

COUNTY ADMINISTRATOR

SUSAN S. MURANISHI
COUNTY ADMINISTRATOR

DONNA LINTON
ASSISTANT COUNTY ADMINISTRATOR

January 28, 2013

Honorable Board of Supervisors
Administration Building
Oakland, CA 94612

Dear Board Members:

SUBJECT: ADOPTION OF 2013 ALAMEDA COUNTY LEGISLATIVE PROGRAM

RECOMMENDATION:

1. Adopt the 2013 County Legislative Program as endorsed by the PAL (Personnel, Administration and Legislation) Board Committee at its meeting on January 28, 2013.
2. Adopt the general principle that the Alameda County Board of Supervisors supports legislation which is consistent with the County's Mission, Vision and Values statements, Strategic Vision and Values-Based Budgeting priorities including: enhancement of County revenues, return of County property taxes, refinement of welfare reform, enhancement of program flexibility and integration of services, promotion of healthy families, promotion of sustainability related initiatives, and opposition to any preemption of local authority and imposition of unfunded mandates.
3. Direct Alameda County's Washington, D.C. and Sacramento legislative advocates to pursue advocacy and enactment of the federal and State issues as identified below.

DISCUSSION:

In principle, the Alameda County Board of Supervisors supports legislation which is consistent with the County's Mission, Vision and Values statements, Strategic Vision and Values-Based Budgeting priorities. In this vein, the following items are recommended general principles for your Board's consideration:

1. County Revenues
 - Support the guarantee of dependable, predictable, and equitable revenue streams to support County programs, as well as additional revenue raising authority and flexibility for counties.
 - Support preservation of existing revenues and revenue authority.
 - Support new opportunities for State and federal funding and expanded opportunities to generate local revenues.
 - Oppose the imposition of State and federal mandates for which funding is not fully provided, and any State and federal budget actions that would result in a negative fiscal impact to Alameda County.
 - Support increased funding of the County's infrastructure needs.

2. Services to Families and Children

- Oppose legislative and budgetary actions that result in reduced levels of service to impacted populations in Alameda County, or the shift of program responsibility to the County without adequate funding.
- Support simplification of eligibility determination and income reporting requirements for the CalWORKs program and support expanded educational opportunities and funding for CalWORKs participants through adult education and regional occupational programs.
- Support incentives for guardianship, adoption and kinship care, such as clothing allowances.
- Support reauthorization of the Food Stamp Program.
- Support incentives for family placement of foster children.
- Support Head Start programs/funding.

3. Program Flexibility and Integration of Services

- Support actions that provide program flexibility in all areas including job training, integrated children's services, and other social service and health program areas.
- Support reauthorization of the Workforce Investment Act (WIA).
- Support adequate funding for preventative and family preservation services for families with at-risk children.
- Support program service integration to meet the needs of children and families.
- Support the pooling of federal, state, and county resources to provide integrated safety net services and adequate funding for the provision of safety net health and welfare services.

4. Health Insurance for the Uninsured and Underinsured

- Support funding for the State Children's Health Insurance Program (SCHIP).
- Support efforts to include all children in health insurance programs.
- Support adjusted funding distribution for Proposition 63 (mental health programs).

5. Health and Retirement Benefits

- Support legislation that continues to further address pension reform, specifically efforts to allow local government flexibility in negotiating pension benefits that maintain financial stability for counties.
- Support efforts to reduce healthcare costs while maintaining sufficient service levels for employees and their families.

6. Public Safety and Justice

- Support efforts to maintain or enhance local government funding for public safety realignment and retain local authority to enhance efforts for integrated re-entry programs for parolees and rehabilitative programs.
- Support funding for substance abuse treatment and related services.
- Support funding for violence prevention initiatives.
- Support continued funding for Proposition 36 services (drug offenders' programs).
- Support enhancement of the rights and protections of all victims of crime, including increased funding to expand services.
- Support funding for VAWA (Violence Against Women Act).

7. Housing, Land Use, Transportation and Infrastructure

- Support efforts to address regional housing needs and homelessness, including efforts to protect homeowners from predatory foreclosures, maintain tenant rights, and rehabilitate and preserve the existing housing stock.
- Support efforts to address regional jobs/housing imbalance.

- Support funding efforts to enhance County streets and roads, transportation, infrastructure, hospital, flood control and seismic safety needs.
- Support efforts for State and federal funding for seismic repair and maintenance of Estuary bridges.
- Support funding for economic development, capital and downtown/neighborhood improvements.
- Support methods to increase gas tax and alternative methods of financing, including legislative efforts to provide for a county or regional gas tax for infrastructure improvements.
- Support rewarding states that provide significant funding into the transportation systems.
- Increase funding for and flexibility of transit investments.
- Increase funding for non-motorized transportation.

8. Federal Assistance to Reduce California's Budget Deficit and to Improve its Economy

- Support actions such as administrative relief from federal penalties, restoration and program funding enhancements for programs such as Medicaid DSH, Medicare and State Criminal Alien Assistance Program (SCAAP), and implementation of equitable funding formulas such as that for Homeland Security funding.
- Support Election Reform.
- Support funding for costs of services to immigrants and refugees.
- Oppose federal penalties for California's Child Support Programs.
- Support legislation to enable California counties to access Medicaid funds.
- Oppose unfunded mandates and legislation or regulations that preempt county authority.

9. Sustainability

- Support climate change legislation and regulation development at both the State and federal levels to ensure that the interests of local governments are addressed, public health concerns are taken into account, and that the County receives necessary resources for implementation.
- Support Alameda County eligibility as a carbon offset receiving area where carbon offset resources can be realigned and invested.
- Support green transportation initiatives including walkable and bikeable community designs.
- Support policies and incentives that promote efficiencies in the built environment, including green public building design, energy conservation, greenhouse gas reduction, home and commercial energy efficiency retrofits and renewable power generation.

10. Elections – Poll Workers

- Support legislation that will assist in providing adequate staffing at polling places, including designation of public employees as Election Service Workers.

11. Telecommunications Act Rewrite

- Support rewriting provisions of the Telecommunications Act of 1996, to include protecting existing authorities and revenues.

12. Veteran's Services

- Support funding to assist veterans and their dependents and/or survivors with job training and placement, mental and physical health care, educational opportunities, housing, benefits and other quality of life services.

The 2013 Legislative Program is the result of many months of effort by Board offices, County agencies/departments, our State and federal legislative advocates, and others. Proposals were reviewed by the Personnel, Administration and Legislation (PAL) Board Committee on January 14, 2013, and on January 28, 2013, and are hereby forwarded to your Board for approval.

Within the overall context of the County's Legislative Program, it continues to be essential that the question of restructuring local government finances be addressed. In addition, the current State and federal economic condition makes it more critical than ever before to pursue all available revenue opportunities for County programs and services, as well as to look creatively at ways to continue to provide adequate levels of program services given massive funding cuts.

The 2013 Alameda County Legislative Program serves as a foundation. As new legislative proposals are developed or additional issues surface during the legislative session, amendments to the 2013 Legislative Program will be considered by the PAL Board Committee and by your Board.

Very truly yours,



Susan S. Muranishi
County Administrator

SSM:LL:pkp

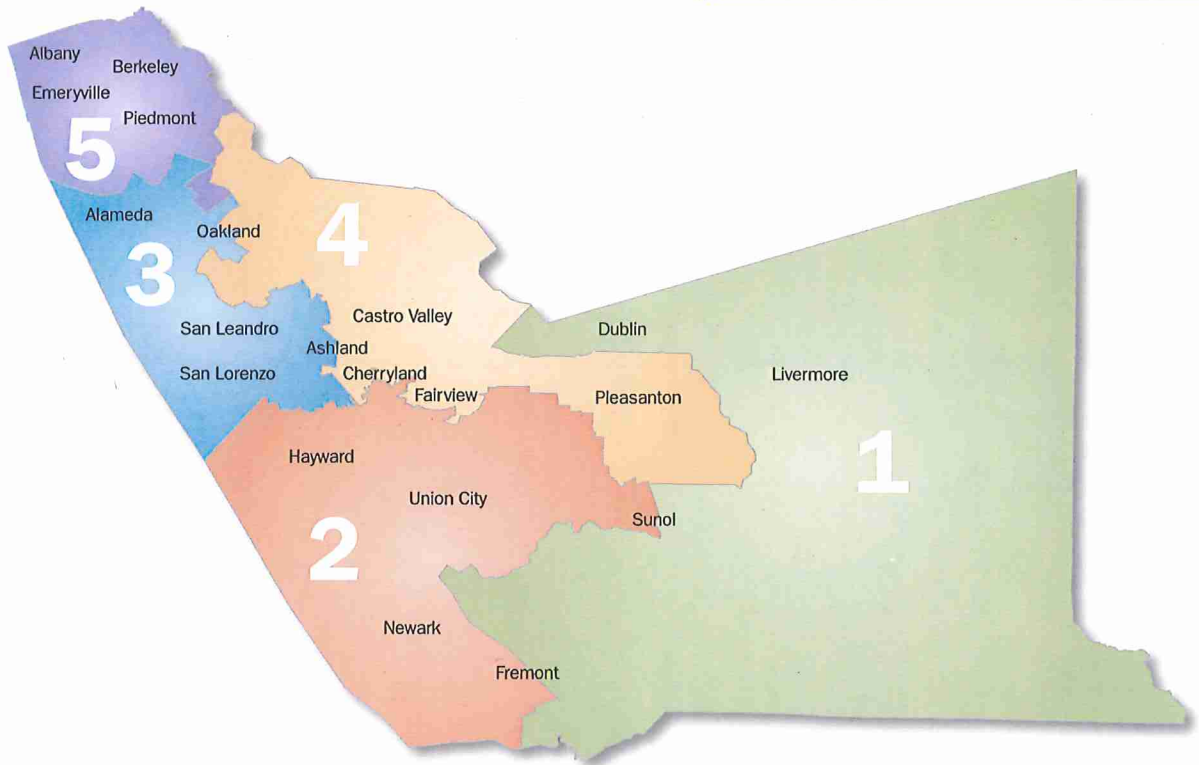
Leg\2013\BOS 2013 Leg Proposal

c: CJ Lake, LLC, Federal Legislative Advocates
Platinum Advisors, State Legislative Advocates
All Agency/Department Heads
Department Legislative Staff
CAO Analysts



2013

Alameda County Legislative Program



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Susan S. Muranishi,
County Administrator

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Legislative Proposals

The following are legislative proposals for which Alameda County seeks sponsorship during the 2012 legislative session. Additional proposals may be developed throughout the year.

1. Safe Needle Disposal

The County seeks sponsorship of legislation to increase the safe disposal of hypodermic needles and lancets, otherwise known as “sharps.”

While in previous legislative sessions, Alameda County has successfully sponsored “safe needle disposal” legislation, current law does not regulate the mass generators of these needles: the pharmaceutical industry. Every year more than 3 billion needles and syringes are used nationwide outside of health care settings (i.e. at home). These “at-home” injectors are people with diabetes and patients receiving home health treatment (i.e., allergies, infertility, multiple sclerosis, HIV, Hepatitis B & C, arthritis, etc.). Many of these self-injectors are unaware of safe disposal methods available to them and simply throw their used needles in the trash posing a risk of injury and potential infection from diseases such as Hepatitis B or C and HIV. The improper disposal of these needles poses serious health risks to children, workers, and the general public. Due to recent legislative efforts, to simply throw these needles in the trash is now illegal, yet an estimated 1 million Californians must self-inject prescription medications annually to treat a broad range of serious health problems. It is estimated that these 1 million Californians generate more than 389 million sharps per year. The number of people with diabetes continues to grow at epidemic rates and is expected to increase even more due to rising obesity rates.

The use of injection devices is an effective method of prescription drug delivery and is expected to increase significantly in the future. However, the increased use of injection devices will generate more home-generated sharps each year.

The Legislature has found that convenient means for collecting and destroying home-generated sharps is readily available and that the cooperative efforts of the pharmaceutical industry is needed to develop a safe needle disposal system for California.

Alameda County proposes that the County sponsor a bill during the 2013 legislative session that amends the Health & Safety Code so that pharmaceutical manufacturers whose product is dispensed in California via a “sharp” be responsible for providing their patient/client with a safe needle disposal method.

2. Removing Barriers to Teaching CPR in Elementary and Secondary Schools

Alameda County proposes legislation to remove the requirement of “appropriate equipment” as a barrier to teaching CPR in elementary and secondary levels.

The County has been working on improving hospital outcomes for cardiopulmonary arrest victims throughout the County using a systems based approach. One of the pieces in the approach is the bystander. The bystander is the person who witnesses an event or finds a victim unresponsive, not breathing and appearing lifeless. In Alameda County we know that bystanders perform CPR only 28% of the time prior to EMS arrival. However, increasing bystander involvement is critical. If a bystander calls 911 and performs CPR in the first few minutes of an event, the persons chance of survival increases. For every minute without CPR, a witnessed victim’s chance of survival decreases 7-10%.

To increase our bystander participation, a pilot study took place in 2007-2008. 7th and 10th graders were trained by their classroom teachers in CPR using a CPR Anytime kit. They were then asked to go home and train as many family members and friends, over the age of 12, as they could. The CPR Anytime kit has a mini Anne manikin and a “watch while learn” DVD. Research has shown that student skills competency is superior to those taught through traditional instructor based training courses. The pilot study revealed that 7th graders enthusiastically embraced CPR and were better equipped to train in CPR and to train others than 10th graders. As a result, the CPR 7 program was created.

Starting with the 2010-2011 school year as part of a research trial, Alameda County has been working with all 18 school districts in the County providing teacher support and the CPR Anytime kits to 10,200 of the County's public 7th graders (70% of the total public 7th grade population). This is the largest and most comprehensive new best practice in CPR community outreach in the world. This innovative public health approach with 7th graders is a county wide initiative to help reduce premature death and disability for those that survive cardiopulmonary arrest.

Alameda County requests a change in the Education Code to help strengthen this work. In the past, "equipment" was a barrier, as well as the trained personnel to teach. With the CPR Anytime kit that includes a manikin and a DVD the "equipment" is no longer a barrier. In schools the only personnel needed is a facilitator. Comprehensive training of staff and equipment is not needed. Currently the California Department of Education (CDE) health education framework for 7th grade health class states students should "learn about CPR." We are proving that 7th graders **can learn to do CPR** as well as train others through community outreach.

