Health and Human Services Policy Committee
Thursday, April 25 ▪ 10:45 a.m. – 12:15 p.m.
Regency EF ▪ Hyatt Regency Sacramento
1209 L Street ▪ Sacramento, CA 95814

Supervisor Das Williams, Santa Barbara County, Chair
Supervisor Jeff Griffiths, Inyo County, Vice Chair

Note: This policy committee meeting is an in-person meeting only and is being held as part of the CSAC 2019 Legislative Conference.

10:45 a.m. **I. Welcome and Introductions**
Supervisor Das Williams, Committee Chair, Santa Barbara County
Supervisor Jeff Griffiths, Committee Vice Chair, Inyo County

10:50 a.m. **II. In-Home Supportive Services (IHSS) Proposal Next Steps**
Supervisor Belia Ramos, IHSS Working Group Co-Chair, Napa County
Supervisor John Peters, IHSS Working Group Co-Chair, Mono County

11:10 a.m. **III. County Partner Budget Requests**
Michelle Gibbons, Executive Director, County Health Executives Association of California
Scarlet Hughes, Executive Director, California State Association of Public Administrators, Public Guardians, and Public Conservators
Eileen Cubanski, Director of Budget and Fiscal Policy, County Welfare Directors Association of California

11:35 a.m. **IV. Spotlight: Local Child Support Services**
Greg Wilson, Executive Director, Child Support Directors Association
Melinda Self, Director, Contra Costa County Department of Child Support Services

11:50 a.m. **V. Federal Landscape and Policy Changes**
Tom Joseph, Paragon Government Relations

12:00 p.m. **VI. 2019 California for All: Policy Maker for the New Administration**
Tam Ma, Deputy Legislative Secretary, Office of Governor Gavin Newsom

Informational Item **VII. Health and Human Services Legislation So Far: Hundreds of Bills and Counting**

ATTACHMENTS

In-Home Supportive Services (IHSS) Proposal Next Steps

Attachment One .... CSAC Memo: IHSS Proposal: Next Steps

Attachment Two .... IHSS MOE Proposal Support Letter (February 2019)

Attachment Three .... Request to Link Bargaining With IHSS MOE Oppose Letter (March 2019)

County Partner Budget Requests

Attachment Four .... CSAC Memo: County Partner Budget Requests

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Spotlight: Local Child Support Services

Attachment Six............................. CSAC Memo: Local Child Support Services

Federal Landscape and Policy Changes

Attachment Seven........................ CSAC Memo: Federal Landscape and Policy Changes

Attachment Eight.......................... CSAC Support Letter for Senator Feinstein's Homelessness Investments

Attachment Nine .... CSAC Support Letter for Representative Waters' Homelessness Act

Attachment Ten............................ CSAC Support Letter for Extended Child Welfare Waiver

2019 California for All: Policy Maker for the New Administration

Health and Human Services Legislation So Far: Hundreds of Bills and Counting – Informational Item

Attachment One

Memo: In-Home Supportive Services Proposal Next Steps

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April 10, 2019

To: Members of the Health and Human Services Policy Committee

From: Justin Garrett, CSAC Legislative Representative, Human Services
Roshena Duree, CSAC Legislative Analyst, Health and Human Services

RE: In-Home Supportive Services Proposal Next Steps

Governor's IHSS MOE Proposal. The 2017 budget legislation that established the new County IHSS MOE included a provision, which CSAC advocated for, that required the Department of Finance to reexamine the IHSS fiscal structure during the development of the 2019-20 budget. Throughout last summer and fall, CSAC and counties engaged with the Administration on the required Realignment report and outlined the impacts that would occur in the coming years under the current structure. These impacts included substantial Realignment revenue shortfalls that would grow each year and require counties to utilize significant County General Fund for IHSS and increasing negative impacts to critical health and mental health services. The Department of Finance's *Senate Bill 90: 1991 Realignment Report* serves as the basis for the Governor's January Budget IHSS MOE proposal and comprehensively addresses the concerns that counties had shared.

The Governor is proposing to increase the State General Fund commitment to IHSS by $241.7 million in 2019-20, growing to $547.3 million in 2022-23, for a total of an increased commitment of $1.6 billion over the first four years of this new structure. This is accomplished through several ongoing changes to the current IHSS MOE. These changes are:

- Lowering the County IHSS MOE base in 2019-20 to $1.56 billion,
- Reducing the MOE inflation factor from seven percent to four percent,
- Stopping the redirection of VLF growth funds from Health, Mental Health, and County Medical Services Program to Social Services,
- Ending the State General Fund IHSS mitigation,
- Returning to the original method for calculating IHSS caseload and no longer utilizing accelerated caseload growth, and
- Funding IHSS administrative costs through a General Fund allocation.

The Governor's proposal will help avoid the anticipated negative consequences and would create a more sustainable structure for counties to manage IHSS costs. The proposal does not take away all of the risk of Realignment, but dramatically improves the outlook for the critical social services, health, and mental health programs that counties provide on behalf of the state. CSAC and counties are in strong support of the Governor's proposal. Please refer to the attached county support letter for more details about our support.

UDW Request on Collective Bargaining. As part of the Legislature's consideration of the Governor's IHSS MOE proposal, the United Domestic Workers of America (UDW) is requesting that a county's MOE inflation factor would only be reduced to four percent if they have a collective bargaining agreement in place that pays an amount above the state minimum wage. CSAC is opposed to this request. Some of the key reasons for our opposition include:

- The purpose of the Governor's IHSS MOE proposal is to prevent the negative impacts that will occur under the current MOE structure and make IHSS costs sustainable for counties. The only way for the intent of the Governor's proposal to be met is for all aspects of the proposed MOE changes to be fully enacted and available to all 58 counties.
- The Governor's proposal does not provide funding for counties to increase IHSS provider wages. It is inappropriate to link a requirement for a collective bargaining agreement that pays a wage above state minimum wage with any aspects of the critically needed MOE revisions.
- There has been significant progress on collective bargaining under the new MOE as 18 counties have reached a new agreement. Significantly, all of these agreements were done at a time when counties were facing severe Realignment shortfalls and devastating cuts to health and mental health programs. The new collective bargaining tools are working as all of these counties have utilized the wage supplement. This collective bargaining progress will continue if the Governor's proposal is enacted.
- The collective bargaining mandate was imposed on counties by the state. Counties are complying with the law and continue to negotiate in good faith with local provider unions. The proposal from UDW is inappropriate because it would represent the state dictating the results of local collective bargaining, even though the state has vested counties with this responsibility.

Please refer to the attached CSAC opposition letter for more details about our opposition.

Budget Efforts. Both the Senate and Assembly Budget Subcommittees on Health and Human Services reviewed the Governor's IHSS MOE proposal in March. At the Senate hearing, CSAC Executive Director Graham Knaus testified in support. On the Assembly side, Napa County Supervisor Belia Ramos, who serves a Co-Chair of CSAC's IHSS Working Group, testified in support. Numerous individual counties and county affiliates also shared their support at the hearings.

As with nearly all budget issues at this time of year, both subcommittees kept the item open. Over the coming weeks, CSAC will continue our efforts to meet with legislators, the Governor's office, and the Administration to keep sharing our support for the Governor's proposal and opposition to the collective bargaining request. We also continue to work closely with the Legislature and the Department of Finance on the needed trailer bill language. CSAC has also reached out to a number of counties to gather additional details about local collective bargaining and to engage counties directly in sharing support for the proposal and opposition to the UDW request with their legislators.

The Governor's May Revise Budget will be a critical time for our IHSS efforts and it will also kick off the last month of budget actions on this issue. CSAC will continue to engage counties directly on these efforts and through the CSAC IHSS Working Group, which is co-chaired by Mono County Supervisor John Peters and Napa County Supervisor Belia Ramos.

Attachments
- CSAC and county affiliate letter of support for the Governor's IHSS MOE Proposal 2-5-19
- CSAC opposition letter to the request to link collective bargaining and the reduced inflation factor 3-26-19

CSAC Staff Contacts:
Justin Garrett, CSAC Legislative Representative, Human Services: jgarrett@counties.org, (916) 650-8117
Roshena Duree, CSAC Legislative Analyst, Health and Human Services: rduree@counties.org, (916) 650-8184

Attachment Two

IHSS MOE Proposal Support Letter (February 2019)

February 5, 2019

The Honorable Richard Pan, M.D.
Chair, Senate Budget and Fiscal Review Subcommittee #3
State Capitol, Room 5114
Sacramento, CA 95814

Re: Revised County In-Home Supportive Services Maintenance of Effort – Support

Dear Senator Pan:

On behalf of the California State Association of Counties (CSAC), the County Welfare Directors Association of California (CWDA), the County Health Executives Association of California (CHEAC), the County Behavioral Health Directors Association of California (CBHDA), the California Association of Public Authorities (CAPA), the California Association of Public Hospitals and Health Systems (CAPH), the Urban Counties of California (UCC), and the Rural County Representatives of California (RCRC), we are writing to express our strong support for the Governor's January Budget proposal to revise the County In-Home Supportive Services (IHSS) Maintenance of Effort (MOE). Counties are grateful to the Governor for the proposal which significantly increases State General Fund commitments for IHSS costs, and we appreciate the Department of Finance's collaboration related to the 1991 Realignment Report that was the genesis for this IHSS proposal.

