Pg. 73, line 45; Pg. 74, line 1-22	Insert section titled "Adult Protective Services" Provides background on the APS program. Explains the chronic underfunding of the program and the impacts of the state's actions. Explains the chronic underfunding of the program and the impacts of the state's actions.	CSAC had advocated in this area but APS was not previously included in the platform.
Pg. 74, line 24-46; Pg. 75 line 1-27	Insert section titled "In-Home Supportive Services." Provides background on the IHSS program. Provides background on the county role in the IHSS program, eligibility, and services provided. Provides background on the funding streams for the IHSS program. Costs and caseloads for the IHSS program continue to rise. Eroding funding for the IHSS program threatens program quality and county coffers. Sets county policy in support of continued federal and state participation in the IHSS program.	Addition of policy and background regarding the In-Home Supportive Services (IHSS) program.

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