The County's Emergency Medical Services Division has been able to implement this program by working with school districts and classroom teachers, who are open and willing to participate in this training. The language in the Education Code requiring "appropriate equipment" has been a deterrent to this important lifesaving skill being taught in other classrooms throughout the State. Therefore, we recommend Section 51202 of the Education Code be modified to eliminate the requirement of "when appropriate equipment is available."

3. Amending Activation Criteria for the AMBER Alert System in California

Alameda County proposes legislation to amend California Government Code 8594(a) as such that the AMBER Alert system may be activated when law enforcement has credible information to believe anyone, including a parent who has full custody of a child, takes the child away in a vehicle with the intent to cause serious bodily injury or death to that child.

Currently an AMBER Alert is not to be activated if a child's custodial parent takes the child away in a vehicle with the intent to cause serious bodily injury or death to the child. Because the language of the code specifically states an "abduction" must have been reported to Law Enforcement, a custodial parent taking their child in a vehicle with the intent to kill their child, does not constitute an "abduction" for the purpose AMBER Alert System activation criteria. Therefore in that scenario, Law Enforcement is unable to activate the AMBER Alert System in their effort to aid in the child's safe recovery.

Alameda County requests an amendment to California Government Code 8594(a) for additional clear criteria regarding activations of the AMBER Alert System, such that Law Enforcement may, without delay, activate the AMBER Alert System when Law Enforcement has a compelling belief/information that a child has been taken in a vehicle by ANYONE who has the intent to kill or commit bodily injury upon that child.

4. Require the California State Department of Health Care Services and the California State Department of Public Health to collect and tabulate data for each major Asian group.

In 2011, Assembly Bill 1088 was authored by Assemblymember Mike Eng and was signed into law. AB 1088 requires the Department of Industrial Relations and the Department of Fair Employment and Housing to collect and tabulate data for each major Asian group.

Senate amendments altered the bill before final passage, which deleted the State Department of Health Care Services (DHCS) and the State Department of Public Health (DPH) from the provisions of the bill. Supervisor Chan's office supports efforts to have DHCS and DPH collect and tabulate this data.

5. **Require the Board of Pharmacy to standardize translation of prescription drug labels.**

In 2010, Senator Ellen Corbett authored Senate Bill 1390 and the California Pan-Ethnic Health Network sponsored the bill. SB 1390 attempted to repeal the requirement that the Board of Pharmacy (BOP) promulgate regulations requiring a standardized, patient-centered, prescription drug label on all prescription medications dispensed to patients in California on or before January 1, 2011, and establishes requirements for standardized, patient centered prescription drug labels. The California Alliance for Retired Americans supported the bill stating that "this bill establishes meaningful patient-centered prescription labeling in California. Patient-centered prescription labeling protects consumers from the serious consequences of medical errors when they don't have the ability to read or understand prescription drug labels. Seniors, who represent over 48% of the prescription drug users in California, and [LEP consumers], are especially vulnerable to this problem. We look forward to the day when seniors and [LEP consumers] are provided these simple protections that will save lives and save our state money by avoiding costly trips to the doctor or emergency room to remedy a medical error." The bill failed to pass in the Assembly Business, Professions and Consumer Protection Committee.

Alameda County supports efforts to standardize the translation of prescription drug labels.

6. **Change redetermination scheduling for Title 19 programs (amend the California Welfare and Institutions Code Section 14000-14029.8).**

The Medicaid State Plan is based on the requirements set forth in Title XIX of the Social Security Act and is a comprehensive written document created by the State of California that describes the nature and scope of its Medicaid (Medi-Cal) program. It serves as a contractual agreement between the State of California and the federal government and must be administered in conformity with specific requirements of Title XIX of the Social Security Act and regulations outlined in Chapter IV of the Code of Federal Regulations. The State Plan contains all information necessary for the Centers for Medicare and Medicaid Services (CMS) to determine if the State can receive Federal Financial Participation (FFP). Currently, redetermination is conducted only once a year, which is required by federal statute.

Alameda County supports efforts to streamline and improve the redetermination process for Title 19 programs.

7. **Create presumptive Medi-Cal eligibility for every foster child (including ages 21-24).**

The California Legislature responded to the federal Foster Care Independence Act of 1999 by extending no-cost Medi-Cal eligibility to former foster youth aged 18 through 20 years as of October 1, 2000. Alameda County supports the development of a new aid code extending uninterrupted Medi-Cal eligibility to foster youth through the age of 24. Alameda County would use the state's existing presumptive eligibility framework, which requires legislation and negotiation with CMS through a Medicaid State Plan Amendment or new federal waiver.

Alameda County supports efforts that would create presumptive Medi-Cal eligibility for foster youth through the age of 24.

8. **Get adequate cost-based mechanism for mental health parity law by changing funding formula from a capped rate to a capitated rate.**

Behavioral health benefits under California's Medi-Cal Managed Care Program are carved out from the physical health rates that the state negotiates with public and private managed care plans. Funding for the behavioral health care out has effectively been capped since 1996, and it is both an outdated and dramatically underfunded allocation that was realigned to counties in FY11-12.

Alameda County supports legislation that would direct the Department of Health Care Services to develop a true capitation system for local health authorities that accurately reflects the risks and managed care opportunities for all Medi-Cal recipients. This is often referred to as a case rate, or per member per month payment.

9. Define healthcare portals (including school-based health centers) as essential medical services that health plans are required to reimburse.

The State can require that managed care plans reimburse certain levels of service even if they are not directly contracted to the plan. These services are often referred to as essential health services, and they can be written into the contracts between DHCS and public and private health plans that offer coverage through Medi-Cal.

Alameda County supports efforts that would define healthcare portals as essential medical services, making them eligible for managed care plan reimbursement.

10. Eliminate the exclusion for arranging or providing emergency transportation under the Medi-Cal Administrative Activity (MAA) manual.

The California Medi-Cal Administrative Activity Manual currently reads:

Medi-Cal Non-Emergency Non-Medical Transportation (Activity D):

Arranging and providing non-emergency, non-medical transportation of enrolled Medi-Cal beneficiaries to Medi-Cal covered services provided by an enrolled Medi-Cal provider. When medically necessary, this activity may include the cost of accompanying Medi-Cal beneficiaries to Medi-Cal services.

Alameda County supports amending this section to allow MAA claiming for arranging or providing emergency medical transportation, which would be at no cost to the State. Alameda County could use local assessment revenues that fire departments already have as the Certified Public Expenditure – the State would act as a pass-through, the same way the State currently does under the 111t waiver and SB 695.

11. Request the State to develop guidelines for pediatricians and early dental education.

Alameda County supports increasing utilization and availability of oral health care services and education in locations frequented by pregnant women, teens, children and their caregivers. According to the Alameda County Strategic Plan for Oral Health 2012-2017, as early as 9-15 months of age, 20% of children at WIC had evidence of early childhood dental decay; that percentage rises to 70% for those age 16 months to 5 years. Additionally, children from low-income families suffer twice as much untreated decay as children from higher-income families, and children in Alameda County have twice the level of urgent dental care needs as comparable children surveyed statewide. Also 52% of pregnant women in California reported dental problems during pregnancy; of those, 62% did not get care and the most frequently cited reason was lack of perceived need by patient or provider. Studies have shown that dental decay infection in pregnant women raises the risk of dental decay infection in their children.

Alameda County supports guidelines that are aligned with our guiding principles that:

- Every child has the right to a dental home.
- Prevention (as far upstream as possible, e.g. pre-natal) should take precedence over cure but urgent needs met.
- Dental services should begin by the 1st birthday.
- Oral health is integral to overall health.
- Services should be best practices including education, nutritional counseling, assessment as well as treatment and be available where people can easily access them such as WIC or schools.
- Oral health education should be required.
- Local solutions should be reflective of the communities they are intended to serve.
- Dental health care providers should be representative of the diversity of the communities they serve.
- Outreach and case management are integral to enabling families to access and enjoy the dental health care and health care system.
- Oral health surveillance and dissemination are essential to achieving the goals of the strategic plan.
- Programs should be regularly evaluated.

12. Increase the number of ambulatory provider visits per day for patients.

Alameda County supports removing the same day visit exclusion under California's Medi-Cal program to promote the integration of behavioral health services and improve the patient experience.

State Legislative Policies

Realignment

Included in the Governor's 2010-11 Budget was a major shift of state program responsibilities to local governments. These responsibilities include oversight of various criminal justice and health and human services programs. The process began October 2011 with the shift of responsibility from the State to counties for the custody, treatment, and supervisor of low-level offenders.

Alameda County recognizes the intent of Realignment – that local delivery of these services can result in more efficiencies and cost effectiveness, and provide for rehabilitation of offenders who live in our community.

Alameda County supports the following:

- Funding formulas that do not disproportionately impact the County, or financial mitigation to address the disproportionate impacts if they occur
- An increase the Alcohol Tax to fund realigned health programs
- Maximum local control and flexibility in managing realigned programs, including the flexibility to reallocate funding among realigned programs, and suspend, reduce or eliminate programs if funding fails to cover costs

Health & Human Services

Community-Based Systems of Care for Seniors and Persons with Disabilities

While the 2012-13 State Budget included fewer cuts to health & human services programs than in prior years, significant cuts were made and the cumulative effect of prior year cuts have had a profound impact on programs serving our most vulnerable residents, including seniors and people with disabilities, who rely on systems of care that have been underfunded and severely compromised due to the looming state budget crisis and economic conditions.

Seniors and people with disabilities rely on systems of care that have been underfunded for years and have been severely compromised by cuts due to our current State budget crisis. California rates 48th in the nation on Home and Community Based Services spending per individual with intellectual and developmental disabilities served in the community (The Case for Inclusion, United Cerebral Palsy). The U.S. Census Bureau estimates there are 248,558 people five years and older with disabilities within Alameda County, representing 18.7% of the total population. Seniors account for 157,212 of the people residing in Alameda County, which represents 10.8% of the population. The number of people over 65 in California will double by 2030; one out of every five Americans will be defined as a senior.

HCSA proposes to increase the community's capacity to provide adequately funded support services, including but not limited to, developing affordable and accessible housing, employment support services, and accessible and affordable health care. Furthermore, HCSA acknowledges that disability is a natural part of the human experience that in no way diminishes the right of individuals to achieve the four goals of disability policy: equality of opportunity, full participation, independent living, and economic self-sufficiency.

The vast majority of adults with disabilities have incomes at or below 30 percent of Area Median Income, which qualifies as extremely low income. In Alameda County, 2,677 individuals with developmental disabilities will need affordable housing during the ten year period from 2009-2019. With the dissolution of Redevelopment Agencies, no sustainable State source of affordable housing funding, and drastic cuts to HUD, HOME and CDBG, the immediate future of affordable housing development for people with very low incomes is in jeopardy.

The impact of the 2007-2009 recession on workers with disabilities included job losses that far exceeded those workers without disabilities. Workers with disabilities are the first to be laid off and the last to be rehired when conditions improve. Many people with disabilities exit the labor force permanently during an economic downturn. Statewide, 80

percent of people with disabilities are unemployed. In Alameda County 85-90 percent of people with developmental disabilities are unemployed, and half of the 15 percent employed receive compensation below minimum wage.

Senior and disability services have sustained deep cuts that include reductions to Adult Day Health Care, In Home Support Services (IHSS), SSI/SSP, Regional Center services, and Medi-Cal.

- **Adult Day Health Care.** The elimination of Adult Day Health Care (ADHC) and the transition to Community Based Adult Services (CBAS) to avoid institutionalization has been challenging. Managed care plans are now responsible for health care **only**, which means the 880 seniors and people with disabilities living in Alameda County who formally received ADHC services lost day-to-day supervision, socialization, therapies and meals. In addition, Alameda County sites have experienced disproportionate CBAS denial rates when compared with sites in the rest of the State, prompting the Assembly Committee on Aging & Long Term Care to request an immediate review of the eligibility determination process. These problems, combined with a 10% rate cut, are forcing centers out of business and frail participants into nursing homes.
- **In-Home Support Services.** In Alameda County, over 17,600 people receive the in-home care that enables them to live safely in the community and avoid serious medical complications, including nursing home placement. The 2012 budget cuts include additional reductions in hours and services.
- **SSI/SSP.** In July 2011 the maximum monthly SSI/SSP grant for individuals dropped to the federal minimum of \$830 a month, or \$9,960 a year, which is \$930 below the federal poverty line. In Alameda County, about 53,000 people rely on SSI/SSP to meet their basic needs as their sole source of income.
- **Medi-Cal.** In 2011 there were \$1.4 billion in state cuts to Medi-Cal funding. In Alameda County, 34,000 low-income seniors rely on Medi-Cal to cover all or part of their healthcare costs. Reductions included a “soft” limit of seven physician/clinic visits per year; eliminating over-the-counter medications and nutritional supplements; introduction of patient co-payments; and a 10 percent reduction in reimbursement rates to providers.
- **Regional Centers.** Reductions include a 3 percent cut to service providers and Regional Center operations. Last year Regional Center of the East Bay received a cut of \$1.8 million to operations and an \$18 million cut to service providers. These cuts resulted in higher case manager caseloads (a hiring freeze left 18 case manager positions vacant), a reduction in quality assurance, and limitations or reductions in direct services. Significant trigger cuts, including a \$50 million reduction this year and a \$100 million the following year will have a devastating effect on families served.

These massive cuts to community-based programs threaten their sustainability and their ability to ensure the health and safety of the individuals they serve. Additional changes to existing law to achieve a target savings of \$20 million in the FY 12-13 includes a moratorium on new admissions to Developmental Centers with limited exceptions. The Americans with Disabilities Act, the Olmstead Decision and the Lanterman Act all affirm the right of individuals with disabilities to receive the services and supports that enable them to live independently. The reality of chronic underfunding serves to undermine these rights.

Alameda County supports:

- Both legislation and public policy that adequately funds community support systems and incorporates the four goals of disability policy: equality of opportunity, full participation, independent living and economic self sufficiency.
- Promotion of employment-first principles through public policy to increase employment among people with disabilities, including strategies that lead to integrated employment for persons with the most significant disabilities. These strategies will include statutes, regulations and operational procedures that will guide employment policy that leads to an increased employment rate for individuals with disabilities.