Counties have proudly partnered with the state and administered the IHSS program since it was realigned in 1991.The IHSS program provides critical services to seniors and disabled individuals to help them remain in their own homes rather than in more expensive institutional care. County social workers, Public Authority workers, and IHSS providers are the backbone of this social services program which has proven to reduce care costs and improve the well-being of residents. This letter outlines the recent changes to the County IHSS MOE, the required 1991 Realignment Report, and the details of the Governor's proposed IHSS MOE revisions.

2017 County IHSS MOE
In 2017, the conclusion of the Coordinated Care Initiative also resulted in the cessation of the existing IHSS MOE and the shift of nearly $600 million in IHSS costs from the state to counties. In response, a new IHSS MOE was negotiated through 2017-18 budget-related legislation (SB 90, Chapter 25, Statutes of 2017), which also included specific offsetting revenue, additional collective bargaining provisions, and refinement of the costs for county administration of the

IHSS program. Specifically, the 2017-18 Budget Act included provisions that:

- Established a new County IHSS MOE with an annual inflation factor (5% for one year, 7% thereafter),
- Provided State General Fund contributions to partially offset increased county IHSS costs ($400 million in 2017-18, $330 million in 2018-19, $200 million in 2019-20, $150 million thereafter),
- Redirected Health and Mental Health 1991 Realignment vehicle license fee (VLF) growth funding to Social Services to partially offset increased county IHSS costs (100% of growth in the first three years, 50% of growth in the next two years),
- Redirected County Medical Services Program (CMSP) 1991 Realignment VLF growth funding to Social Services to partially offset increased county IHSS costs in the 35 CMSP counties (100% of growth in the first three years, 50% of growth in the next two years),
- Accelerated caseload growth payments from 1991 Realignment sales tax growth so that counties receive this funding earlier to partially offset increased county IHSS costs, and
- Provided additional tools for local collective bargaining including a wage supplement and state participation in a limited amount above the state participation cap.

Counties have dedicated significant time and effort to partnering with the Department of Finance and the Department of Social Services on implementing these changes over the first year-and-a-half of the new MOE. These fiscal arrangements are complex and countless hours have been devoted to establishing new processes and providing training to implement these changes. Counties and provider unions have also utilized the new tools during local collective bargaining.

Required 1991 Realignment Report
Most significantly, SB 90 also contained a provision that required the Department of Finance to reexamine the 2017 IHSS fiscal structure during the development of the 2019-20 budget. Specifically, the Department of Finance was required to submit findings and recommendations to the Legislature by January 10, 2019 on four specific elements:

1. The extent to which revenues available for 1991 Realignment are sufficient to meet program costs that were realigned.
2. Whether the IHSS program and administrative costs are growing by a rate that is higher, lower, or approximately the same as the MOE, including the inflation factor.
3. The fiscal and programmatic impacts of the IHSS MOE on the funding available for the Health Subaccount, the Mental Health Subaccount, the County Medical Services Program Subaccount, and other social services programs included in 1991 Realignment.
4. The status of collective bargaining for the IHSS program in each county.

This reopener provision was absolutely vital as counties knew that it was likely possible to manage the first two years of the new MOE, but starting with 2019-20, the increased costs would become unsustainable. This includes substantial Realignment revenue shortfalls that would grow each year and require counties to utilize significant county General Fund that has been usually earmarked for local services to be dedicated to IHSS instead. Counties were also concerned that there would be increasing negative impacts to critical health and mental health services, such as reductions of public health services for communicable disease surveillance and reduced capacity to pay for Institutions for Mental Disease placements. During our engagement with the Department of Finance, counties advocated for three key points to be addressed in the 1991 Realignment Report:

1. There is a significant and growing gap between the IHSS program costs that counties are responsible for and available revenues.
2. There will be negative impacts on other Realignment programs, including public health, health care, and behavioral health programs, due to the IHSS cost pressures.
3. Additional revenues will be needed to ensure the sustainability of IHSS and other critical services that counties administer on behalf of the state.

Governor's IHSS MOE Proposal
The Department of Finance released the *Senate Bill 90: 1991 Realignment Report* on January 10. It contains a history of recent changes to the IHSS program and detailed findings and recommendations on the four required elements. It also indicates that 1991 Realignment revenue is not sufficient to cover the costs of the IHSS program given all of the state and federal policy changes that have occurred to the program since 1991, including state minimum wage increases and implementation of federal overtime rules. Finally, the report outlines the Governor's proposed revisions to the IHSS fiscal structure. This proposal comprehensively addresses the three concerns that counties had shared throughout the consultation on the IHSS fiscal structure and Realignment report.

The Governor is proposing to increase the State General Fund commitment to IHSS by $241.7 million in 2019-20, growing to $547.3 million in 2022-23, for a total of an increased commitment of $1.6 billion over the next four years. This is accomplished through several changes to the current IHSS MOE. These changes are:

- Lowering the County IHSS MOE base in 2019-20 to $1.56 billion,
- Reducing the MOE inflation factor from seven percent to four percent,
- Stopping the redirection of VLF growth funds from Health, Mental Health, and County Medical Services Program to Social Services,
- Ending the State General Fund IHSS mitigation,
- Returning to the original method for calculating IHSS caseload and no longer utilizing accelerated caseload growth, and
- Funding IHSS administrative costs through a General Fund allocation.

The increased State General Fund investment will provide needed fiscal relief for counties and allow our members to continue to deliver vital services on behalf of the state. Under the current structure, counties are facing Realignment shortfalls of several hundred million dollars in the coming years and negative impacts to health and mental health programs that would harm the well-being of residents. The Governor's proposal will help avoid these consequences and would create a more sustainable structure for counties to manage IHSS costs. The proposal does not take away all of the risk of Realignment, but dramatically improves the outlook for counties, critical social services, health, and mental health programs, and the residents we all serve for years to come.

Additional Provisions
In addition to the core revisions to the IHSS MOE itself, the Realignment Report outlines a number of related changes. These include replacing the 1991 Realignment general growth schedule with a fixed general growth percentage for each subaccount and distributing growth funds to counties in proportion to their base, eliminating growth allocations to the CMSP Board until the Board's operating reserves fall below three months operating costs, and altering the state and county cost-sharing ratio for locally negotiated wage and health benefit increases.

CSAC and county affiliates will gather additional details on these specific provisions and work together to evaluate the implications. We look forward to continuing the discussion on these items with the Administration and the Legislature.

Conclusion
Since the enactment of the new IHSS MOE in 2017, counties have consistently pointed towards the required 1991 Realignment Report and the 2019-20 budget as the ideal and necessary time to revisit the IHSS fiscal structure. The Governor's IHSS MOE proposal follows through on the commitment of the state to work with counties and identify a long-term and sustainable solution for IHSS funding that allows counties to effectively deliver all of the vital 1991 Realignment health, mental health, and social services programs on behalf of the state.

We respectfully request your support of this IHSS MOE proposal and stand ready to work with the Legislature and the Administration on trailer bill language and other aspects of this proposal in the coming months. Thank you for your consideration.

Sincerely,

Graham Knaus
CSAC Executive Director

Frank Mecca
CWDA Executive Director

Michelle Gibbons
CHEAC Executive Director

Tom Renfree
CBHDA Interim Executive Director

Karen Keeslar
CAPA Executive Director

Sarah Hesketh
CAPH Vice President of External Affairs

Jolena Voorhis
UCC Executive Director

Tracy Rhine
RCRC Legislative Advocate

cc: Honorable Members, Senate Budget and Fiscal Review Subcommittee #3
The Honorable Holly Mitchell, Chair, Senate Budget and Fiscal Review Committee
Renita Polk, Consultant, Senate Budget and Fiscal Review Committee
Rebecca Hamilton, Senate Republican Fiscal Office
Mareva Brown, Office of the Senate President pro Tempore
Chris Woods, Office of the Senate President pro Tempore
Mark Newton, Legislative Analyst's Office
Ginni Bella Navarre, Legislative Analyst's Office
Keely Bosler, Director, Department of Finance
Adam Dorsey, Department of Finance
Pat Leary, Acting Director, Department of Social Services
Tam Ma, Deputy Legislative Secretary, Office of Governor Newsom
County Caucus

Attachment Three

Request to Link Bargaining With IHSS MOE Oppose Letter (March 2019)

California State Association of Counties®

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March 26, 2019

The Honorable Eloise Gómez Reyes
Chair, Assembly Budget Subcommittee #1
State Capitol, Room 2175
Sacramento, CA 95814

The Honorable Richard Pan, M.D.
Chair, Senate Budget and Fiscal Review Subcommittee #3
State Capitol, Room 5114
Sacramento, CA 95814

Re: IHSS MOE Proposal: Request to Link Collective Bargaining to Reduced County MOE Inflation Factor – Oppose

Dear Assembly Member Reyes and Senator Pan:

On behalf of the California State Association of Counties (CSAC), I write to express our opposition to the proposal to link collective bargaining with the Governor's proposal to revise the county In-Home Supportive Services (IHSS) Maintenance of Effort (MOE) that was presented at both the Assembly and Senate Budget Subcommittee on Health and Human Services hearings. Specifically, we are opposed to the request from the United Domestic Workers of America (UDW) that a county's MOE inflation factor would only be reduced to four percent if they have a collective bargaining agreement in place that pays an amount above the state minimum wage. We articulated our opposition to this proposal at both hearings, but also wanted to outline our opposition in writing and to respond to some of the mischaracterizations about county funding and local wage increases that were presented at the hearings.

County Supervisors are committed to the IHSS program and proud to partner with the state on this important program that serves more than half a million individuals. Our members recognize the value of the IHSS program, which provides critical services to seniors and disabled individuals to help them remain in their own homes rather than in more expensive institutional care. County social workers, Public Authority workers, and IHSS providers are the backbone of this social services program which has proven to reduce care costs and improve the well-being of residents.

Purpose of the Governor's Proposal
From the outset of the new County MOE in 2017, there was recognition among the Administration, the Legislature, and counties that this fiscal structure was not sustainable and would soon have detrimental impacts to the vital services that counties provide to residents on behalf of the state. Under the current structure, counties are facing Realignment shortfalls of several hundred million dollars in the coming years and negative impacts to health and mental health programs that would harm the well-being of residents. These include reductions of public health services for communicable disease surveillance, sexually transmitted diseases control, and public health nursing, as well as reduced capacity to pay for Institutions for Mental Disease placements.

The purpose of the Governor's proposal is to prevent the negative impacts that will occur under the current MOE structure and make IHSS costs sustainable for counties. This is outlined in the Department of Finance's 1991 Realignment Report that provides the details on the Governor's proposal: "The 2019-20 Governor's Budget proposes a number of changes to 1991 Realignment so counties do not have to use significant county general purpose revenues to cover IHSS costs, and the Mental Health and Health Subaccounts can receive growth based on the historical formula for the allocation of growth." With the proposal, there is also recognition that two of the biggest cost drivers for IHSS, state minimum wage increases and implementation of federal overtime rules, were previously approved and outside of county control. The Governor's Budget Summary itself states, "This action reflects a recognition that the state and federal government have taken actions that increase IHSS costs beyond available 1991 Realignment revenues for this program."

The only way for the intent of the Governor's proposal to be met is for all aspects of the proposed MOE changes to be fully enacted and available to all 58 counties. This includes lowering the MOE base, ending the redirection of health and mental health growth, and especially reducing the inflation factor from seven to four percent. Without a four percent inflation factor, county IHSS costs will quickly grow beyond available 1991 Realignment revenues. The devastating cuts to health and mental health programs that the Governor is trying to prevent with this proposal, would again occur in any county in which the county MOE inflation factor continued at seven percent.

The Governor's proposal does not provide funding for counties to increase IHSS provider wages. Counties will need to make individual county investments for any locally negotiated increases. As clearly articulated in the proposal itself, the purpose is to prevent cuts and reductions in services to programs that counties operate on the state's behalf and in recognition that state and federal actions have caused IHSS costs to grow beyond the Realignment revenues that are available to counties. It provides the needed amount of funding for counties to sustainably manage IHSS costs moving forward. Given the rationale behind the Governor's proposal, it is inappropriate to link a requirement for a collective bargaining agreement that pays a wage above state minimum wage with any aspects of the critically needed funding that the Governor is proposing to provide to all 58 counties.

Status of Collective Bargaining

Since the enactment of the new MOE in July 2017, 18 counties have reached a new collective bargaining agreement and increased IHSS provider wages. These increases have occurred in urban, suburban, and rural counties that together cover more than half the population of the state. This is significant progress and far above the historic pace of new agreements. Most significantly, all of these agreements were done at a time when counties were facing severe Realignment shortfalls and devastating cuts to health and mental health programs. Despite these current and growing cost pressures, many counties demonstrated a commitment to increasing wages and supporting the IHSS provider workforce. This progress will continue if all of the Governor's revisions to the County MOE are enacted as proposed.

Counties worked collaboratively with provider unions in 2017 to create new IHSS collective bargaining tools. These new tools include a wage supplement, which is a specified amount that is in addition to the county provider wage. When a wage supplement is first negotiated and applied, there is a one-time adjustment to the County IHSS MOE. The costs for this wage increase are added to the county's MOE and become a permanent part of ongoing county costs, which is also subject to the annual inflation factor. For subsequent applications of the wage supplement, which occur when the state minimum wage equals or exceeds the county provider wage absent the wage supplement amount, there is no additional adjustment to the County IHSS MOE. All of the 18 counties that have reached a new agreement under the new MOE have utilized the wage supplement tool.

Another new tool allows counties to receive state participation in the nonfederal share of costs of a wage increase that is above the state participation cap, which is $1.10 above the state minimum wage. The state will participate in 65 percent of the nonfederal share of a cumulative total of up to a 10 percent increase in the sum of the combined total of changes in wages or health benefits, or both over a three-year period. Counties that have increased wages above the state participation cap have utilized this new tool as well.

For those counties that have not yet reached an agreement, they continue to actively bargain with provider unions in good faith. Survey data from the California Association of Public Authorities shows that most counties that do not yet have a current agreement are actively engaged with the local provider union. In addition to the 21 counties with a current agreement, there are at least 24 counties that are currently engaged or negotiating with the local provider union. There is only one county that is at an official impasse. Further, there are examples of multiple counties that have reached out to IHSS provider unions to schedule bargaining sessions, but the provider union has not yet responded or agreed to meet.

It is true that there are a number of counties where there is not yet an agreement in place. Information and responses we receive from counties reflect that counties are continuing to fulfill the IHSS collective bargaining duties that are mandated by the state and engage in good faith negotiations. Every county fiscal situation is unique, counties are in various stages of economic recovery, and it can take time to reach a local agreement, especially under the current environment where severe Realignment shortfalls are projected. However, the new collective bargaining tools are working and counties have made significant progress.

Finally, it is important to recognize that the collective bargaining mandate was imposed on counties by the state. Counties are complying with the law and continue to negotiate in good faith with local provider unions. There is a mediation process available through the Public Employment Relations Board (PERB) for any local labor disputes and this is the appropriate remedy to resolve any local bargaining issues. The proposal from UDW is wholly inappropriate because it would represent the state dictating the results of local collective bargaining, even though the state has vested counties with this responsibility, and require all 58 counties to pay a wage above what the state has established as the minimum wage. If the Legislature is interested in dictating the outcome of bargaining, then it should have the state assume responsibility for collective bargaining or provide dedicated state revenues for collective bargaining, both ideas that committee members raised at the hearing.

Realignment Funding

At the March 20 Assembly Budget Subcommittee on Health and Human Services hearing, there were some mischaracterizations from the stakeholder panel about how county Realignment funding works and we wanted to provide clarity on this issue. It is wholly inaccurate to state that there is no or minimal cost to counties when they increase IHSS provider wages. Every time a county increases IHSS provider wages, there is a cost to the county and it must be paid for upfront, often through limited county general fund. Counties make these investments to support the IHSS provider workforce, but it is important to be accurate that the county is in fact making an investment of its own resources.

Through the caseload growth mechanism of 1991 Realignment, there is the potential in subsequent years for counties to receive Realignment growth that corresponds to new costs for social services programs, which would include the county share of increases in IHSS provider wages and benefits. However, it is important to understand that increasing wages does not generate new revenues or grow the amount of Realignment revenue that is available to counties. Rather, it creates the potential for some of the revenue in future years that would already be available to Realignment as a whole, to flow to the county in response to these increased costs. These are funds that would have otherwise been available to another county for another important program that a county operates on behalf of the state. The structure of Realignment itself creates this dynamic of finite resources between social services, health, and mental health programs. There have been plenty of years when there have not been sufficient Realignment revenues to cover all of the new costs and counties have had to wait multiple years to have their Realignment revenues reflect the new costs that they paid for up front, with no backfill for the missed years.

Conclusion
For all of the reasons outlined above, CSAC is opposed to the request to link the reduced inflation factor with collective bargaining. Counties have been engaging in collective bargaining for the past 21 months under an outlook of years of Realignment shortfalls and cuts to health and mental health programs. Despite that outlook, 18 counties have increased IHSS provider wages and that progress will continue when counties are able to continue bargaining in good faith in a better fiscal outlook. The Governor's proposal, which would create a more sustainable structure for IHSS costs, is not even law yet. Now is not the time to engage in a punitive measure that would prevent the full intent of the Governor's proposal from being realized and that would be inconsistent with the collective bargaining responsibilities that the state has required counties to carry out.