Healthcare Services

1. Healthcare Access and Affordability

The **Patient Protection Affordable Care Act**, the comprehensive healthcare reform law that went into effect March 2010, had its day in court when the Supreme Court ruling on June 28, 2012 upheld most of the key provisions of President Obama's health care law.

The decision restricts one major portion of the law: the expansion of Medicaid, the government health-insurance program for low-income and sick people. The ruling gives states some flexibility not to expand their Medicaid programs, without paying the same financial penalties that the law called for.

That said, several far-reaching components of the Affordable Care Act went into effect in 2011 including:

- Prescription drug discounts. The coverage gap referred to as the "donut hole" will be narrowed with the help of a 50 percent drug discount. Seniors that reach the coverage gap in their Medicare Part will automatically get a 50% discount on covered brand-name drugs.
- Free preventive care for seniors. Seniors now are able to get certain Medicare-covered preventive services such as an annual wellness visit, without having to pay the Medicare Part B coinsurance or deductible.
- Reduce health care premiums. Health insurance companies are required to spend a larger percentage of premium dollars on clinical services and activities that promote health care quality improvements.
- Addressing overpayments to big insurance companies. Medicare currently pays Medicare Advantage insurance companies over \$1,000 more per person on average than is spent per person in Original Medicare. The new law levels the playing field by gradually eliminating this discrepancy.
- Improving health care for seniors when they leave the hospital
- Increasing access to services at home and in the community

Affordable Care Act changes slated for 2012: This year the Affordable Care Act will encourage integrated health systems; reduce health disparities, as well as paperwork and administrative costs; link healthcare payments to quality outcomes.

Affordable Care Act changes slated for 2014: This is the banner year when several big-ticket reforms go into effect including prohibiting discrimination due to pre-existing conditions among adults; eliminating annual limits on insurance coverage; ensuring coverage for people participating in clinical trials; making care more affordable; establishing affordable insurance exchanges; increasing the small business tax credit; increasing access to Medicaid.

High-Risk Pools

As of March 2012, the Department of Health and Human Services said enrollment had reached 61,600 in the government's Pre-Existing Condition Insurance Plan (PCIP) for persons with pre-existing medical conditions. Fifty states and the District of Columbia have started either state or federally-administered high-risk pools for uninsured people with pre-existing health conditions.

California was the first state in the nation to enact legislation creating a health benefit exchange under federal health care reform. Individuals and small employers meeting federal citizenship requirements may enroll in the exchange. Federal health care reform makes tax credits and subsidies available in 2014 to Californians with incomes between 133 and 400 percent of the federal poverty level. The Exchange will ensure that Californians eligible for federally-authorized tax credits and subsidies get those benefits. Small employers with less than 50 employees may also purchase coverage through the exchange.

On August 23, 2012 the California Health Benefit Exchange was awarded its second federal Level 1 Establishment Grant to continue start-up, planning and development activities through June 30, 2013. This funding will support the design of the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) – the online enrollment system, as well as outreach and marketing to educate Californians and small businesses about the selection of affordable health plans. These efforts will help prepare California to enroll millions of residents in affordable coverage starting in 2014.

Uninsured

Estimates of the number of uninsured Americans have varied, partly because of differences in methodology. A U.S. Census Bureau 2011 overview of the uninsured noted that in 2010 the number of people without coverage was 49.9 million, down from 50.7 million in 2009.

- According to the U.S. Census Bureau, 60 percent of Americans get private health insurance through their employers; 53% of Californians have employer-based insurance.
- The National Health Interview Survey noted in 2011 46.3 million (15.1%) people in the U.S. was uninsured at the time of the interview.
- In the second quarter of 2012 almost 56% of U.S adults aged 26-64 were getting health insurance from an employer.
- The California Health Care Almanac (December 2011) reported that California now has the largest number of people without health insurance, 6.9 million, of any state in the nation.
- Low income Californian's are more likely *not* to have insurance: 37.8% of families with incomes less than \$25,000 have no health insurance. The greatest percent of uninsured Californians are Latino.
- About 6 in 10 of the uninsured have at least one full-time worker in their family; 16% have only part-time workers.
- In 2009 about 79% of the uninsured are U.S. citizens. The remaining 21 percent accounts for both documented and undocumented immigrants.
- More than 61% of uninsured adults have only a high school education, making it difficult to get jobs that provide health coverage.
- In 2010, 73 million people reported problems paying their medical bills or were paying off medical debt, up from 58 million in 2005. An estimated 44 million people were paying off medical debt in 2010, up from 37 million in 2005.
- The number of underinsured adults -- those with health insurance all year, but also with very high medical expenses relative to their incomes -- rose by 80 percent between 2003-2010, from 16 million to 29 million, according to a new Commonwealth Fund study

When the Supreme Court upheld the Affordable Care Act health care law, the ruling gave flexibility to States on whether or not to expand the Medicaid program. Alameda County supports policies that ensure the successful expansion of Medicaid.

For Health Care Reform to succeed, we need to maximize enrollment in health insurance. While there is evidence that having health insurance improves health outcomes, being eligible for a program is not the same thing as being enrolled, and being enrolled is not synonymous with access. Private health insurance can be cost-prohibitive for low-income people. Public insurance programs like Medi-Cal have burdensome enrollment processes that can be difficult for clients. Simplified applications and low-cost insurance will be necessary to maximize enrollment.

Additionally, there is a shortage of primary care providers. In order to increase access to primary care, we will need to increase provider rates and change payment structures to incentivize more efficient, lower cost services when available.

Alameda County supports policies that streamline health insurance enrollment (both public and private):

- Simplify applications and provide them in multiple languages
- Expand enrollment through community-based providers
- Ensure strong and successful Exchanges
- Remove language access barriers

Support policies that increase access to care:

- Innovations in health care delivery such as new, lower cost and more accessible treatment alternatives in schools, community colleges, faith based settings, fire stations, and other community setting.
- Reforms that incentivize efficiency of care and not just additional visits.
- Translations that are linguistically and culturally appropriate
- Medicaid expansion that provides primary and preventive care between pregnancies for up to two years for women who have had poor pregnancy outcomes.

Support policies that maintain a Safety Net System and improve the development of that system:

- Increase in provider rates.
- Improving care transitions (when a patient transitions between different levels of care, such as acute care, specialty care and/or primary care).

Support policies that provide healthcare to all, regardless of documentation status.

2. Behavioral Health

Behavioral health problems (mental health and/or substance use disorders) have a tremendous impact on the lives of Alameda County residents, imposing burdens on individuals, families, communities, and governments.

Mental illness is an important public health problem, both in its own right and because the condition is associated with other chronic diseases and their resulting morbidity and mortality. According to the World Health Organization (WHO), mental illnesses account for more disability in developed countries than any other group of illnesses, including cancer and heart disease. Rates for injuries, both intentional (e.g., homicide and suicide) and unintentional (e.g., motor vehicle), are 2-6 times higher among persons with a mental illness than in the overall population. Mental illness also is associated with use of tobacco products and alcohol abuse.

The effects of mental illness range from minor disruptions in daily functioning to incapacitating personal, social, and occupational impairments and premature death. The Centers for Disease Control and Prevention has reported that depression is the most common type of mental illness, affecting more than 26% of the U.S. adult population. It has been estimated that by the year 2020, depression will be the second leading cause of disability throughout the world, trailing only ischemic heart disease.

Support for the following items will assist Alameda County in providing a fiscally sound, comprehensive continuum of behavioral health services ranging from prevention/early intervention to treatment and recovery/support that will foster increased access to services, a reduction in stigma and discrimination and improved health outcomes for Alameda County residents with behavioral health conditions:

- **Development of a comprehensive minimum benefits package:** The Patient Protection and Affordable Care Act (PPACA) lists 10 categories of health care services that must be covered, including mental health and substance use disorders. It's important that within the final minimum benefits package there be adequate coverage of prevention/health promotion services, substance use disorder treatment services and a wide variety of mental health treatment services.
- **Strengthen community services and supports:** Services to seniors and disabled persons have sustained severe cuts over recent years, threatening the vitality and overall sustainability of community-based programs and leaving individuals with few options for community supports for alternatives to homelessness and government-funded institutional living.
- **Streamline health insurance enrollment:** Simple, user-friendly, multi-lingual, healthcare enrollment procedures and materials will improve consumers' access and participation into health care coverage. Enrollments and re-enrollments should be as easy for the consumer as possible and use existing administrative data from other government sources wherever possible.
- **Support expansion of health care workforce including behavioral health providers** – there is a significant shortage of primary and behavioral health care providers nationally and in Alameda County. Efforts to expand the number of well-trained, licensed, and credentialed professionals from diverse backgrounds are critical as the overall population ages and more individuals are covered by health insurance. There are critical shortages among people with specific cultural and language skills.
- **Support Medi-Cal funding for alcohol and drug screening and brief intervention services (SBIRT):** SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur. Research shows that SBIRT is an effective way to reduce drinking and substance abuse problems. A 2009 article in the journal Drug and Alcohol Dependence, for example, found an almost 68-percent reduction in illicit drug use over a 6-month period among people who had received SBIRT services.
- **Streamline health insurance enrollment:** Simple, user-friendly, multi-lingual, healthcare enrollment procedures and materials will improve consumers' access and participation into health care coverage. Enrollments and re-enrollments should be as easy for the consumer as possible and use existing administrative data from other government sources wherever possible.
- **Ensure the provision of care management through medical/health care home model services for all:** A medical home is a team based health care delivery model led by a physician that provides comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes. This is especially important for individuals with a mental illness since it has been documented that people with serious mental health challenges die 25 years younger of treatable health conditions (diabetes, cardiovascular and respiratory diseases, HIV and AIDS). Participation in this model would allow California to increase the federal match for healthcare home services. In addition, participation would help promote innovative, integrated health care delivery models for populations with special health care needs.

- **Relax licensure requirements for State reimbursement for peer support services:** Peer support services can play an integral role in an individual's recovery from a mental illness or substance use disorder and is an innovative way to save money. As a local example here in Alameda County, a pilot peer support program at John George Psychiatric Pavilion, funded through the Mental Health Services Act, called Mentors upon Discharge, has reduced the number of re-hospitalizations of participants in the project by 72 percent, which has equated to a significant cost savings. Peer support programs could be expanded within Alameda County and beyond if peer support/peer counseling for individuals with mental health or substance use disorders, who are in the recovery phase of treatment, could be considered a reimbursable service under Medicaid rehabilitation codes.
- **Include supported employment and education services as an eligible Medi-cal rehabilitation service –** individuals receiving Social Security disability face a wide range of barriers to return to meaningful work. The exclusion of evidenced-based employment services for disabled individuals on Medicaid presents a barrier for local mental health authorities that would like to expand these resources.
- **Expand permanent supportive housing for homeless and disabled individuals –** a wide range of research studies and policy papers have articulated the benefits of expanding permanent supportive housing (affordable housing coupled with appropriate supportive services) for homeless individuals and individuals with disabilities. California remains behind other states that have developed ongoing statewide commitments to further the creation of permanent supportive housing, e.g., New York, Louisiana. The Department of Health Care Services should allow health plans to develop innovative approaches to meeting the housing needs of their clients and should play a leading role in advocating for an expansion of affordable housing resources at the state and federal level. State legislators should continue to work on a permanent funding stream to support the creation of more affordable housing. Subsequent to the dissolution of Redevelopment Agencies affordable housing resources in California have taken a precipitous decline.
- **End the Medi-Cal lock out of reimbursable mental health and substance use disorder treatment services for incarcerated individuals:** Research shows that 50% or more of state prisoners meet the criteria for a diagnosis of drug abuse or dependence, but only 10% receive medically based drug treatment. Additionally, more than 8 in 10 returning prisoners have chronic physical, mental, or substance abuse conditions that create significant and distinct reentry challenges and service needs. Because of the link between substance abuse and crime, allowing for Medicaid reimbursable treatment services to incarcerated individuals has the potential to yield substantial health and economic benefits.

3. Environmental Health Protections

Pesticide Permit Requirements

The National Pollution Discharge Elimination System (NPDES) permit program controls water pollution by regulating point sources that discharge pollutants into waters of the United States. Prior to a 2009 Circuit Court ruling, pesticide applications were regulated under separate regulations which acknowledged the difference between pesticide applications from "end of pipe" discharges of pollutants. Pesticide and pollutant discharges can come from a variety of sources: 1) directly from agricultural run-off; 2) pesticide spraying; 3) illegal discharge into catch basins; 4) aerial spraying; and 5) spray drifts. Presently, the NPDES permitting process is under the purview of the California's State Water Resources Control Board. The decision reinterpreted the Clean Water Act (CWA) and brought these public health pesticide applications within the CWA jurisdiction "if the application is in, over or near waters of the United States." This change constitutes a considerable increase in the scope of the original statute and it ignores both the original intent of the legislation and the successful vector control practices in place for more than 30 years. Complying with the provisions of the permit will significantly increase cost to the State of California and local governmental agencies that

provide mosquito and vector abatement services to protect public health and welfare, without providing any significant environmental benefits.

The mosquito and vector control districts apply integrated pest management techniques, e.g., using monitoring, environmental manipulation, sanitation, biological controls, and chemicals to control mosquitoes and vectors. Their pesticide usage comprise of approximately 5% of the pesticide discharges in California. Agricultural (70%) and residential (25%) are the two big pesticide applicators.

Ultimately, the new regulation impedes mosquito and vector control district's primary mission of protecting public health by controlling mosquitoes and other vectors that can transmit pathogens to humans and their pets. This is especially acute now that West Nile virus is resurging in California. The NPDES impedes mosquito and vector control efforts in the following ways:

- Under the NPDES permit, public health pesticides used to reduce mosquito populations, rodents, and yellowjackets are now considered pollutants, even though they have been approved by the US EPA.
- NPDES limits the use of the few registered pesticides that are available to control mosquitoes and vectors and adds a lengthy process in reviewing and registering new pesticides for the control of these pests.
- Costly and complex monitoring is now required to monitor pesticide applications, bioassay, and determine effects on non-targeted organisms. A bioassay is a set of laboratory experiments to determine outcomes which include: cause and effect; dose responses; toxicity; and pathogenicity. These requirements do not provide additional environmental or human protection.