We thank committee members for recognizing some of the underlying issues with the UDW request and proposing alternatives, such as statewide collective bargaining and providing dedicated state revenues for collective bargaining. Counties worked with provider unions, the Legislature, and the Administration to create the new collective bargaining tools in 2017 that both counties and provider unions are utilizing. We believe that these are all better approaches to addressing concerns on this issue as they are collaborative and incentive focused. We have opened a dialogue with provider unions about their concerns and look forward to further engaging with the Budget Committees and the Administration.

Should you have any questions about our position, please do not hesitate to contact Justin Garrett, CSAC's Legislative Representative for Human Services, at (916) 650-8117 or jgarrett@counties.org. Thank you for your consideration.

Sincerely,

Darby Kernan
Deputy Executive Director of Legislative Affairs

cc: Honorable Members, Assembly Budget Subcommittee #1
Honorable Members, Senate Budget and Fiscal Review Subcommittee #3
The Honorable Phil Ting, Chair, Assembly Budget Committee
The Honorable Holly Mitchell, Chair, Senate Budget and Fiscal Review Committee
Nicole Vazquez, Consultant, Assembly Budget Committee
Renita Polk, Consultant, Senate Budget and Fiscal Review Committee

Cyndi Hillery, Assembly Republican Fiscal Office
Rebecca Hamilton, Senate Republican Fiscal Office
Gail Gronert, Office of the Assembly Speaker
Mareva Brown, Office of the Senate President pro Tempore
Jason Sisney, Office of the Assembly Speaker
Chris Woods, Office of the Senate President pro Tempore
Mark Newton, Legislative Analyst’s Office
Ginni Bella Navarre, Legislative Analyst’s Office
Keely Bosler, Director, Department of Finance
Adam Dorsey, Department of Finance
Jay Kapoor, Department of Finance
Pat Leary, Acting Director, Department of Social Services
Tam Ma, Deputy Legislative Secretary, Office of Governor Newsom
County Caucus

Attachment Four

CSAC Memo: County Partner Budget Requests

CSAC®

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April 10, 2019

To: Members of the Health and Human Services Policy Committee

From: Farrah McDaid Ting, CSAC Legislative Representative, Health and Behavioral Health
Justin Garrett, CSAC Legislative Representative, Human Services
Roshena Duree, CSAC Legislative Analyst, Health and Human Services

RE: County Partner Budget Requests

CSAC works to actively support budget requests identified by county affiliates and their members. This year, several affiliates are seeking state funding to assist county staff in their day-to-day duties. CSAC has invited representatives from the County Health Executives Association of California (CHEAC), the California Association of Public Administrators, Public Guardians, and Public Conservators (CAPAPGPC), and the County Welfare Directors Association of California (CWDA), to provide an overview of their vital county budget requests.

Please review some of the county budget requests below.

Local Health Department Communicable Disease Infrastructure. This $50 million investment request by CHEAC would allow local health departments to take critical steps toward improving their infrastructure, which is fundamental to prevent and control the spread of infectious diseases. Jurisdictions would have the flexibility to address current infrastructure gaps by dedicating funding to strengthening their staffing capacity, expanding public health clinic services, increasing workforce development and training, delivering provider education and outreach, and enhancing disease investigation, tracing and surveillance activities by counties.

County Public Administrator, Public Guardian and Public Conservators. This $68 million investment request by CAPAPGPC would assist counties with the growing needs of California's impaired adult population. The enhanced spending will allow counties to increase staffing so as to reduce public guardian and conservator caseloads; provide more intensive case management to enable improved long-term treatment outcomes; provide timelier emergency services to cognitively and psychiatrically impaired adult; and protect client assets at risk of loss or theft. Individuals who will benefit from an enhanced PG/PA/PG workforce include: Individuals living with serious mental illness, older and dependent adults who have been the victims of abuse or neglect, including self-neglect, as well as older and dependent criminal defendants who are unable to be restored to competency to stand trial. The new funding cannot supplant existing county funding in this area.

Child Welfare. CSAC is supporting a number of child welfare budget requests that are being led by CWDA in partnership with other affiliates and partner organizations.

- **Bringing Families Home.** This $25 million General Fund request by CWDA, would continue and expand the existing Bringing Families Home (BFH) Program, which provides critical housing-related supports to child-welfare involved families and those at risk of homelessness in support of family reunification and family maintenance efforts. This program has already permanently housed over 440 families; with hundreds more in the process of securing needed housing.

- **Family Urgent Response System.** This $15 million investment in 2019-20 and $30 million ongoing General Fund request also sponsored by CBHDA, will provide foster youth and their caregivers with the immediate support they need during times of emotional crisis, and link youth and families to needed supports and services to help stabilize the situation. The Family Urgent Response System will help fill the gap by providing foster youth and their caregivers with immediate access to trained trauma-informed care experts, resulting in decreased calls to law enforcement.
- **Extended Foster Care Program Supports.** This $50 million General Fund request will provide additional funding to expand social worker capacity within the Extended Foster Care Program, reduce caseloads, and fund housing navigators to aid youth in securing safe and stable housing and provide housing financial assistance.
- **Family Stability Funding** – Numerous organizations, also including the Chief Probation Officers of California, are requesting $43.2 million General Fund to allow counties to maintain critical supports to resource family caregivers. This is an extension of existing funding known as Foster Parent Recruitment, Retention and Support (FPRRS) that has been successful in establishing new recruitment and retention efforts to build the capacity of caregivers to provide a safe and loving environment for foster children and youth.

Invited Speakers:
Michelle Gibbons, Executive Director, County Health Executives Association of California.
Scarlet Hughes, Executive Director, California State Association of Public Administrators, Public Guardians, and Public Conservators.
Eileen Cubanski, Director of Budget and Fiscal Policy, County Welfare Directors Association.

Resources:
$50 Million for Local Health Department Communicable Disease Support Letter
Public Administrator, Public Guardian, and Public Conservator $68 million Support Letter
CWDA Budget Letters

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Justin Garrett, CSAC Legislative Representative, Human Services: jgarrett@counties.org, (916) 650-8117
Roshena Duree, CSAC Legislative Analyst, Health and Human Services: rduree@counties.org, (916) 650-8184

Attachment Five

County Public Administrators, Public Guardian, and Public Conservators Budget Ask Letter

3/26/19

The Honorable Dr. Richard Pan
Chair, Senate Budget Subcommittee No. 3
State Capitol, Room 5114
Sacramento, CA 95814

RE: Request for State Funding Augmentation for County Public Administrator, Public Guardian, Public Conservator Programs

Dear Chair Pan:

We are a broad coalition concerned with providing involuntary services and care to some of the most vulnerable adults in our communities and their estates. Our coalition is comprised of the California Association of Public Administrators, Public Guardians, and Public Conservators (CAPAPGPC), the California State Association of Counties (CSAC), the County Behavioral Health Directors Association (CBHDA), and the Service Employees International Union of California (SEIU California).

We are writing to you today to respectfully request a hearing of our budget augmentation request to enhance these critical services in the Senate Budget Subcommittee No. 3 on Health and Human Services. Our proposal is to allocate $68 million in new, ongoing State funding to the Department of Health Care Services (DHCS) to augment county spending for Public Administrator, Public Guardian, and Public Conservator programs (PA|PG|PC); a first step in remediating the escalating needs of California's most vulnerable impaired adult populations. All 58 California counties are operating PA|PG|PC programs at full capacity and are struggling to meet the needs of the currently defined target populations in their communities. California counties provide critical safety net PA|PG|PC services and we need your help.

PA|PG|PC programs are the only statewide California safety net programs that do not receive any dedicated state funding. In fact, PA|PG|PC programs do not receive any state or federal funding although the majority of the individuals served by these programs qualify for Med-Cal. In total, California counties are spending approximately $194 million annually to provide critical PA|PG|PC services to California's most defenseless dependent adults and decedent estates.

On average county PA|PG|PC programs are understaffed by 20%. By hearing and supporting State funding to annually augment, not supplant, county spending for PA|PG|PC programs by 35%, $68 million, your Committee can increase direct services to the vulnerable dependent adult population whom PA|PG|PC programs serve.

PA|PG|PC programs are appointed by the California Superior Court. After a thorough assessment of an individual's mental status and collection of evidence about whether the individual is able to make decisions in their own best interest, the PA/PG/PC must petition the Court and prove the necessity of removing the impaired citizen's right to decision making. If appointed by the local Superior Court, county PA|PG|PC programs become the legal decision maker for the impaired adult, and/or their estate, with regard to health care, psychiatric care, placement and/or financial needs.