The potential impact of the NPDES permit will vary. In some areas, mosquito and vector control districts will not be able to control mosquitoes and other pests as efficiently and timely as in the past. In some areas, the public may see more mosquitoes because mosquito control resources may need to be diverted to address NPDES regulations.

During the 2011-12 legislative session, the California Mosquito & Vector Control Association supported HR872, the "Reducing Regulatory Burdens Act of 2011." HR 872 would have amended the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) and the Federal Water Pollution Control Act to clarify the intent of Congress regarding the regulation of pesticides. Specifically, it would direct federal and state governments not to require an NPDES permit under the Federal Pollution Control Act for discharge of a pesticide or residue registered under the FIFRA with a few limited exceptions. HCSA supports any similar legislation that would be introduced in the 2013 legislative session.

Bed bugs

Bed bugs are blood-sucking nocturnal pests that feed on human blood. They have not been incriminated as vectors of pathogens to humans; nevertheless, when bitten by bed bugs, some sensitive individuals will develop a variety of skin rashes. During the past decade, bed bugs have made a resurgence and are now found in Alameda County. Our neighbor across the bay, San Francisco is ranked #8 in the Country as the most bed bug infested city based on the number of bed bug service calls recorded by pest control companies. Henceforth, the City and County of San Francisco has enacted a Bed Bug Ordinance—to curtail the spreading and the management of bed bugs. Presently, there are no cost effective and proven techniques to control bed bugs. Early detection and reporting of bed bugs are the only two effective intervention methods to stop their spreading.

In the wake of these infestations, lawsuits brought by people bitten by bed bugs have become rampant, and are bringing the potential for substantial financial penalties when the offending party failed to provide adequate bed bug control. However, as mentioned above, controlling bed bugs is not easy and effective methods have yet to be discovered. Pest control operators are not properly trained to detect bed bugs and apply pesticides needlessly to control them. Bed bugs are easily transported from an infested area to an un-infested home via luggage, infested mattresses and furniture, and on public transit buses. From a biological advantage, bed bugs can live months without a blood meal and it takes only a

mated female to start an infestation. Despite the news headlines, public awareness of bed bugs is low and with misguided information. Bed bugs are a big problem in places with a high turn-over rate such as single occupant hotels, homeless shelters, youth hostels, and hotels. Failing to take bed bugs seriously is one of the most dangerous positions to assume. People, by and large, are appalled at the presence of bed bugs. There is a stigma about bed bugs that call up images of un-cleanliness and, in particular, the prospect of being bitten while you sleep. Already lawsuits and large punitive settlements have been awarded to people who have claimed to be bitten by bed bugs in hotels, dormitories, and other housing establishments.

It will only be a matter of time when a hotel guest or tenants will file a lawsuit in Alameda County against a hotel or properties for the pain and psychological suffering from a bed bug bite. The HCSA supports state legislation similar to San Francisco's Bed Bug Ordinance.

4. Reducing Inequities in Chronic Disease

In Alameda County there are racial and ethnic disparities in premature deaths, incidence of disease, and health care access and utilization. Communities of color and low-income communities continue to fare poorest on most key indicators tracked over time by the Alameda County Public Health Department. African Americans are more likely to report fair/poor health status compared to Whites and low-income adults are over four times as likely to have fair or poor self-rated health as those from high-income households.

- **Nutrition and Physical Activity:** The three leading causes of death overall in Alameda County are heart disease, cancer, and stroke. This is consistent across all racial and ethnic groups with the exception of Native Americans. However, African Americans die from stroke and cancer at a significantly higher rate than all other racial and ethnic groups; the heart disease mortality rate is highest among Native Hawaiians/Pacific Islanders. The overall trends and health inequities for each of these three diseases are in decline. African American and Pacific Islander diabetes mortality rates were substantially higher than other racial/ethnic groups as well. Individual factors such as unhealthy eating habits, physical inactivity and broader social and environmental factors that determine individual behavior choice are major causes of all of these diseases as well as diabetes, high blood pressure, obesity and osteoporosis.

Physical activity is important in preventing obesity and other chronic conditions such as diabetes, heart disease, osteoporosis and some types of cancer. A growing body of literature suggests that features of the built environment influence physical activity including neighborhoods with amenities within walking distance to work, school or home and perceived access to and safety of places to be physically active. In Alameda County, 38.5% of adults reported being physically active, with Whites being 1.5 times more likely to be physically active as African Americans.

Research has shown that people make food choices based not only on personal preference but environmental factors such as food access, availability, and affordability. Low-income neighborhoods are less likely to have healthy food choices and more likely to have a higher concentration of fast food restaurants than affluent neighborhoods. In Alameda County, half of all adults (50.2%) consume the recommended five servings of fruits and vegetables a day – considered an essential part of a healthful diet and a key to preventing several chronic diseases. Only one in 3.5 (28.1%) adolescents has the recommended daily servings of fruits and vegetables. Low-income adults are much less likely to consume fruits and vegetables than high-income adults. Over one in six (16.9%) Alameda County residents consumes fast food (considered an unhealthy diet) three or more times a week.

More than one-third of U.S. adults – more than 72 million people- and 16% of U.S. children are obese. Since 1980, national obesity rates for adults have doubled and rates for children have tripled. In Alameda County, 29.3% of adults were overweight and 44.7% were overweight or obese. Males were substantially more likely to

be overweight than females. Whites and Latinos were most likely to be overweight of all racial/ethnic groups. But African Americans had the highest prevalence of obesity (42.4%) – over five times the rate among Asian/Pacific Islanders and 2.4 times the rate among Whites. Among children, Pacific Islanders had the greatest overweight proportion (43.4%) and Asians the lowest (18.8%). African Americans are twice as likely to have diabetes as Latinos. Adults who did not complete high school were almost twice as likely to have diabetes as those with a high school degree or higher. Only about one in four adolescents 12-17 years has the recommended servings of fruits and vegetables compared to half of adults (28.1% and 50.2% respectively). In the 2008-2009 school year, 29.1% of students in the county were overweight.

- **Tobacco:** Tobacco-related illness remains the number one preventable cause of death in California and the U.S. It is responsible for an estimated 36,684 deaths in California each year. The California Air Resources Board declared in January 2006 that secondhand smoke is a toxic air contaminant, and the U.S. Surgeon General declared in June 2006 that there is no safe level of secondhand smoke. Almost 500,000 California children 18 years of age or younger are projected to die from smoking related disease. Additionally, regular exposure greatly increases a child's chances of premature births, low birth weight, Sudden Infant Death Syndrome, asthma, ear infections, lung infections and damage to lung function. Over 95% of adults addicted to tobacco began smoking as teenagers. Tobacco companies utilize a variety of advertising techniques including point of sale ads, direct mailing and social media targeted at attracting young persons to become future addicts. Tobacco ads and price discounting are disproportionately targeted to low-income neighborhoods and communities of color.

Asthma is a chronic disease that causes inflammation in the airways. It is the leading cause of hospitalizations for children under age 5. Alameda County has the second highest rate of asthma in the State. Environmental factors such as secondhand smoke and other sources of air pollution are significant triggers for asthma attacks.

Recommended Proposals: Unless the rapidly increasing problem of unhealthy eating and physical inactivity is addressed, the costs and consequences associated with the obesity epidemic will also continue to increase at an alarming rate. Legislative solutions that could begin to address this problem include:

- **Require and enforce mandatory physical education in schools K-12** – Daily participation in P.E. classes is down from 42 percent in 1991 to 28 percent in 2003, among U.S. high school students. In California, more than 15 percent of teens reported that their school either does not require or offer P.E. classes. Many children do not participate in physical activity during out of school hours because it is not accessible or affordable. Currently, physical education is only required for two of the four years of high school. Increased physical education time in moderate to vigorous physical activity will also impact the quality of movement that children and youth receive during the school day.
- **Promote the initiation and prolonged duration of breastfeeding** – Breastfeeding has been proven to provide a broad range of health benefits to both baby and mother including reducing a child's chance of becoming overweight or obese. Efforts to encourage and support breastfeeding are necessary to develop a foundation of good health.
- **Limit the marketing of junk food to children** – The Institute of Medicine recently issued a comprehensive list of recommendations to combat the obesity crisis, including the creation of guidelines to limit the marketing of junk food to children. In recent years this kind of marketing has exploded adding fuel to this growing epidemic.
- **Expand the availability of healthful foods and decrease the availability of unhealthful foods.** Healthful and nutritious foods must be made more easily available in low-income neighborhoods paired with a decrease in access to non-nutritious foods and beverages. Greater accessibility to healthful food will facilitate efforts to reduce obesity and related diseases. The State's pilot program to increase access to healthful foods should be

expanded and greater financial incentives and/or assistance should be provided to retailers to implement the needed changes.

- **Decrease the availability of unhealthful beverages through a soda tax or fee.** Approximately 60% of adolescents and 31% of children consume one or more sodas per day in Alameda County, according to a 2009 study by the California Center for Public Health Advocacy. Greater consumption of sweetened beverages is associated with overweight and obesity among both adults and children and reducing consumption of soda and other sweetened drinks leads to reductions in overweight and obesity. Efforts to impose industry fees and/or taxes on sodas and other sugar-sweetened beverages could have a significant impact on lowering rates of obesity and diabetes. Acknowledging that this is a regressive tax and could impact the low income community more, the resultant increase in revenue should be held in a separate fund for the promotion, initiation, and support of increasing fresh fruit and vegetable availability in low income neighborhoods affected by the obesity epidemic. Such a tax or fee could raise as much as \$1.5 billion for chronic disease prevention.
- **Improve utilization of food assistance programs** – The complexity of applying for and maintaining eligibility for food assistance programs is frequently a barrier to low-income families. Streamlining the application for nutrition programs would greatly impact the numbers of children served. Efforts to simplify these procedures to increase enrollment in the CalFresh (formerly Food Stamps), Women, Infants and Children (WIC), and School Meals Program (Breakfast/Lunch) are being actively pursued in Alameda County. The Alameda County Community Nutrition Action Partners (CNAP) worked in partnership with state legislators to amend the State Education Code to allow for the sharing of application data across other USDA food/nutrition program lines. This action will allow “well” utilized USDA Programs such as the WIC Program to share client application data with the “under” utilized USDA food/nutrition programs of CalFresh and School Meals.
- **Only 51% of eligible people receive CalFresh in Alameda County in 2008.** The California Food Policy Advocates and America’s Second Harvest outlined the problem in their studies “Knocking Down Barriers” and “The Red Tape Divide: State-by-State Review of Food Stamp Applications” respectively. Alameda County supports all efforts at the State Legislative level to simplify the CalFresh application and eligibility process (specifically eliminating finger imaging). These changes are thought to increase participation in the CalFresh Program.
- **Reduce smoking and limit secondhand smoke exposure and decrease youth access to tobacco and nicotine products and marketing:** The Public Health Department supports provisions that 1) protect individuals from secondhand smoke exposure, 2) strengthen laws to reduce youth access to tobacco products, 3) counter pro-tobacco influences including advertising and media images or content, 4) reduce or eliminate the retailing of new tobacco or nicotine products, and 5) promote tobacco cessation.
- **Create “Asthma-Friendly” communities:** ACPHD supports policies that create "Asthma-Friendly" communities, especially those that eliminate the disproportionate burden of asthma for people living in poverty and communities of color. This goal can be achieved through optimizing the diagnosis, treatment and management of asthma by adherence to the current National Heart Lung and Blood Institutes asthma guidelines; expanding the reach of proven case management programs for serving persons with asthma; utilizing community health workers and trained professionals; improving air quality and reducing diesel emissions in our communities.

A study by the California Center for Public Health Advocacy found that the total annual estimated cost to California for overweight, obesity and physical inactivity was \$21.0 - 41.2 billion for overweight and obesity, and \$20.2 billion for physical inactivity in 2006. Health care costs totaled \$20.7 billion and lost productivity costs reached \$20.4 billion. Health care costs associated with overweight and obesity were \$12.8 billion while health care costs associated with physical inactivity totaled \$7.9 billion. Finally, lost productivity costs associated with overweight and obesity were \$8.2 billion, and lost productivity costs associated with physical inactivity were \$12.3 billion.

In 2005, asthma hospitalization costs totaled \$763 million in the state of California with 61% being paid by the Medi-Cal program.

Tobacco takes a tremendous toll on all Californians. Smoking-related diseases currently cost California more than \$18 billion every year. Direct health care costs of smoking account for 54 percent of the total cost of smoking in California (\$8.6 billion). Tobacco costs an estimated \$4 billion every year in hospital care of current and former smokers.

5. Disaster Preparedness and Public Health Infrastructure

The recent hurricanes and flooding in the Midwest and Southwest, the 2012 summer heat waves throughout the US, Midwest drought, wildfires in California and Texas both this year and last year clearly demonstrate the need to ensure that we have systems in place in Alameda County to respond in a timely manner to a disaster. The projections of more frequent and severe extreme weather events, as well as a potential earthquake on the Hayward fault, must also be taken into account. The H1N1 influenza put tremendous pressure on the public health and health care system infrastructure as well. In 2010 and 2011 the system responded to pertussis cases (whooping cough). The Mehserle verdict and Occupy events in Oakland also required coordinated planning and response from the public health and health care system to ensure hospitals, clinics and ambulance providers were prepared to treat the injured, if the situation escalated. The Public Health Department continues to work in collaboration with other County, State and Federal agencies, local hospitals and clinics, and other institutions to strengthen our communications and responsiveness. However, without a reinforced Public Health infrastructure, an adequate long-term health response to future disasters will become increasingly more difficult. This is at a time when some of the funding for disaster preparedness is being reduced.

To improve the County's preparedness for any form of disaster or event, addressing and prioritizing the following systems to enhance skills and capacity in these functional service areas are recommended:

- Surveillance and epidemiology
- Public health laboratories
- Communications systems (interoperable systems)
- Pharmacy needs
- Emergency medical services
- Training and coordination of disaster service workers
- Training and coordination of health care personnel and volunteers
- Credentialing system
- Emergency medication/vaccination dispensing sites
- Municipal and utility service operations, i.e.; water, wastewater, electricity

The following will ensure that our State and local disaster response systems are adequately prepared to respond in the case of emergency or crisis situation:

- **Promote public health workforce development:** A qualified public health workforce is needed to staff our frontline response to natural disasters and to potential biological threats. However, an estimated 43% of the State's public health workforce could be lost in the next couple of years due to retirements and other factors. Legislation to promote the recruitment and retention of new public health professionals to replace our aging workforce should be supported. Priority should be given to recruit members of underserved and under-represented populations into the public health and emergency response workforce.
- **Improve communication between disparate organizations and levels of government:** Clear leadership at the State level provided by the State Department of Public Health should promote this kind of communication. In

addition, regional planning must take place to create communications systems that will be functional in a mutual aid response situation. Additional funding may be needed to support such systems.