To meet the growing needs of California's impaired adult population, State investment in county PA|PG|PC services is essential. The populations served by PA|PG|PC programs under current law are psychiatrically or cognitively impaired, or deceased, adults who are unable to act in their own best interests and have no other person to act for them. Individuals who will benefit from an enhanced PA|PG|PC workforce include: Individuals who are living with serious mental illness and experiencing homelessness who are so gravely disabled that they are unable to voluntarily accept treatment, older and dependent adults who have been the victims of abuse or neglect, including self-neglect, as well as older and dependent criminal defendants who are unable to be restored to competency to stand trial.

Without meaningful, ongoing, augmented funding, counties will not be able to keep up with the growing demand. Without the additional State funding needed to sustain currently defined core services, such as investigations, care management and long-term placement planning, PA|PG|PC programs will be less likely to be able to prevail in court when appropriately requesting to take responsibility. The programs will also be less likely to be able to prevent incidents of neglect in care settings, less likely to be able to prevent treatment failure and loss of housing; resulting in increased homelessness, abuse and neglect, as well as increased unmet medical and psychiatric needs.

We believe the provision of State funding to annually augment, not supplant, current county spending by 35%, $68 million, will solidify statewide PA|PG|PC services and ensure consistent services throughout the State. Additionally, enhanced spending will allow counties to increase staffing so as to reduce caseload sizes; provide more intensive case management enabling better long-term treatment outcomes; provide timelier emergency services to cognitively and psychiatrically impaired adults and client assets at risk of loss or theft.

Respectfully on behalf of CAPAPGPC, CSAC, CBHDA and SEIU California we request that you authorize a hearing of this proposal in Senate Budget Subcommittee No. 3 on Health and Human Services to consider State augmentation of county PA|PG|PC services.

Sincerely,

Scarlet Hughes
California State Association of Public Administrators/Public Guardians/Public Conservators
Executive Director

Farrah McDaid Ting
California State Association of Counties®
Health and Behavioral Health Legislative Representative

Thomas Renfree
County Behavioral Health Directors Association of California
Interim Executive Director

Michelle Doty Cabrera
SEIU California
Healthcare Director

Attachment Six

CSAC Memo: Local Child Support Services

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April 10, 2019

To: Members of the Health and Human Services Policy Committee

From: Justin Garrett, CSAC Legislative Representative, Human Services
Roshena Duree, CSAC Legislative Analyst, Health and Human Services

RE: Spotlight: Local Child Support Services

Introduction. CSAC affiliate members play a critical role in partnering on policy efforts that impact counties. They provide direct expertise and experience that can inform and enhance our ability to effectively advocate at the Capitol. Occasionally, CSAC highlights a particular affiliate at policy committee meetings when there are organizational changes or a significant legislative focus on that issue area.

The Child Support Directors Association of California (CSDA) represents the 49 individual and regionalized county local child support agencies (LCSAs). CSDA is based in Sacramento and governed by a 12 member Board of Directors. Greg Wilson was appointed Executive Director of CSDA in April 2018, having previously worked for the California District Attorneys Association. The current CSDA President is Phyllis Nance, Director of the Alameda County Department of Child Support Services. CSDA is currently transitioning to a structure that is allowing the organization to be more directly engaged in state legislative and budget discussions.

CSAC has invited Greg Wilson and Melinda Self, Director of the Contra Costa County Department of Child Support Services, to provide an overview of the important work LCSAs provide in all 58 counties and to update the policy committee on the significant 2019 budget and legislative efforts related to child support.

Background on Child Support. The Child Support Program is federally mandated and administered by the California Department of Child Support Services (DCSS). There are 49 individual county or regional child support programs operating in all 58 counties and services provided by LCSAs include establishing and enforcing orders for financial and medical support, locating parents, and establishing parentage. Counties carry out these services with the goal to help meet the financial, medical, and emotional needs of California's children as child support payments provide food, shelter, clothing, and other basic living expenses for children. This important program addresses significant poverty issues and can help individuals become self-sufficient.

Governor's Child Support Funding Proposal. As part of his reducing child poverty proposal in the January Budget, the Governor is proposing to increase funding for Local Child Support Agencies by $19.1 million General Fund in 2019-20, matched by $36.9 million federal funds, as the first year of a three-year implementation of a new budgeting methodology. This proposal follows up on action in the 2018-19 budget that provided $3 million in new funding for local child support agencies and required DCSS to work with CSDA on identifying refinements to the existing budgeting methodology. The proposed methodology was developed jointly by DCSS and CSDA and is supported by the findings of a Level of Effort study. The new funding would be allocated to 21 counties that have the highest levels of cases per full time equivalent (FTE) and no counties would see a reduction in child support funding.

CSAC strongly supports this increased funding as it will help counties be able to maximize collections, continue to improve performance, and best serve the needs of families and children. CSAC and numerous counties shared support at the Senate Budget Subcommittee on Health and Human Services hearing on March 28. It will be heard by the Assembly Budget Subcommittee on Health and Human Services on April 24.

Child Support Legislation. A package of three bills was introduced that would modify several aspects of how the state and counties collect child support obligations. CSAC is engaging with the authors and sponsor of these bills and currently has a pending position on all three bills.

- AB 1091 by Assembly Member Reginald Jones-Sawyer would extend and modify an existing program that allows for the suspension of child support payments when an individual is incarcerated or involuntarily institutionalized for more than 90 days. Current law is set to sunset on July 1, 2020 and this bill would repeal that sunset date.
- AB 1092 by Assembly Member Reginald Jones-Sawyer would prohibit the Department of Child Support Services and local child support agencies from charging interest on the principal amount of a child support delinquency that is owed to the county. Currently, there is a ten percent interest charged on these delinquencies.
- SB 337 by Senator Nancy Skinner would modify the amount of child support payments that go directly to families. Under current law, the first $50 is provided to families and the remaining amount is recouped for the cost of public assistance benefits and provided to the federal government, state, and counties. This bill would require that the full amount that is paid go directly to families and that the full amount not be considered income or resources of the family for public assistance programs.

Resources:
Child Support Directors Association of California – https://csdaca.org

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Roshena Duree, CSAC Legislative Analyst, Health and Human Services: rduree@counties.org, (916) 650-8184

Attachment Seven

CSAC Memo: Federal Landscape and Policy Changes

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April 10, 2019

To: Members of the Health and Human Services Policy Committee

From: Farrah McDaid Ting, CSAC Legislative Representative, Health and Behavioral Health
Justin Garrett, CSAC Legislative Representative, Human Services
Roshena Duree, CSAC Legislative Analyst, Health and Human Services

RE: Federal Landscape and Policy Changes

Introduction. The federal landscape remains uncertain as President Trump and the Republican-led Senate grapple with a Democratic-led House. Progress on any issue appears to be difficult, but California's counties have a number of pressing federal policy priorities for 2019.

Affordable Care Act. CSAC joined with 35 cities and counties from across the country in early April to file an amicus brief in the federal Court of Appeals in a case that could determine the future of the Affordable Care Act (ACA).

In *Texas v. United States*, the trial court invalidated the entire ACA, including the Medi-Cal expansion that has significantly benefited California residents by expanding access to critically-needed and high quality health and behavioral health care services for the most at-risk residents. That decision is temporarily on hold while the Court of Appeals considers the case.

CSAC's brief explains how the ACA is critical to reducing local government indigent health costs and enables local government to provide better care. The brief also describes how unwinding the ACA would lead to catastrophic health care costs, chaos, and disruption. The case will be set for hearing after briefing is completed.

While CSAC and the County Counsels Association of California had worked on the amicus brief for months, recent news that President Trump had ordered the Department of Justice to submit a brief in support of the striking down the entire ACA worried many counties.

CSAC will continue to defend the ACA on the grounds of the possible severe fiscal impacts on counties and because it is consistent with CSAC's policy to oppose efforts to reduce California's Medi-Cal program and access to health care.

Homelessness Funding. CSAC continues to build on the successful efforts to secure funding for counties to combat homelessness in 2018 by broadening our scope to the federal level. CSAC is supporting legislative proposals sponsored by Senator Dianne Feinstein (D-CA) and House Financial Services Chairwoman Maxine Waters (D-CA) that would authorize new federal investments for homelessness assistance programs for local governments.

Ending Homelessness Act: Chairwoman Waters introduced legislation earlier this year entitled the Ending Homelessness Act (H.R. 1856). Adopted in March by the House Financial Services Committee along a party line vote (32-26), the bill would provide $13.27 billion in new funding over five years, including annual authorizations for the following:

- $1 billion in emergency relief grants for areas with the highest need, based on a formula to be devised by the Secretary of HUD in consultation with the U.S. Interagency Council on Homelessness.
- $500 million in new public housing rental assistance vouchers for persons who are homeless.
- $100 million in outreach and service coordination.
- $1 billion under the Housing Trust Fund to increase and preserve rental dwelling units with priority given to persons and households who are homeless.
- $20 million in one-time funds to HUD to integrate and coordinate the provision of health care funded by Medicaid.

Fighting Homelessness Through Services and Housing Act: Introduced in March, Senator Feinstein's bipartisan bill (S. 923) would provide additional federal support to fight homelessness. Senator Harris is an original cosponsor. Among other provisions, the legislation – entitled the Fighting Homelessness Through Services and Housing Act – would:

- Authorize $750 million in competitive homelessness grant funding over five years to eligible recipients (including counties). Federal dollars – up to $25 million per grant – could be spent on capital construction activities, as well as comprehensive services such as substance abuse, mental health, chronic health, job training, and case management services;
- Require a 25 percent match from public or private entities (cash or in-kind);
- Require the development of a local plan, which would need to include how the grantee would coordinate with law enforcement, courts, probation and other public services agencies; and,
- Require a grantee, if it intends to serve families with children, to provide assurances that children's behavioral and mental health needs would be addressed, as well as provide staff training to identify and prevent child trafficking, abuse, and neglect.

Representative Ted Lieu (D-Los Angeles) has introduced the House companion (H.R. 1978). Four other California House Democrats were original cosponsors: Representatives Scott Peters (D-San Diego); Lou Correa (D-Orange County); Josh Harder (D-Stanislaus County, parts of San Joaquin County); and, Jim Costa (D-Merced County, parts of Fresno and Madera Counties).

The final disposition of these bills is uncertain, but the issue has gained increasing attention in Congress.

Temporary Assistance for Needy Families (TANF). The Temporary Assistance for Needy Families (TANF) program has operated on a series of short-term extensions since September 30, 2010 and TANF is only authorized through June 30, 2019. Although the House Ways and Means Committee has conducted a number of TANF-related hearings in recent years, Congress has failed to advance a long-term reauthorization of the program.

The Ways and Means Committee's newly-named Subcommittee on Worker and Family Support is tasked with reauthorizing TANF. As of this writing, the panel has not outlined its plans to address the program's June expiration.

For their part, however, House Ways & Means Republicans re-introduced their *Jobs and Opportunity with Benefits and Services (JOBS) for Success Act* (H.R. 1753). Senator Steve Daines (R-MT) introduced a companion bill (S. 802). Adopted last year on a party-line vote, the JOBS bill reauthorizes the Temporary

Assistance for Needy Families (TANF) program and makes a number of policy changes. Given Democrats now control the House, the GOP bill serves as a marker for their positions on TANF.

H.R. 1753 would abolish the current process for determining state and county Work Participation Rates (WPR). In its place, the bill would introduce a system that calculates WPRs based on Workforce Innovation and Opportunity Act (WIOA) outcome metrics. The measure also would expand the definition of TANF work activities, including allowing individuals to count as work time spent in vocational education for more than 12 months and includes apprenticeships and career technical education as qualifying work activities. Additionally, states, upon HHS approval, would be allowed to tap their TANF block grants in order to fund other work activities if the state were to deem the activities to be necessary to move individuals into economic independence. The bill eliminates states' ability to transfer up to 10 percent of the TANF block grant to the Social Services Block Grant. Under the legislation, a state may transfer up to 50 percent of the block grant to WIOA, child care and/or child welfare, but only ten percent of the grant may be transferred to child welfare.

Through a combination of federal, state, and county funds, roughly $5 billion is invested in CalWORKs, California's TANF program, in 2018-19. The overall CalWORKs caseload continues to decrease, which is attributed to ongoing economic improvements in California. CalWORKs currently reaches over 391,000 families and is expected to decrease another five percent in 2019-2020. California's 2018-19 budget increased the maximum monthly grants by ten percent effective April 1, 2019, bringing the average grant for a family of three to $785.

A robust federal investment in TANF, along with a structure that provides sufficient programmatic flexibility at the local level, is essential for counties to operate a successful CalWORKs program.

Federal IV-E Child Welfare Waiver Extension. California's Title IV-E waiver provides participating counties with the flexibility to invest resources more effectively in proven and innovative approaches that better ensure the safety of children and the success of families. Known as the Well-Being Project, the initiative began on July 1, 2007 and there are currently seven participating counties - Alameda, Los Angeles, Sacramento, San Diego, San Francisco, Santa Clara, and Sonoma. The current waiver extension is set to expire on September 30, 2019.

Last year, Congress enacted the Family First Prevention Services Act (FFPSA) despite the objections of key stakeholders, including CSAC, the County Welfare Directors Association of California (CWDA), and numerous California child advocacy organizations. Having already begun a series of similar reforms under the state's Continuum of Care Reform Act (AB 403), opposition to the FFPSA was based on the premise that the measure would make implementation of an already complicated state reform effort even more complex.

Unfortunately, the FFPSA does not provide the same flexibility and resources available under current federal IV-E waivers. To address this issue, CSAC supports the bipartisan Family First Transitions Act (S 107). Introduced by Senators Feinstein and Marco Rubio (R-FL), the bill would extend key federal child welfare (Title IV-E) waivers that grant states and counties flexibility in using federal funds to serve children and families.

Specifically, the Feinstein-Rubio bill would extend the waivers by two years, thus enabling counties to continue to expand services and supports available to children and families, increase family engagement and child safety, and improve permanency outcomes. At a minimum, a two-year waiver extension would provide California's counties with additional time to provide services not funded under the FFPSA while affording counties the opportunity to align their child welfare programs with the requirements of the new federal law, which becomes fully effective on October 1, 2021.

California counties affected by the potential end of the waiver are actively working to support the Senate bill as well as identify a member of the House to introduce a companion bill to S 107.

Proposed USDA Rule on SNAP. On February 1, 2019, the U.S. Department of Agriculture (USDA) issued a proposed rule on Supplemental Nutrition Assistance Program (SNAP) requirements and services for Able-Bodied Adults Without Dependents (ABAWDs). The proposed rule would severely restrict the ability of states to waive federal rules related to work requirements for SNAP. In partnership with CWDA, CSAC submitted comments in opposition to the proposed rule.

The proposed rule rejects the approach taken by the bipartisan 2018 Farm Bill that maintained the flexibility and structure of the current waiver authority and increased funding for SNAP Employment and Training programs to provide additional opportunities for ABAWDs and other SNAP participants. California has utilized ABAWD waivers to provide critical food assistance to unemployed and impoverished individuals, many of whom are living under the federal poverty level, and has structured the use of exemptions to encourage individuals to engage in employment and training activities. By reducing state flexibility for these populations and time-limiting food assistance to this group, the proposed rule would shift the burden of providing food to these unemployed individuals to states, counties, cities, and local charities.

Attachments:
- CSAC Support Letter for Senator Feinstein's Homelessness Investments
- CSAC Support Letter for Representative Waters' Homelessness Act
- CSAC Support Letter for Extended Child Welfare Waiver

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Justin Garrett, CSAC Legislative Representative, Human Services: jgarrett@counties.org, (916) 650-8117
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Attachment Eight

CSAC Support Letter for Senator Feinstein's Homelessness Investments

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January 3, 2019

The Honorable Dianne Feinstein
U.S. Senate
331 Hart Senate Office Building
Washington, D.C. 20510

RE: *Support Fighting Homelessness Through Services and Housing* Act

Dear Senator Feinstein,

On behalf of the California State Association of Counties (CSAC), I write in strong support of your bill, the *Fighting Homelessness Through Services and Housing* Act. The key provisions in your measure will help our counties build upon the 2018-2019 state budget which includes over $700 million in homelessness funding. That funding was CSAC's top budget priority for the year.

California's investment includes $500 million in highly flexible funds to local governments to address homelessness and $200 million in investments to address and prevent homelessness and provide supportive services for vulnerable populations. Your bill's $750 million authorized in competitive grant funding will further assist our communities in those efforts. We support the provisions to require a grant applicant to demonstrate how it would provide comprehensive services and case management to persons or families experiencing homelessness and how it would coordinate with other service providers and law enforcement agencies.

CSAC also supports the bill's provision giving grantees the ability to fund capital construction projects. That provision will bolster the state's efforts under the No Place Like Home program which authorizes $2 billion in supportive housing bonds. CSAC supported the bond initiative (Proposition 2) with 63.4 percent of voters approving it in November.

Thank you for your leadership in introducing the bill. We look forward to working with you and your staff to secure Senate passage of the measure this year.

Respectfully,

Graham Knaus
Executive Director

Attachment Nine

CSAC Support Letter for Representative Waters' Homelessness Act

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March 25, 2019

The Honorable Maxine Waters
Chairwoman
House Financial Services Committee
2129 Rayburn House Office Building
Washington, D.C. 20510

RE: *Support Ending Homelessness Act*

Dear Chairwoman Waters:

On behalf of the California State Association of Counties (CSAC), I write in strong support of your bill, the *Ending Homelessness Act*. This important legislation would provide California's counties with additional tools and funding to build upon current efforts aimed at combating our state's homelessness crisis.