- **Develop systems to ensure that services can be delivered in a timely and efficient manner** to vulnerable populations. Special consideration needs to be given to serving vulnerable populations, including: children and adults with disabilities requiring functional or access support services, low income populations, seniors, children and individuals with language barriers, in a manner that will be accessible and inclusive. Pre-planning for disaster response must be focused on those who will be least able to help themselves in the event of a large-scale public health emergency.
- **Support legislation which promotes funding opportunities for pre-disaster mitigation:** Pre-disaster mitigation is especially important to protect first responders, the safety net and public health infrastructure, so that California can respond to all disasters without being vulnerable. For example, retrofitting fire stations and hospitals is needed so that the buildings will not be damaged in earthquakes.
- **Prioritize no cost or low cost training opportunities that promote skill development:** The State should promote a system to ensure all government, first responder, first receiver staff and other professionals are adequately trained in preparedness and response systems, communication and specialized targeted skills, where appropriate.
- **Support legislation which promotes the improvement of Municipal Service Utilities to help ensure service delivery before, during and after an event:** California's aging infrastructure is widely held as a priority to its overall health and well-being. However, if and when confronted with major service interruptions due to catastrophic events, whether natural or manmade, public health impacts could be immediate and costly (e.g. spread of disease due to contaminated water sources and/or improper disposal of waste materials).
- **Support Public Education and Awareness to the reality of a disaster or emergency event:** Institute outreach activities and promote resources to educate the general public about the importance of general sanitation practices during an event to help minimize the spread of disease as a result of an event.

To address all of these needs, a significant infusion of funds and increased collaboration will be needed. However, this infusion of funds would be outweighed by the greater cost of not investing in the public health infrastructure should there actually be a large scale disaster in the Bay Area and/or in Alameda County. **The Public Health Department proposes identifying federal and/or State dollars designated to preparing for and responding to disasters to address county health needs.**

6. Reducing Inequities in HIV

HIV/AIDS impacts many communities in Alameda County. During the period of 1980-2008, a total of 9,698 HIV/AIDS cases were reported to the Alameda County Public Health Department (ACPHD) epidemiology surveillance unit. Of this total, 5,439 (56%) are people currently living with HIV/AIDS.

The annual incidence rate of new HIV infections has not fallen in nearly two decades. The impact of this trend on behavior risk groups and minority populations is significant. Recent cuts to prevention and testing programs from the California State Department of Health will have devastating consequences for some of our most vulnerable populations.

Alameda County supports the following items that promote and allow programs for comprehensive reproductive health education in school settings, provide health education and risk reduction strategies for individuals engaging in risky behavior, and increase funding for services for HIV positive individuals.

- **Needle Exchange Programs:** Injection drug use is the second leading cause of HIV transmission and the leading cause of Hepatitis C infection in California. The link between injection drug use and HIV in California is particularly strong for women and people of color. In Alameda County, injection drug use accounts for 24% of all AIDS cases among African Americans and 35% of all AIDS cases among women. Studies of needle exchange programs have repeatedly shown that these efforts are successful in reducing the spread of HIV and Hepatitis C while showing no increase in the use of injection drugs.

Current law requires that a county, through their Board of Supervisors, authorize the exchange of clean hypodermic needles and syringes as part of a network of comprehensive services, including treatment services. Alameda County first authorized needle exchange program services in December 1999.

The ACPHD also supports pharmacies that have enrolled in the Pharmacy Syringe Sale and Disease Prevention Project. This program has been proven highly effective in providing increased access to clean syringes when someone is not able to get to a syringe exchange site. Currently in Alameda County, more than seventy pharmacies have enrolled in this program.

- **Comprehensive Reproductive and Sexual Health Programs for Teens:** National and statewide teen birth rates (births per 1,000 females ages 15 – 19) were on the decline since 1991. In 2006 U.S. teen birth rates increased for the first time since 1991. Our county rate has increased over 9% from 2005 – 2007. In 2008 the Latina teen birth rate (50.1 or 714 births) was over seven times higher than the Asian rate (7.1 or 73 births) and over five times higher than rates among Whites (9.0 or 122 births). The African American rate for teen births (34.3 or 328 births) is five times higher than the Asian rate (6.9) and over four times higher than rates among Whites (8.3). The highest rates of teen births are in areas of Oakland that include Fruitvale, East, and West, and among foreign-born teens.

The number of some Sexually Transmitted Infections (STIs) in young women under the age of 20 is almost equivalent to the numbers reported for all other women over the age of 20. This illustrates the high levels of unprotected sexual activity occurring in this population, creating greater opportunities for HIV transmission. Current AIDS data reflects that young people, age 13 – 19 represent .4% of the cases.

It is important to fund comprehensive reproductive and sexual health programs which stress abstinence, while also educating young people about contraception, family communication, responsible negotiating and decision making skills.

- **Condom Distribution and HIV Testing in Jails and Prisons:** At present, the distribution of condoms is prohibited within the County jail and State and federal prisons. Rates of many diseases are higher for the incarcerated than for the total US population. Among the incarcerated, rates of HIV are 8-10 times higher.

Given the prolonged rates of incarceration and the cyclical nature of the system, many inmates are not equipped to access health services when released. When HIV and other STIs are not prevented during incarceration, nor diagnosed in a timely manner, a greater transmission risk is incurred for their community partners. Condom distribution and routine, non-mandatory, HIV testing should be allowed in jails and prisons in order to prevent the spread of these diseases within the inmate population and among their partners in the community.

An increase in successful demonstration projects will inform future policies of criminal justice systems and will further address the need to reduce HIV incidence.

- **Medi-Cal Coverage for Formerly Incarcerated Individuals:** In order to assist HIV positive individuals with the transition of their HIV treatment during reentry from State prison and County jail, we support any legislation that will automatically re-enroll released inmates into Medi-Cal.
- **HIV Testing:** Support routine offering of HIV testing in all medical settings so that HIV testing would be administered in the same manner as diabetes and tuberculosis screenings.
 - Support simplification and streamlining of the billing process for HIV testing with private insurance and Medi-Cal. Although it is legal for a person, ages 13 to 18, to confidentially test for HIV, current Medi-Cal billing practices inform parents of the test.
 - Ease restrictions on who can perform HIV Rapid Testing. Currently, only licensed medical practitioners and State-Trained HIV test counselors are allowed to administer the HIV Rapid Test, specifically under state-funded programs. This restriction does not exist in most other states and is severely limiting California's state-wide HIV testing efforts.
- **AIDS Drug Assistance Program:** The AIDS Drug Assistance Program (ADAP) is a very important part of Ryan White funding, and pays for prescription drugs for people who have limited or no coverage for medications and can't otherwise afford them. The program is managed by states, and most of them also contribute to the funding. The benefits and eligibility requirements vary widely state-by-state. The programs are in a funding crisis across the country.

California's ADAP is one of the best programs in the country. It has been carefully constructed with advice from medical and community experts to provide access to a comprehensive list of life-saving medications.

The program keeps HIV positive Californians healthy and delays or prevents further disease progression and more costly care. Additionally, effective treatment lowers viral load (the amount of virus in the body). Evidence indicates that people with lower viral loads are less likely to transmit HIV to others. ADAP supports individual health and the larger public health.

The ADAP Eligibility Criteria requires clients to be uninsured or under-insured for the cost of medications, have an annual Federal Adjusted Gross Income of less than \$50,000 (clients with incomes greater than 400% of the Federal Poverty Level might have a "share of cost" co-payment), have an HIV/AIDS diagnosis, and be 18 years of age.

More than 1,786 People Living with HIV/AIDS (PLW HIV/AIDS) throughout Alameda County received more than 47,131 prescriptions in FY 2010-11, at an approximate cost per client of \$8,300 and a total cost of more than \$14.8M. At Santa Rita Jail (SRJ), approximately 200 incarcerated PLW HIV/AIDS per year receive almost 2,000 prescriptions at an approximate cost per inmate of \$3,000 and a total cost of approximately \$600,000. As of July 1, 2010, these SRJ costs have been assumed by the Alameda County Sheriff's Department because the State defunded ADAP coverage for city and county jail inmates to save approximately \$9 million statewide per year. California ADAP funding sources for FY 2012 are: Federal Ryan White Part B funds (approximately \$113.6 million), State General Funds (approximately \$16 million), reimbursements of approximately \$17.2 million and rebate funds paid to ADAP by pharmaceutical companies for drugs that have been purchased by the program (approximately \$293 million). Rebates generated by the program are kept in the ADAP "Special Fund".

As the number of people living with HIV continues to increase, more State and federal funding will be required to maintain ADAP services in the community and to restore ADAP services for PLW HIV/AIDS when incarcerated at Santa Rita Jail.

The average lifetime cost of healthcare for a person living with AIDS is over \$600,000, or \$24,200 per year. Programs such as needle exchanges, comprehensive reproductive health training for teens, condom distribution in jails and prisons, HIV testing and ADAP are cost-effective methods to limit these exorbitant healthcare costs.

7. Alcohol Policy Principles

Current law and regulation provide valuable tools that can be used to develop strategies for changing many high-risk environments in which alcohol and other drugs (AOD) are used. This "environmental" approach to AOD prevention focuses on changes in laws, public policies and social norms to reduce and prevent problems related to the use of alcohol and other drugs. The principles noted below, when applied through actual legislative changes, will enhance the ability of concerned community and neighborhood groups to reduce and prevent alcohol and other drug related problems.

The ACPHD proposes the adoption of the seven principles discussed below in order to reduce alcohol-related problems and foster the development of healthy communities. The ACPHD anticipates the introduction of related state legislation in the future, to which the department will respond based on these stated principles.

- **Reduce the social availability of alcohol to youth:** The availability of alcohol to youth through social sources, including parents, older siblings, or teen parties, must be reduced or eliminated. Social host liability laws, which subject adults providing alcohol to persons under the age of 21 to civil action and hold them accountable for injuries that occur as a result of underage drinking, represent a means of achieving this goal.
- **Stop the targeting of youth for alcohol advertising:** It is currently very difficult for parents and other adults to control a youth's exposure to alcohol advertising, marketing, and promotions, which frequently associate alcohol use with success, attractiveness and popularity. Strategies for addressing this problem may include: Limiting the sponsorship of community events by the alcohol industry, tightening section 25664, the advertising to minors section of the Alcohol Beverage Control code and supporting enforcement of existing local advertising regulations that control the placement and display of advertising.
- **Reduce the availability of alcohol products targeted to youth market:** Alcohol products such as flavored malt beverages (alcopops), with their colorful packaging and fruity sweet flavors, are targeted to underage youth, particularly young girls. Marketing the products as "malt" beverages (beer), despite their being primarily distilled spirits, has allowed them to be taxed at a significantly lower rate, advertised on TV, and sold in convenience stores, small markets and other "beer and wine" stores. Taxing alcopops as distilled spirits and limiting sales to Type 21 off-sale licensees will significantly reduce the access and availability of this product to underage youth. Other products that are targeted to youth are Alcohol Energy Drinks, which are prepackaged beverages that combine alcohol with caffeine. The Marin Institute researched these beverages and found that youth aged 14-20 who combined energy drinks with alcohol reported doing so in order to hide the flavor of alcohol, to be able to drink more and to stay awake longer, among other reasons. Youth who drank alcohol mixed with energy drinks were at higher risk of negative consequences such as violence and driving while intoxicated, compared to youth who drank alcohol without caffeine. SB 39, chaptered in 2011, addressed the concern of Alcohol Energy Drinks by prohibiting their sale in California.
- **Renew efforts to deter alcohol-impaired driving:** Between 1999 and 2008, California experienced 8,338 alcohol involved fatal collisions which resulted in 9,657 persons killed. Nationally there has been a 37% increase in alcohol-impaired driving from 1997 to 1999, where it has remained since 2002, despite safer cars and highways. Policies to deter alcohol-impaired driving include: lowering the legal blood-alcohol levels, prompt suspension of a driver's license for people arrested for driving under the influence, expanded sobriety checkpoints, alcohol-ignition interlock programs and sustained health education that includes efforts to reduce binge drinking.

- **Reduce the overconcentration of alcohol sales establishments in neighborhoods:** A high concentration of retail alcohol licenses in communities is considered a risk factor for youth growing up in that environment. There is a correlation in Alameda County of health inequities in neighborhoods with a high concentration of alcohol establishments. Public health research has consistently linked high crime and violence rates to high concentrations of alcohol licenses. Policies that can reduce the current number of licenses, or number of problem licenses, and/or limit new licenses from being placed in neighborhoods already over-concentrated should be supported. Reducing over-concentration will reduce health inequities and improve the health, safety and quality of life in our communities. This can be accomplished by (1) the systematic and sustained enforcement of regulations that includes outreach, education, monitoring and an enforcement program funded by an annual fee paid by alcohol retailers to reduce over-concentration through attrition; and (2) limiting the active status of new alcohol permits to 10 years, at which time the permit will have to be reviewed prior to renewal. The goal is to promote a balanced environment of retail sales activities in neighborhoods, and reduce the dependence on alcohol sales for revenue.
- **Support alcohol taxes to pay for public health and safety costs, reduce alcohol harm and underage drinking:** Alcohol taxes have not been raised in California since 1992 when the tax was increased by a penny per drink. Since that time, the real value of alcohol taxes in California has decreased 45 percent due to rising inflation. Raising alcohol taxes has been shown to be a highly effective tool in reducing a wide range of harm and consequences among all age groups. Such harms include alcohol dependence, liver cirrhosis, and risky sexual behaviors leading to STDs, traffic fatalities, and especially underage drinking. For example, adjusting the federal beer tax for the inflation rate since 1951 would have reduced automobile fatalities among 18- to 20-year-old youths by 15%. A report issued by the Institute of Medicine specifically recommended raising taxes on alcohol as the most comprehensive and effective method of reducing underage drinking. The total economic cost of alcohol in California is \$38.4 billion annually. This translates to roughly \$1,000 per California resident each year. An alcohol tax would help to reduce the use of alcohol and mitigate its negative consequences.

8. Promote a Healthier Built Environment

The “built environment” refers to the human-made surroundings that provide the setting for human activity, such as roads, buildings, sidewalks, farms or parks. Public health professionals understand the powerful impact the built environment has upon health choices and outcomes, and planners comprehend the strong correlations between what makes a well-designed community for design’s sake and what makes a well-designed community for health’s sake.

With the passage of AB 32 and SB 375 that require the reduction of greenhouse gases (GHG) and the integration of transportation, land use and housing planning, California is on the forefront of built environment policies. The implementation of these two bills at the regional and local level can have an impact on planning decisions in local communities to reduce GHG and improve health.

Transportation decisions regarding funding allocation priorities for capital transportation projects (highway expansions) versus “alternate” transit projects (buses, bike routes, & walking paths) will determine our long term effectiveness in reducing greenhouse gases, which ultimately improve overall health. As climate change becomes more prevalent, these decisions become more crucial, as they will have consequences for the economy as well as the public’s health.

There is a growing recognition of how the built environment has impacted the obesity epidemic in this country. A major factor in our expanding waistlines is a built environment that implicitly discourages physical activity while encouraging the consumption of greater quantities of energy-dense, low-nutrient foods. Risk factors include an absence of grocery stores or access to healthy fresh foods in low-income neighborhoods, a concentration of low-quality, nutrient-poor junk food in convenience stores, liquor stores, or fast food establishments, and conditions that discourage walking by not providing sidewalks, adequate lighting, or safe crosswalks across busy streets.

In addition to obesity, there are additional links to be made between the built environment and health. Road design and the location of polluting industries affect air quality and thus rates of asthma and other lung diseases. Street design and traffic congestion can make pedestrians vulnerable to traffic injuries and death. The placement of jobs and services away from homes without viable and affordable public transit options decreases opportunity for social interaction and access to jobs, and increases reliance on air polluting cars.

It is also well established that environmental contaminants are associated with neuron-developmental disorders such as learning disabilities, autism spectrum disorders, attention deficit/hyperactivity disorder, intellectual disabilities and developmental delays.

Alameda County supports policies and legislation that would:

- Require a health element in, or health language throughout, all general and regional plans.
- Require inclusionary housing policies which require mixed-income housing development.
- Prevent the negative consequences of vacant and blighted property.
- Increase access to affordable, “green”, healthy, quality and safe housing – particularly for low-income people of color
- Support a new permanent source of funding for affordable housing.
- Support new housing located at a safe and healthy distance from polluting sources, such as freeways, ports and business with toxic emissions, particularly for low-income communities of color and vulnerable populations. When not possible, ensure appropriate indoor and outdoor mitigations are put in place.
- Increase access to grocery stores, farmers’ markets, and other sources of fruits and vegetables throughout communities, particularly for low-income communities of color.
- Limit access to liquor, tobacco, and unhealthy food outlets.
- Locate higher density housing near rail and bus lines, while setting standards to protect for mitigating risks associated with density.
- Reduce toxic emissions and chemical exposures, as well as other environmental contaminants that harm the public’s and worker’s health.
- Access opportunities for developing sustainable built environments that reduce urban heat island effects and other climate impacts on health, specifically in low income communities of color.
- Increase funding for and access to parks, trails, green open space, and recreation centers.
- Ensure that a higher proportion of federal, state and regional transportation funding is allocated to reduce car trips and increase the availability, accessibility, and affordability of public transit options, walking and biking.
- Develop programs and support policies that increase pedestrian and cycling mobility, reduce car trips, and calm traffic.
- Promote the use of universal design to ensure accessibility for persons with disabilities.
- Maintain a public input process in the California Environmental Quality Act (CEQA).
- Support the transitioning of existing infrastructure to be low or zero emissions without disproportionately burdening low-income communities of color
- Support the expansion of good green jobs, such as in the energy sector, particularly for low-income communities of color.

The ACPHD proposes these policies that foster the health and well-being of individuals and communities by supporting and developing a healthier built environment. Such legislation would seek to reduce the use of car trips, prevent displacement, reduce pollution, reduce greenhouse gases, improve access to public transportation, improve safety, increase the supply of affordable housing, make communities walkable, bikeable, and increase access to parks, green space, grocery stores, and farmers’ markets. These efforts will increase physical activity, improve access to nutritious foods, reduce asthma hospitalization rates and chronic disease rates, reduce motor vehicle collisions and pedestrian

deaths and injuries, reduce environmental exposures, make communities safer, strengthen community interaction, and improve housing conditions, supply, and affordability.

Most of the recommended policies would change how decisions are made in order to incorporate health concerns into the planning process. This would require changing the way we use existing resources rather than requiring new resources.

9. Early Intervention Services

Early Intervention includes developmental and therapeutic services provided to infants and toddlers, from birth to age three, and their families through Part C of IDEA, the Individuals with Disabilities Education Act. High risk children, particularly those at risk due to parental developmental disability, are in danger of developing a range of disabilities, including speech and language delay, cognitive/intellectual delay, behavioral and social-emotional problems. Early intervention services are extremely important to children who face developmental challenges. Nearly half of the children who received early intervention services no longer needed special education services by the end of their kindergarten year according to the National Early Intervention Longitudinal Study (NEILS).

The budget cuts of 2009 changed the eligibility criteria for the California Early Intervention Program by increasing the level of developmental delay a child must have to be eligible for services. Prevention Programs were established for children under 36 months of age otherwise not eligible for the Early Intervention Program but whose genetic, medical, developmental, or environmental history was predictive of greater risk for developmental disability. Prevention programs were created by the State of California at each regional center for infants who had medical risk factors (such as prematurity or low birth weight) or toddlers with delays in only one developmental domain. Each child was assigned a Prevention Coordinator to provide case management, developmental screening and monitoring, information on community resources, and referrals to workshops and trainings. Effective July 1, 2011, the State of California mandated the transfer of a reduced scope Prevention Program to the Family Resource Centers. This version of the Prevention Program will provide intake, assessment, case management and referral to generic agencies only with significantly reduced funding.

Alameda County supports the following:

- Legislation that restores funding and services to pre-2009 levels and secures new funding to enlarge the capacity of early intervention services.
- Increasing federal support for this program, putting policies in place to ensure high quality services and funding additional research on early intervention.

Risk has been broadly defined as exposure to the biological and environmental conditions that increase the likelihood of negative developmental outcomes (Brooks-Gunn, 1990). Children at risk due to parental developmental disability and/or residing in homes with extremely low incomes are particularly vulnerable to a host of other societal stressors predictive of poor developmental, educational and social outcomes. The loss of early intervention services will surely compound these outcomes. The loss of early intervention services also means that more children will be added to the crushing caseload already shouldered by the Alameda County school districts' financially impacted special education programs. Alameda County currently provides special education services to 10 – 11 % of its student body; the burden on the general budget is an issue of great concern. Academic failure is also a common precursor to incarceration; Alameda County has one of the highest rates of parolees and probationers as a percentage of the population in both the state and the nation, a situation that undermines the health of the community in Alameda County.

10. Universal Developmental Screening

Autism Spectrum Disorders (ASDs) are a group of developmental disabilities that can cause significant social, communication and behavioral challenges. The CDC now estimates that an average of 1 in 88, (1 in 54 boys) babies in the U.S. are born with Autism Spectrum Disorder. The practice of developmental screening is widely endorsed but underutilized in the busy practice of the average pediatrician. Pediatricians identify developmental delays through developmental surveillance, a continuous procedure in which the health professional observes the infant, takes a developmental history, and elicits parental concerns. The American Academy of Pediatrics strongly believes in the importance of early and continuous surveillance **and** screening for ASD to ensure that children are identified and receive access to services as early as possible.

- ACPHD supports the screening of all children for developmental delays and disabilities during regular well child visits at 9, 18 and 24 or 30 months. In addition, the ACPHD endorses the American Academy of Pediatrics' recommendations that children should be screened specifically for ASDs during regular well child visits at 18 and 24 months. Additional screening should be used for those children at high risk for ASDs.

Developmental screening tools greatly improve the rate of identification. Identification of children with a developmental delay is ineffective when based solely on routine surveillance. Developmental surveillance alone captures only 30% of children (Palfrey et al. JPEDS. 1994; 111:651-655) as opposed to 70-80% of children identified at risk for developmental delay when using a standardized tool (Squires et al. JDBP. 1996; 17:420-427).

Developmental screening is essential to the process of identifying children with a suspected delay. Early intervention and appropriate intervention may prevent or mitigate future disabilities in children. Early identification as well as early and appropriate intervention supports children in reaching their optimal health, development and learning potential.

11. Economic Well-being as a Social Determinant of Health

Economic well-being and economic stability are powerful predictors of individual and community health. Research shows that each step up the socioeconomic ladder correlates with increasingly favorable health, as referenced by the Alameda County Public Health Department's report "Life and Death from Unnatural Causes." Those with higher socioeconomic status tend to live longer and experience fewer health problems across the life course, including adverse birth outcomes (e.g., low birth weight), disease risk factors (e.g., unhealthful diet, hypertension), chronic and infectious diseases (e.g., diabetes, HIV/AIDS), and mental illnesses. Higher socioeconomic status (SES) is a "fundamental cause" of health outcomes because it provides access to important health-enabling resources, including proper nutrition, good medical care, stable health insurance, and favorable housing — all of which can be leveraged to avoid risks and protect health. With each step down the SES ladder, resources and opportunities for health diminish. Additionally, children living in poverty are seven times more likely to have poor health than children living in high-income households. Childhood poverty has detrimental and long-lasting effects that adversely impact adult health. Diminished physical and emotional health affects academic success, which influences earning potential, and thereby poses the risk of passing on poverty and associated problems to the next generation.

The U.S. government provides a regularly updated estimate of the poverty threshold - the point below which a household of a given size has insufficient cash income that is needed to meet minimal food and other basic needs. However, the official federal poverty level (FPL) is an imprecise measure of today's cost of living and dramatically underestimates the number of people struggling to make ends meet, as it fails to account for the rapid rise of, and geographic variance in, the cost of living.¹

¹ The U.S. Census Bureau is expected to reveal its own "supplemental" poverty estimates sometime this month based on benefits and expenses not included in the traditional computation.

The Census Bureau's American Community Survey 2010 estimates indicate that 200,498 individuals in Alameda County (13.5%) live in poverty using this very low threshold. The Self-Sufficiency Standard calculator, a fairer estimate of solvency hosted by the Insight Center for Community Economic Development, indicates that on average two adults with a preschooler and a school-age child in Alameda County need to earn \$69,529 a year to meet basic housing, food, transportation, healthcare and childcare costs in 2011. This amount is more than triple the most recent Federal Poverty Guidelines of \$22,350 for a 4-person family.

Poor financial health directly and indirectly contributes to poor health outcomes in Alameda County. Increasing financial pressures require people to make difficult choices, which have short and long-term consequences. Many residents must make tradeoffs related to medical care, quality of housing, proximity to sources of pollution, types and quality of foods eaten, investments in education, accumulation of debt, and more. These difficult decisions and resultant chronic stress for those who lack financial security result in increased health problems and shorter life spans.

Recommended Proposals & Discussion: Several policies provide avenues to improve financial health in the areas of improving access to jobs and income, asset-building, and policies to ensure equitable taxation.

A. Policies to improve access to jobs and income: Several policies could be enacted to ensure that workers have access to jobs and fair wages.

- **Enact a Living Wage:** Discussion: Require that employers pay adequate wages (and benefits). California's minimum wage has been raised to \$8.00 per hour, but this is still far from the wages needed to cover basic living expenses in Alameda County. A further increase in the state minimum wage would help close the affordability gap for low-income workers.
- **Support Small Businesses / Microenterprise:** Discussion: Small business creation has been a path to America's middle class – particularly for people of color, immigrants, and the economically disadvantaged. Microentrepreneurs face disadvantages in establishing and operating their small businesses that larger businesses do not. According to the Aspen Institute, policies that support microenterprise include: supporting community-based non-profit microenterprise and financial organizations that support entrepreneurs, expanding access to private markets and sources of capital, and establishing supportive tax policies. Microenterprise could also be an eligible activity for recipients for Temporary Assistance for Needy Families (TANF) and Social Security Disability Insurance, and could also be used as a prisoner re-entry strategy.
- **Cooperatives and Incentives for Employee Ownership:** Discussion: Cooperative business models, including but not limited to Employee Stock Option Plans (ESOPs), allow employees to own part of the company where they work. According to the Corporation for Enterprise Development, state policies aimed at promoting sound business conversion to employee ownership through tax incentives, state-mandated assistance, and employee ownership programs can all support owner-run businesses. Additionally, barriers to starting co-operative businesses should be removed.
- **Remove barriers to accessing public benefits:** The federal welfare law imposes a lifetime ban on anyone convicted of a drug-related felony from receiving federally funded food stamps and cash assistance (Temporary Assistance to Needy Families, or TANF). TANF excludes for life even those individuals who have completed their sentence, completed rehabilitation, or were employed but laid off. Denying them food, clothing, and shelter makes it much more difficult for them to reenter society, and much more likely that they will return to criminal activity and drug use. The federal law does give states the option of passing legislation to limit the ban or eliminate it altogether. California should join the majority of states that have eliminated the ban completely or modified it to some degree.

B. Policies that support asset-building: Financial security today depends not just on job security but increasingly on one's ability to accumulate assets, both personal and financial. Broadening savings and asset ownership opportunities has the potential to improve the health of Alameda County's residents.