Last year, Governor Brown signed legislation that provides significant new resources for local governments to address homelessness. Specifically, the 2018-2019 state budget includes over $700 million in local homeless assistance funding, including $500 million in highly flexible funds to local governments and $200 million for homelessness prevention and supportive services for vulnerable populations. The $13.27 billion authorized by your bill would mark a major increase in federal investment and would go a long way toward supplementing local efforts designed to fight homelessness.

As you know, 25 percent of the nation's total homeless population resides in California. Given the widely disparate impacts on our local communities, we appreciate that your legislation would help address the unique circumstances in each of our counties. In particular, we strongly support provisions of your bill that would: target emergency relief grants in high needs areas; create new public housing assistance vouchers; increase and preserve rental units; and, fund outreach and service coordination initiatives, including critically important activities under Medicaid/Medi-Cal.

Thank you for your leadership in introducing this important legislation. Counties stand ready to implement the proposed funding for direct housing assistance to those living without shelter in our communities. CSAC looks forward to working with you and your staff to secure House passage of the measure this year.

Respectfully,

Graham Knaus
Executive Director

CSAC Support Letter for Extended Child Welfare Waiver

Attachment Ten

CSAC Support Letter for Extended Child Welfare Waiver

CSAC

CWDA
Advancing Human Services for the Welfare of *All* Californians

September 26, 2018

Dear California Congressional Delegation:

RE: EXTEND FEDERAL CHILD WELFARE DEMONSTRATION WAIVERS

The California State Association of Counties (CSAC) and the County Welfare Directors Association of California (CWDA) write in support of extending federal child welfare demonstration waivers.

Our organizations are working closely with the state and children's groups to prepare for a successful implementation of key aspects of the Family First Prevention Services Act (FFPSA). California's counties and our partners have been working for over five years -- long before the FFPSA – to reform our foster care system, including a major reform of our congregate care system and how we may support more robustly our family caregivers, especially relatives. During those state reforms and the recent enactment of the FFPSA, a number of our counties have been working to reform their systems via a federal foster care (Title IV-E) waiver giving them flexibility and the ability to innovate in serving families. The seven current waiver counties have implemented efforts to expand the services and supports available to children and families, increase family engagement and child safety, and improve permanency outcomes.

In order to avoid a loss of needed services and to continue the innovation that the waiver counties have achieved, these counties must be able to continue to operate their waivers as they and the rest of the state work on the new challenges and opportunities presented by the Act. At this point, however, the federal waivers expire on September 30, 2019.

The FFPSA does not provide the same flexibility and resources available to our waiver counties. Consequently, unless the waiver is extended, counties will be less able to serve youth in their child welfare system. The FFPSA should not circumvent or preclude those initiatives.

Given the as yet unrealized possibilities of the FFPSA and the current multi-year efforts of waiver counties, we urge Congress to extend the waivers for California and other states. Those extensions, however, must not be financed by cutting other critical child welfare programs or other human services supports.

We look forward to working with the California congressional delegation and other states to not only implement and further improve key aspects of the FFPSA, but to also enact a multi-year extension of the waivers. Both initiatives have at their core the mission to support families and keep them together whenever possible.

If you have any questions, please contact Justin Garrett with CSAC at jgarrett@counties.org or 916.327.7500, Cathy Senderling-McDonald at csend@cwda.org or 916.443.1749, or Tom Joseph, Washington Representative for CSAC and CWDA at tj@paragonlobbying.com or 202.898.1446.

Sincerely,

Justin Garrett
Legislative Representative| CSAC

Cathy Senderling-McDonald
Deputy Executive Director | CWDA

cc: Will Lightbourne, Director, California Department of Social Services

Attachment Eleven

CSAC Memo: 2019 California for All: Policy Maker for the New Administration

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April 10, 2019

To: Members of the Health and Human Services Policy Committee

From: Farrah McDaid Ting, CSAC Legislative Representative, Health and Behavioral Health
Justin Garrett, CSAC Legislative Representative, Human Services
Roshena Duree, CSAC Legislative Analyst, Health and Human Services

RE: 2019 California for All: Policy Maker for the New Administration

Introduction. Governor Newsom has appointed scores of people to serve in "The Horseshoe" – the innermost and U-shaped suite of gubernatorial offices at the Capitol. Given the new Governor's ambitious health and human services agenda, it makes sense for some of the top minds in and around the Capitol to join his team as deputy legislative secretaries.

Their task is to help the Governor meet his campaign goals, including expanding health care coverage to all people living in California, improving on mental health prevention and early intervention efforts – especially for children – and enacting a raft of anti-poverty proposals including expanding subsidized child care and increasing CalWORKs grants.

We have invited one of the Governor's new Deputy Legislative Secretaries for health and human services policy, **Tam Ma**, J.D. to the policy committee to share the Governor's priorities and to help identify areas of interest and partnership between counties and the new administration.

Speaker Background. Before receiving an appointment in The Horseshoe, Ms. Ma served as the assistant secretary of the Office of Program and Fiscal Affairs at the California Health and Human Services Agency. In that role, she contributed to the implementation of health care and social services programs after spending over a dozen years in and around the Legislature.

Prior to working at the Agency level, she was director of legal and policy at Health Access California, where she helped implement the Affordable Care Act, expand coverage for undocumented children, control health care costs, and win strong consumer protections. In this role, Ms. Ma often worked collaboratively with CSAC on Medicaid Expansion and coverage issues.

She has also served as a lecturer at the University of California, Berkeley School of Law, and was a principal consultant in the Offices of former California State Senators Mark Leno and Sheila Kuehl. Senator Kuehl is now a Los Angeles County Supervisor.

Ms. Ma serves on the board of the Berkeley Law Alumni Association, and predictably continues to root for the Cal Bears.

Please join the CSAC HHS Team in welcoming Ms. Tam Ma to the CSAC HHS Policy Committee.

Attachment Twelve

CSAC Memo: HHS Legislation So Far: Hundreds of Bills and Counting

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April 10, 2019

To: Members of the Health and Human Services Policy Committee

From: Farrah McDaid Ting, Legislative Representative, Health and Behavioral Health
Justin Garrett, Legislative Representative, Human Services
Roshena Duree, Legislative Analyst, Health and Human Services

RE: Health and Human Services Legislation So Far: Hundreds of Bills and Counting – Informational Item

Background. There are several important legislative deadlines in the coming months. April 26 is the last day for policy committees to meet on bills with fiscal impacts, and May 3 is the deadline for bills with no fiscal impact. Due to cost concerns, many bills get held in the Appropriations Committees or significantly amended at the May 17 fiscal committee deadline. All bills must be passed by their house of origin by May 31. Any bills that fail to meet these deadlines typically will not proceed in the legislative process, unless they are the subject of rule waivers. CSAC staff is engaging on a wide range of legislative issues, such as homelessness, behavioral health, conservatorship expansions, and more. A more detailed discussion of bills on key topics of interest to the Policy Committee is provided below.

Conservatorship Issues. Interest in conservatorship issues is high in the Legislature this year, as policymakers and counties seek solutions for those living without shelter who may not be able to care for themselves. CSAC is working to gain clarification on each of the current conservatorship proposals with an eye on the potential fiscal impacts for counties.

Conservatorship activities are funded in a variety of ways, but since the responsibility to provide these services is not mandated by the state, the fiscal impacts may ultimately be borne by each county's General Fund. Conservatorship activities are handled by each county's Public Guardian (PG) or Public Conservator (PC), but the location and organization of each PG/PA office varies across the state.
The proposals in the Legislature take a variety of approaches, but most seek to make it easier to conserve people under the state's Lanterman-Petris-Short Act (LPS Act). A person can be conserved for a year if a PG/PC recommends and a court agrees that they are gravely disabled due to mental illness. The county conservator is responsible for the conservatee's care and protection, housing, and health care, including involuntary mental health treatment.

- **AB 980 (Karla)** is co-sponsored by the County Welfare Directors Association of California (CWDA) and the California Association of Public Administrators, Public Guardians, and Public Conservators (CAPAPGPC) and would add Adult Protective Services (APS) social workers, Public Administrators (PA), Public Guardians (PG), and Public Conservators (PC), to the list of staff who can obtain enhanced confidentiality protections from the Department of Motor Vehicles (DMV). Ensuring the safety of county staff is critical, as they focus on protecting vulnerable Californians. This bill passed Assembly Transportation Committee and has been referred to the Assembly Appropriations Committee. CSAC Position: Support

- **AB 1572 (Chen)** would expand the current statutory definition of "gravely disabled" and would require the Department of Health Care Services (DHCS) to establish a four-year grant program to assist county public guardians and conservators maintain appropriate caseloads. CSAC opposes any additional duties placed on county public guardians and conservators. CSAC Position: Oppose.