- Help low-income people to accumulate assets through increased savings and investments:** Discussion: A variety of savings accounts and incentive programs are designed to help build assets and opportunities among low-income people, including individual development accounts (IDAs), children's savings accounts (CSAs), and tax-time education savings programs. According to the Corporation for Enterprise Development (CFED), IDAs are special savings accounts that match the deposits of low- and moderate-income savers, provided that they participate in financial literacy training and use the savings for targeted purposes – usually education, homeownership, or capitalizing a small business. CSAs are similar matched savings accounts established for children as early as birth and allowed to grow over a lifetime. CSAs can help low-income parents and students see college as an attainable goal. There is evidence that people who own assets are likely to have higher expectations for their futures and the futures of their children, which in turn results in higher GPAs and graduation rates. In a small pilot program from CFED, having CSAs increased a child's expectations about attending college. Other measures that promote long-term savings for higher-education costs address issues of ease and access. The New America Foundation recently supported one such measure that was designed as a simpler way for families to save for college by amending the California state income tax form to allow filers to directly deposit their refund into an existing state-administered tax-advantaged 529 college savings account. This was designed to help children and their families save for postsecondary education at a time when many households are receiving the most significant lump sum of cash they will receive all year. Finally, paths to asset accumulation are often tied to the location of institutions that can provide adequate financial instruments and savings accounts. Many of the communities that would benefit most from the aforementioned programs lack the most basic financial tool: a bank account. Financial institutions have closed the doors of 530 bank branches in low and moderate-income communities in the past four years, while increasing fees for checking and savings accounts.² These practices create room for predatory financial operators such as check cashers, payday lenders, and pawn shops to drain millions from communities through high fees and usurious loans. Modernizing and enforcing the Community Reinvestment Act and encouraging responsible banking ordinances at the local level will strengthen public accountability and incentives for fair financial practices that protect income and assets.
- Retirement saving accounts for all workers:** Discussion: Retirement accounts are another vehicle by which low- and moderate-income families can build assets. According to the New America Foundation, a disproportionate number of people of color rely on Social Security as a significant percentage of (sometimes entirely) their income after retirement, leaving them financially unprepared for life after leaving the workforce. Access to retirement savings vehicles for those who do not have access to a retirement savings plan at their workplace could supplement Social Security benefits through a voluntary, universal, portable savings account. Supporting universal access to Retirement Savings Plans would affect nearly 70 million Californians that are without an institutionally supported retirement savings account, and would help prepare disadvantaged populations for the economic realities of retirement.
- Homeownership:** Discussion: According to the Corporation for Enterprise Development, the home represents the single largest component of household wealth and is a fundamental asset for millions of Americans. Many low-income renters are subject to substandard living conditions. Homeownership provides physical and financial security. Policies to support homeownership include providing additional assistance to first-time homebuyers (down-payment assistance, competitively priced mortgage lending products, homebuyer education), curbing predatory mortgage lending and ensuring sound underwriting standards, establishing housing trust funds, and banning prepayment penalties.

² Silver, Josh and Pradhan, Archana. "Why Branch Closures are Bad for Communities." National Community Reinvestment Coalition, April 2012.

- **State and Local Implementation of the Homeowners' Bill of Rights:** This law institutes reforms to bank foreclosure practices and creates a fairer foreclosure process for California's homeowners. Most significantly, this law ends the "dual track" process, where banks foreclose on homeowners while they are negotiating for a loan modification with their bank. Banks are now required to give homeowners a "yes" or "no" answer on a loan modification application before continuing with foreclosure. If a loan modification is accepted, the bank will rescind the notice of default or sale, allowing homeowners to pay their loans without the looming threat of foreclosure. And if a loan modification is denied, homeowners will not be blindsided by a sale notice, because banks are now required to send a letter to the borrower describing the reason for denial and letting the borrower know of his or her right to appeal that denial to the servicer.
- **Financial Education:** Discussion: Financial literacy provides the knowledge and skills necessary for individuals to take control of their financial destiny. Unfortunately, a lack of access to such financial education impedes the ability of already disadvantaged populations from making the types of decisions that promote entrance to the financial mainstream and instead lead to financial mistakes. Programs and measures that seek to educate on a variety of personal finance topics, especially those that pair information with access, should be strongly supported. Some of these programs would include financial planning in the workplace, integration of financial literacy into high school curriculum, and a Financial Services Corps., made up of financial experts, planners, and advisers, that would deliver financial advice and resources to lower-income individuals and families.
- **Eliminate asset tests in public benefit programs:** Discussion: Many public benefit programs limit eligibility to those with few or no assets. If a family has assets over the State's limit, it must reduce longer-term savings in order to receive what is often short-term public assistance. According to the Corporation for Enterprise Development, personal savings and assets are necessary resources that families need to move off of public benefit programs and become self-sufficient. The eligibility rules currently penalize low-income families for saving with a reduction or loss of benefits, thereby discouraging families from building the personal safety net they so desperately need to climb out of poverty and become self-sufficient. Similar policies could be applied to remove asset tests from Temporary Assistance to Needy Families (TANF), Medi-Cal, and Supplemental Security Income (SSI).
- **Restrictions on payday lending:** Discussion: According to the Corporation for Enterprise Development, predatory payday lending is the practice of repeatedly making small short-term loans at annual interest rates averaging about 400%, trapping borrowers in a cycle of debt. Payday lenders are disproportionately concentrated among communities of color. Predatory loans should either be banned or imposed with rate caps of 36% Annual Percentage Rate (APR) or less. Safer small-dollar loan products should be promoted as an alternative to payday lending.

C. Policies to ensure equitable taxation: According to the Corporation for Enterprise Development, in FY2009, \$384 billion was spent to help Americans save and invest. However, they report that at least 90 percent of related policies operate as tax expenditures, which are regressive, invisible and unregulated, and as such are of little help to low- and moderate-income households trying to become more financially secure. The CED also cited in a recent report that more than half the benefits went to the wealthiest 5 percent of taxpayers in fiscal year 2009, and largely missed the asset-poor majority in this country. Meaningful incentives to save for residents of all income groups should be provided, and the tax system should benefit all residents equally.

- **Enact State Earned Income Tax Credit:** Discussion: The income of the working poor can be raised through earned income tax credits (EITC). The federal EITC is a refundable credit that low-income workers can receive as a tax refund. The EITC encourages low-income people to work and is credited with lifting millions of people out of poverty across the nation. California should emulate other states by implementing a state EITC, which would help working families to better make ends meet. In addition, more could be done to ensure that families are able to access the federal EITC.

- **Split Roll Property Tax:** Discussion: This policy would make changes to the property tax system established under California State Proposition 13 and would tax non-residential property differently than residential property thereby requiring businesses to pay a higher share of property taxes.

12. Violence Prevention & Public Safety

Alameda County supports legislation that funds and addresses root causes of all forms of violence. We consider violence to include intimate partner violence, family violence, gun violence, gang violence, suicide and homicide, police and prison guard violence, commercial sexual exploitation of minors, youth violence, hate violence, sexual assault, child and elder abuse.

Public safety includes efforts that promote crime prevention and reduction, positive community-law enforcement relationships and collaboration, non-violent conflict resolution, restorative justice, successful reintegration of people with criminal convictions into communities, and protection of all community members' civil rights.

Gun violence has been a particularly difficult problem in Alameda County. Between 2006 and 2008, 83.5% of homicide victims were killed by firearms. Alameda County's homicide rate from 2006-2008, in addition to exceeding the statewide rate, was almost three times higher than the national Healthy People 2020 objective of 5.5 or fewer homicides per 100,000 population. Moreover, African Americans and Latino men are disproportionately affected by violence. For example, from 2006 to 2008 the homicide mortality rate for African American men was 79.2 per 100,000 and for Latino men it was 15.9, whereas for white men it was 4.0. Given the complexity of issues, policies and systems that promote or prevent violence, success requires an action plan that coordinates, supports, and strengthens a range of efforts.

In 2007 the first national study on crime against persons with disabilities was released by the Justice Department's Bureau of Justice Statistics. Based on interviews for the National Crime Victimization Survey, significant disparities exist in rates of victimization of persons with disabilities compared to persons without disabilities. The age-adjusted rate of nonfatal violent crimes against persons with disabilities was 1.5 times higher than the rate for those without disabilities. Persons age 12 to 19 and those age 35 to 49 with a disability experienced violence at nearly twice the rate as persons of the same age groups without a disability.

Solutions that address violence prevention include:

- Decrease the presence of risk factors that contribute to violence and increase the presence of resilience factors that are protective against violence at the individual, family, and community levels and that promote public safety.
- Increase accountability for violence prevention related outcomes, foster violence prevention leadership in the State, increase coordination of violence prevention efforts, and enhance understanding of effective violence prevention approaches, programs, and policies.
- Decrease the level of all forms of violence throughout the State over time.
- Reduce the disproportionate representation of people of color and people with disabilities as victims of violence and within the criminal justice system. This includes addressing issues of 'disproportionate minority contact,' and identifying and addressing issues related to sentencing bias.
- Support rehabilitation and restorative justice approaches to public safety and crime reduction.
- Support alternatives to incarceration.

- Decriminalize substance use disorders and increase the use of evidence-based models as alternatives to incarceration in cases of addiction and beyond.
- Reform laws that are unnecessarily contributing to the growth of the jail and prison populations without increasing public safety.
- Remove barriers to successful reintegration of people into communities after incarceration, such as unnecessary barriers to education, employment, housing, and health and social services.

Violence is an issue that impacts all sectors of our community. In 2005 Alameda County adopted a Violence Prevention *Blueprint* which frames its commitment to primary prevention strategies which address root causes and risk factors for violence. Among the aims stipulated within the *Blueprint* is to build community capacity as a strategy for preventing these problems and to increase resiliency when these problems do occur. Based on the goals outlined in the *Blueprint*, in 2009 the Phase II Work Plan Violence Prevention Initiative (VPI) was established to begin working on a plan that would implement the *Blueprint* strategies. The VPI focuses on building assets/resiliency among youth and those reentering the community from incarceration as well as ensuring capacity building with community education, communications and technical assistance with community partners to prevent and reduce violence.

- Alameda County supports legislation that funds and addresses root causes of all forms of violence and promotes public safety. Alameda County opposes most legislation that focuses solely on suppression strategies that do not ameliorate root causes and risk factors unless they are balanced by primary prevention support.

The following recommendations are designed to achieve the goals of the violence prevention *Blueprint*:

- **Promote positive child and youth development:** Young people need skills and supports that will enable them to negotiate potentially volatile situations, form strong attachments and relationships, participate in their schools and communities in a meaningful way and have hope for the future. Providing these supports and opportunities is vital for both short-term and long-term reductions in violence. To this end, all young people should have access to violence prevention skills development, mentoring, positive environments, meaningful activities, career path opportunities, and trauma reduction assistance.
- **Ensure supported and functioning families:** Families are a cornerstone in the community and it is through family interaction that values, beliefs, and norms are instilled into our society. All families in Alameda County should have access to interdisciplinary programs that help maximize effective parenting and decrease family violence.
- **Foster safe and vibrant neighborhoods:** All communities should have access to efforts that support cohesiveness, collective problem solving, and positive relationships with law enforcement. Furthermore, protecting public safety requires that we work to ensure no one geographic or racial/ethnic community is disproportionately represented in the criminal justice system.

Recommendations for achieving safe and vibrant neighborhoods include the following:

- **Disproportionate Minority Contact:** Address underlying issues contributing to disproportionate minority contact
- **Sentencing Bias:** Identify and address issues related to sentencing bias.
- **Alternative Sentencing:** Promote alternative sentencing laws for non-violent and non-sex-related crimes while protecting public safety.
- **Firearms:** Reduce the availability and usage of firearms.
- **Conflict resolution:** Create pro-active dispute resolution structures and support at the neighborhood

and school level.

- **Victim and Witness Support:** Provide supports for victims and witnesses of crime such as crisis intervention, referrals, emergency assistance, advocacy, and liaison services throughout the court process.
- **Gang prevention:** Reduce gang violence through appropriate services, programs and outreach to those at risk of gang participation and to those already involved. The focus should be on ameliorating the root causes and risk factors of gang violence and not focused solely on suppression strategies.
- **Alcohol availability:** Decrease the density of alcohol outlets and advertising.
- **Restorative justice:** Implement remedial rather than punitive justice programs with community organizations and the justice system.
- **California Commission on Peace Officer Standards and Training (POST):** Mandate the adoption of POST or similar trainings on a regular basis that teach appropriate police response to persons with mental illness or developmental disability, helping to avoid additional violence and/or inappropriate admission into the criminal justice system.
- **Rehabilitation Programs in Jails:** Expand rehabilitation programs in jails so as to support successful re-entry.
- **Reentry:** Create more viable connections between communities and law enforcement agencies through the following strategies A) preventing discrimination education, employment, housing and public assistance, B) provide incentives for hiring formerly incarcerated persons, C) support transition from detention to the community through physical and mental health services, substance abuse treatment, housing, job training and employment services including the coordination of care, and D) supports for family members, including efforts to maintain family connections during incarceration and successful reintegration.
- **Employment:** Promote job training and placement programs as well as the creation of living wage jobs.
- **Physical environment:** Improve the physical appearance of neighborhoods by fostering arts programs and community gardens, improving park, school, and neighborhood maintenance, improving lighting and removing graffiti and blight.
- **Addiction:** Decriminalize substance use disorders and increase the use of evidence-based models as alternatives to incarceration in cases of addiction and beyond.
- **Reduce Prison and Jail Population Growth:** Reform laws that are unnecessarily contributing to the growth of the jail and prison populations without increasing public safety, and support alternative, community-based alternatives to incarceration.
- **Law Enforcement-Community Relations:** Support efforts that improve community-law enforcement relationships and collaboration toward public safety.

The County hosts and delivers most of the services that are received by people who are victims of violence or who are at risk for violence. After-the-fact responses are expensive. A preliminary estimate of current levels of spending on violence by the Alameda County Administrator's Office found that approximately 25% of the county's budget is dedicated to addressing violent crime (\$546.7 million per 2009 VPI report). This estimate takes only public safety programs into consideration and does not include the human services costs, such as removing a child from the home after an incident of domestic violence. Investing resources upstream can save precious resources "downstream," such as those devoted to trauma and hospitalization, shelters, and criminal justice.

13. Promoting Health in the Education System

Education has lifelong impacts on health. Education can open up opportunities and increase health outcomes for youth. In California, there are more than six million students who attend public schools; in the U.S., there are about 50 million students. In Alameda County, there are seventeen K-12 public school districts and one K-8 district, approximately 10,000

teachers serving about 225,000 students; there are three community college districts with a total enrollment of approximately 55,000 students.

In Alameda County, there is a large racial gap in reading and math proficiency; Asians and Whites outperform African American and Latinos at every grade level. There is also a pattern of lower income schools performing lower on the Academic Performance Index. In many cases, these are the same schools that serve predominantly African American and Latino students.