- **SB 40 (Weiner)** is intended to accelerate the provisions of SB 1045 from 2018, which broadened the scope of who can be conserved, including those with substance use disorders, and to make it optional for counties to join. CSAC Position: Pending.
- **SB 303 (Wieckowski)** prohibits public and private guardians or conservators from collecting fees if from funds paid to a person conserved by government program; including but not limited to, any and all Social Security payments, Medi-Cal and Medicare. This bill will be heard in Senate Judiciary Committee on April 30. CSAC Position: Pending.

Homelessness and Housing. The Legislature is discussing several proposals related to strategies for addressing California's homelessness and housing crisis amongst all populations. In the past the Legislature has viewed homelessness and housing as a local jurisdiction issue, but has recently engaged statewide. California's significant supply and demand problem when it comes to affordable housing is a substantial contributing factor to homelessness, but there are other factors. Homelessness and housing issues crossover into several CSAC policy areas and the HHS team is engaging on several measures that provide additional housing assistance to many of our most vulnerable populations, encouraging rapid rehousing and integrated case management for individuals who are living with a complex mix of health and behavioral health diagnoses.

- **AB 307 (Reyes)** would require the Homeless Coordinating and Financing Council to develop and oversee a grant program for services for homeless youth. This bill creates $100 million grant program for Continuums of Care (CoCs) or nonprofit agencies, to provide housing assistance and wrap around services to combat youth homelessness. This bill passed the Assembly Human Services Committee and was referred to the Assembly Appropriations Committee. CSAC Position: Support if amended.

- **AB 531 (Friedman)** is sponsored by CWDA and would improve housing services and supports to address the issue of homelessness and housing insecurity among non-minor dependents in extended foster care. Older youth are still finding it difficult to obtain safe and affordable housing, and homelessness is a growing issue for this population. This bill passed the Assembly Human Services Committee and was referred to the Assembly Appropriations Committee. CSAC Position: Support.

- **AB 728 (Santiago)** is sponsored by Los Angeles County and would expand the current authority of county homeless adult and family multidisciplinary personnel teams (MDT) to allow for data sharing regarding individuals who are at risk of homelessness, as well as expand who can be included on the MDT. MDT's are able to share information in order to better link homeless individuals and families with the appropriate services. This bill passed the Assembly Human Services Committee and was referred to the Assembly Privacy and Consumer Protection Committee. CSAC Position: Support.

- **SB 573 (Chang)** would support ongoing funding for the Homeless Emergency Aid Program (HEAP), which assists local governments in combatting homelessness. Counties can use funding to provide emergency housing vouchers, rapid rehousing programs, emergency shelter construction, and the use of state armories for temporary shelters among other activities. The bill passed the Senate Housing Committee and has been set for a hearing in the Senate Appropriations Committee on April 22. CSAC Position: Support.

Behavioral Health. The Legislature's interest in behavioral health funding and programs continues to expand. While counties provide community-based treatment for individuals living with severe mental illness and with substance use disorders (SUD), the Legislature sees the need for statewide accountability and oversight. This year the Legislature has convened several informational hearings on mental health and substance use disorders. Throughout each hearing the common theme has been the need for outcomes data and accountability. CSAC will continue to engage on all fronts to ensure counties maintain their flexibility and provide transparency.

- **AB 682 (Eggman)** would require the California Department of Public Health (CDPH) to apply for grant funding to establish a real-time, web-based registry of mental health and substance use disorder beds. This bill is a critical step to help providers locate treatment and recovery placements for patients in need. Counties have reported the need for an efficient way to locate bed availability. AB 682 has passed the Senate Health Committee and has been placed on the Senate Appropriations suspense file. CSAC Positon: Support.

- **AB 1031 (Nazarian)** would require the California Department of Health Care Services (DHCS) in collaboration with counties and substance use disorder (SUD) providers develop statewide regulations and criteria for youth substance use disorder treatment and recovery. Counties have identified the need for age appropriate services and treatment for youth. AB 1031 has passed the Assembly Health Committee and has been referred to the Assembly Appropriations Committee. CSAC Positon: Support.

- **SB 10 (Beall)** would establish a statewide behavioral health peer certification program for parents, transition-age youth and families**.** The establishment of a peer specialist certification program and the inclusion of these services within the Medi-Cal Program will enable California to better serve Medi-Cal enrollees with behavioral health care needs. SB 10 has passed the Senate Health Committee and has been placed on the Senate Appropriations suspense file. CSAC Positon: Support.

Medi-Cal. California counties have a unique perspective on the state's Medicaid program, Medi-Cal. Counties are charged with preserving the public health and safety of communities; they also operate health plans, provide direct services, specialize in care for patients with complex social needs, conduct eligibility for benefits, and bear a significant amount of risk for financing the program. This year the Legislature has taken an interest in expanding eligibility and streamlining funding.

- **AB 914 (Holden)** would allow county welfare departments to continue to suspend eligibility for Medi-Cal for incarcerated individuals past one year to avoid unnecessary workload and ensure that individuals are eligible for critical health and behavioral health services upon release. Counties currently suspend Medi-Cal eligibility for individuals who become incarcerated for up to one year from the date of incarceration, or upon release, whichever comes sooner. AB 914 passed the Assembly Health Committee and has been referred to the Assembly Appropriations Committee. CSAC Position: Support.

- **SB 66 (Atkins)** would allow counties and health care providers to receive Medi-Cal reimbursement for up to two visits a day at to Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHC), such as when a patient has a medical visit as well as a behavioral health or dental visit on the same day at the same location. These clinics are important to successful integration. CSAC believes this bill will improve the continuity of care for patients. SB

66 has passed the Senate Health Committee and has been placed on the Senate Appropriations suspense file. CSAC Position: Support.

Emergency Medical Services (EMS). The Local Emergency Medical Services agencies (LEMSA), representing all 58 counties are required to provide oversight, direction and coordination of the emergency medical services for people throughout the state. There have been recent attempts by the Legislature to fragment the current process by assigning other entities the authority that LEMSAs currently have. In 2018, CSAC, county affiliates, and counties successfully lobbied Governor Brown to veto a bill that would have infringed on county authority and changed local committees, as well as the EMS Commission. This legislative session CSAC is currently engaging on two measures in regards to LEMSA authority.

- **AB 1544 (Gipson**) requires that if the LEMSA establishes a community paramedicine or triage to alternative destination program, it must allow a public agency, such as city fire departments, the first right of refusal to operate such a program. This weakens local control of the EMS systems and incorporates unnecessary constraints on the community medicine and alternate destination program structure. AB 1544 is set to be heard in the Assembly Health Committee. CSAC Position: Oppose unless amended.

- **SB 438 (Hertzberg)** would restrict contracting for the use of non-governmental operated public safety answering points (PSAPs), including 9-1-1 EMS dispatch centers. This bill would circumvent the existing oversight of LEMSA medical directors to ensure the appropriate deployment and use of EMS resources. CSAC has engaged with the author's office to voice county concerns. SB 439 will be heard in the Senate Health Committee. CSAC Position: Oppose.

In-Home Supportive Services. While the big focus for In-Home Supportive Services (IHSS) is support of the Governor's budget proposal, there are a couple of bills that CSAC is engaging on related to modifications and enhancements for the program.

- **AB 229 (Nazarian)** would require the California Department of Social Services (CDSS) to translate information notices and resources for IHSS providers into the CDSS threshold languages: English, Spanish, Armenian, and Cantonese. This would ensure that both IHSS recipients and provider receive the same language translations. AB 229 passed the Assembly Human Services Committee and was referred to the Assembly Appropriations Committee. CSAC Position: Support.

- **AB 426 (Maienschein)** would repeal the requirement that a prospective recipient of IHSS services must obtain and submit a medical certification form signed by a licensed health care professional prior to receiving IHSS services. Counties have some concerns with repealing this form as there is value for both social workers and recipients and CSAC is engaging with the author and sponsor on potential amendments. CSAC Position: Pending.

Cognitive Impairments. Both the Legislature and the Administration have dedicated a significant focus on the growing number of individuals with Alzheimer's disease and other dementias. The Governor has proposed an Alzheimer's task force and legislators have introduced several bills addressing this issue.

- **AB 388 (Limón)** would expand California's public health infrastructure to adopt a public health approach to prevention and early diagnosis of Alzheimer's disease. The bill would follow the national Healthy Brain Initiative that seeks to improve early detection and timely diagnosis through public awareness campaigns. AB 388 passed the Assembly Health Committee and has been placed on the Assembly Appropriations Committee suspense file. CSAC Position: Support.

- **SB 440 (Pan)** is sponsored by CWDA and CAPAPGPC and would require the California Health and Human Services Agency to create a cognitive impairment task force to study and assess California's need for a safety net system for adults with cognitive impairment. The task force provides an opportunity for representatives from a wide range of systems to learn and discuss important challenges, potential solutions, and future considerations needed to address the growing cognitive impairment population. SB 440 has passed two policy committees and has been referred to the Senate Appropriations Committee. CSAC Position: Support.

Resources:
Health and Human Services Legislative Tracking

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