Historically, low-income students of color have more barriers and fewer opportunities for going to good schools and graduating from high school and college. Since public education began in the United States, there has been a persistent pattern of underfunding schools serving low-income youth and youth of color. Nationally, about 50% of African American and 40% of Latino students attend high schools where most students do not graduate. In California, schools with the highest percentage of African American and Latino students were much more likely to attend schools with critical educational challenges, including: teachers with lower levels of credentials and experience, high teacher turnover rates, poor working conditions for staff, serious shortages of educational materials, rundown physical facilities and a lack of programs involving parents. Undocumented students have the added barrier that after graduating high school and attending college, they risk deportation and are not able to work or obtain a driver's license. Undocumented students often need help with translation and do not learn English or their language of origin fluently leading to higher rates of dropping out and more educational obstacles. Schools facing such challenges are far less conducive to learning.

Disparities in educational attainment begin even before a child starts school. The prenatal and early childhood period is critical to a child's brain development and health. Many of our urban youth are exposed to violence at home, in their communities and at their schools leading to repeated exposure to trauma, post-traumatic stress disorder, other anxiety and depressive disorders. The adolescent brain continues to develop through age 25 with rapid brain growth between the ages of 11 and 12, which is comparable to brain growth during infant/toddler development. Having a safe and healthy environment, supportive families and protection from stress and poverty to grow and thrive are essential.

Educational attainment predicts income potential. In turn, income strongly impacts health. High school graduates earn higher salaries and are twice as likely to be employed as people who drop-out. Studies have shown that each additional year in school is associated with increased life expectancy, better health and quality of life. Higher-income people have better access to health-promoting resources, such as safe places to exercise and better food, and reduced likelihood of stress-related harmful habits, such as smoking. With more education, workers often gain more control over work schedules and assignments, resulting in less stress at work. Low-skilled, low-wage jobs are more likely to involve less control and greater exposure to dangerous working conditions and toxins.

Health also affects educational attainment. Health conditions, disabilities and chronic diseases are common contributors to absenteeism, falling behind in school and the decision to drop out. Examples are pregnancy, parental or sibling illnesses, asthma, disabilities and bullying from fellow students. Student absenteeism also impacts a school district's income from the state based on attendance, which further erodes the school's ability to meet the educational and social needs of students. For example, California schools lose about \$30 million annually due to asthma-related absences.

To level the playing field and ensure a bright future for all of our children, Alameda County should support state and federal-level policies that achieve the following across the life course:

All Ages

Resources

- Reform and increase funding for early education, K-12, community colleges, state and universities overall, but particularly for low-income communities
- Increase investments in recruiting, retaining and supporting teachers in low-income schools with competitive salaries, high-quality teacher education mentoring, and ongoing professional development

- Address funding inequities and promote budgeting priorities based on student needs, which should impact graduation rates and educational attainment, particularly for low-income and communities of color, such as Weighted Student Formula
- Address inequitable taxation, such as implementing a Split Roll Property Tax, which would make changes to the property tax system established under California State Proposition 13 and would tax non-residential property differently than residential property thereby requiring businesses to pay a higher share of property taxes.

Student Supports

- Address needs for support services, such as medical care, behavioral and mental health services, by funding these services in low-performing schools, especially at the elementary level when parents tend to be more involved.
- Address high suspension and expulsion rates, such as the use of punitive, zero tolerance policies, which disproportionately impact students with disabilities, low-income and communities of color, and promote the use of restorative justice and early interventions
- Increase parent, family and community engagement in schools especially those with low Academic Performance Index (API), high rate of free or reduced lunch participation and particularly for underserved and emerging populations, such as Mayan-Mam speaking.
- Address the need for more positive interventions for vulnerable schools, students and their families, such as coordinating mental and physical health services in schools and strengthening youth development programs
- Support programs that promote healthy relationships in or after school to decrease intimate partner violence or relationship abuse among youth in schools.
- Support programs that promote comprehensive sexuality education in or after school to decrease teen pregnancy and STI's among youth in schools.
- Increase funding for and invest in promoting adolescent health and other programs, particularly locating such programs and subsidized tuition for low-income and communities of color.
- Increase funding for and invest in promoting male involvement programs, with a focus on healthy youth development, mentoring, rites of passage, career and educational bridging particularly locating such programs within communities of color.

Health Promotion

- Prevent the unnecessary exposure to environmental toxins and harms; for example, increase safety at and around routes to schools, inhibit locating schools near industrial lands, inhibit diesel bus and truck idling at or near schools and promote the use of non-toxic cleaning supplies and other strategies to reduce asthma triggers in schools.
- Address nutrition in and around schools, such as increase healthy school lunches, inhibit unhealthy food vendors at or near schools, access to clean drinking water in schools
- Address student absenteeism and truancy due to asthma and chronic diseases; for example, fund creating data tracking systems, early interventions and coordination of services

Ages 0-5

- Increase funding for and invest in early childhood development, such as pre-school, head starts and other programs, particularly locating such programs and subsidized tuition in low-income and communities of color. For example, Proposition 82 in 2006 would have paid for universal preschool in California.

Elementary School

- Increase funding for arts, music, physical education, college mentoring, academic tutoring and afterschool enrichment programs beginning in 5th grade that include families, particularly for low performing schools and low-income and communities of color where there is a lack of outside and parent association funding

Secondary School

- Create and expand programs and partnerships with higher education, community, public and private sectors to increase internships, college and career preparedness, particularly for low-income students of color.
- Protect undocumented youth who want to attend higher education from being deported and secure funding for their education; for example, supporting the DREAM Act

Post-Secondary School

- Prevent tuition hikes and keep tuition affordable for community colleges, state and universities, which contribute to barriers to underrepresented youth in higher education, particularly for low-income and youth of color
- Protect student Federal loans from interest rate hikes, which exacerbates barriers for low-income and youth of color

14. Immigration

California is a gateway for many immigrants, adding to the state's economic and cultural vibrancy. California's immigrant population continues to grow. According to the Immigration Policy Center, 1 in 4 Californians is an immigrant (foreign-born). Of these 10.2 million immigrants in California, 45.6% are naturalized US citizens. Immigrants and their adult, US born children account for 28.9% of all California voters. Finally, immigrants are a major part of the California economy, comprising 34.6% of the Californian workforce and paying roughly \$30 billion in federal taxes, \$5.2 billion in state income taxes, and \$4.6 billion in sales taxes each year. In Alameda County, 30.8% of the residents are foreign born.³

Given immigrants' integral role in California's economic and social fabric, policies that support the health of California's immigrant populations support the health of California overall. The public health implications of policies that increase stress and anxiety on the physical and mental health of immigrants, increase immigrants' vulnerability to crime and violence and decrease public safety overall, and decrease health care utilization by immigrants are of particular concern. Alameda County should support state-level policies that achieve the following:

- Address harmful local impacts of federal immigration policy, such as AB 1081 (TRUST Act) which addresses the public safety, civil liberty, and local resource burden issues related to the federal Secure Communities (S-Comm) deportation program and other deportation programs
- Increase access to education, particularly higher education
- Protect against racial profiling based on "perceived" immigration status, ethnicity, or religion
- Protect the health and welfare of children whose parents are being detained or deported by Immigration Customs Enforcement (ICE) or Border Patrol
- Increase access to health care, including among undocumented immigrants Increases access to quality, affordable health care coverage and services, including among undocumented immigrants, and promotes culturally and linguistically appropriate care;
- Promote public safety by decreasing fears among immigrants that reporting crimes, including domestic violence, to local authorities can lead to deportation proceedings. Such actions could include efforts to have one driver's license and state approved identification card for all Californians. A driver's license that is accessible to everyone would ensure that all drivers are trained, tested and insured, reducing vehicular injuries.
- Protect and promote the well-being of immigrant workers, including undocumented workers
- Ensure nondiscriminatory, equal treatment under the law, and protect the confidentiality and privacy of individuals

³ <http://quickfacts.census.gov/qfd/states/06/06001.html>

Community Development

Alameda County's Housing and Community Development Department is concerned about the long-term resources that Redevelopment Agencies provide to affordable housing statewide. Should Redevelopment Agencies fail in their lawsuit against the State, a replacement source of funding for affordable housing is of utmost concern.

Alameda County supports:

- Policies that increase the availability of funding for affordable and supportive housing for those most at risk in communities.

Public Works

The Alameda Public Works Agency depends on local, state, and federal funding sources to deliver all of its services to the community. Significant economic, regulatory and legislative trends affect the Agency's capacity to implement its programs. With increasing fuel efficiency and the introduction of hybrid and electric vehicles, revenues from the Gas Tax, the primary source for transportation infrastructure maintenance and project delivery, are expected to continue to decline. Clearly, the current economic environment is contributing to declines in other revenue sources, making it difficult to fund critical infrastructure projects. Furthermore, regulatory inefficiencies continue to hamper the effective and timely delivery of flood control and transportation projects. To this end, the Agency seeks legislative remedies in streamlining regulatory burdens while advocating for any and all funding opportunities at all levels of government.

The Alameda County Public Works Agency supports any methods to increase the gas tax and alternative methods of financing. Without the ability to increase the gas tax purchasing power, and in the absence of other funding methods, transportation funding will continue to decline.

The Agency is responsible for the development and implementation of transportation and flood control infrastructure improvements, including the design and construction of roadways, sidewalks, bike lanes, traffic control facilities and flood control projects. The Transportation Program ensures the safe, efficient and accessible operation of public infrastructure, while the Flood Control Program implements projects that protect the community from flooding, controls erosion of local streams and channels, and protects and restores natural creeks.

The Public Works Agency remains committed to public service, with a focus towards improving overall safety and quality of life of county residents. Our mission and goal is to provide, maintain and preserve public infrastructure in an efficient and effective manner while promoting a healthy and sustainable environment that supports safe and livable communities. The Agency strives to enhance the quality of life for the people of Alameda County by providing a safe, well-maintained, and lasting public works infrastructure through accessible, responsive and effective services, community engagement and participation, and interaction with our constituents in a transparent and responsive manner.

One of the highest State legislative priorities is supporting any method of increasing transportation revenues through a variety of sources including, but not limited to, fuel taxes, VMT fees, Vehicle License Fees, etc., funding through the gas tax as well and alternative methods of financing. Additional priorities include supporting any legislation which increases rural road safety (i.e., double fine zones) and improving bicycle and pedestrian infrastructure throughout Alameda County.

The Alameda County Public Works Agency supports any methods to increase the gas tax and alternative methods of financing. Without the ability to increase the gas tax purchasing power, and in the absence of other funding methods, transportation funding will continue to decline. We support the return of the new HUTA revenues attributable to Off

Highway Vehicle (OHV) fuel sales as intended under the Transportation tax Swap (approximately \$28 million for counties).

Alameda County supports legislation that will:

- Increase and/or require the gas tax to be adjusted regularly to support its “buying power”
- Protect and provide increased funding for operating, maintaining, rehabilitating, and improving transportation infrastructure including local streets and roads, bicycle and pedestrian facilities
- Improve the ability of the Public Works Agency to deliver, enhance, or augment Alameda County Public Works Agency projects and programs
- Encourage regional cooperation and coordination to develop, promote and fund solutions to regional problems.

The Public Works Agency will monitor and support legislative priorities set forth by the Metropolitan Transportation Commission and Alameda County Transportation Commission including support for rewarding states that provide significant funding into the transportation systems, increasing funding for and flexibility of transit investments, and increased funding for non-motorized transportation.

The Public Works Agency will also support any and all legislation which improves rural road safety through measures including, but not limited to, double fine zones and reduced speed limits.

District Attorney

In partnership with community and law enforcement agencies, the District Attorney’s Office is responsible for the prosecution of crimes committed in the County of Alameda, California.

The Alameda County District Attorney’s Office is dedicated to serving the community through the ethical prosecution of criminal offenses and the vigorous protection of victims' rights.

The District Attorney’s Office supports:

- The enhancement of the rights and protections of all victims of crime, and increased funding to expand services to all victims of crime, especially victims of violent crime including: homicide, child abuse, domestic violence, sexual assault, stalking, human trafficking, and commercially sexually exploited minors.
- Initiatives to reduce violent crime by proposing the formation of a regional multi-agency task force to combat violence. The task force would provide meaningful alternatives to individuals engaged in criminal behavior who are amenable to various treatment strategies.
- The reauthorization of the U.S. Senate version of the Violence Against Women Act.
- Funding to aggressively collect restitution on behalf of all Victims of Crime.
- Funding for the Human Exploitation and Trafficking (H.E.A.T.) Watch to enhance services to victims of human trafficking and commercially sexually exploited minors.

Social Services Agency

Alameda County supports the following:

Children and Family Services

- Urge the California Department of Social Services (CDSS) to advocate for the continuation of the original base period for Alameda and Los Angeles Counties (three-year average between FY 2002-03 and 2004-05 and the 2% growth rate) when negotiating for the five-year extension of California's Title IV-E Waiver.
- Increased system reform and coordination with regard to "cross-over" youth and families involved or at the risk of being involved in both the juvenile justice and foster care systems.
- Increased supports for families that contribute to child-wellbeing, such as culturally relevant mental health, educational supports, employment/linked learning opportunities, IDA accounts, developmental child care -- including post-permanency, respite services for relative and foster caregivers, housing subsidies.
- Increased linkage to employment training and supports for families at risk of or involved in the child welfare system. Develop demonstration programs to test father friendly program designs to solicit/facilitate father engagement. Legislative examples:
 - Protect low-income workers against excessive wage garnishment.
 - Increase the threshold that would qualify a parent paying child support to qualify for a low-income adjustment require it be adjusted annually for cost of living increases.

Workforce and Benefits Administration

CalWORKs

- Simplified eligibility and enrollment linked to CalFresh and Medi-Cal
- Align CalWORKs and CalFresh reporting time frames
- Change the state's CalWORKs statute to allow for pregnant teenager (with no other children in the household) to become eligible for CalWORKs basic needs grants and upon verification of the pregnancy rather than making her wait until the 3rd trimester.
- CalWORKs recipient to count English as a Second Language (ESL) or Work-related ESL (WESL) classes as core activities.
- Exclude the value of one vehicle in the determination of eligibility for the California Work Opportunity and Responsibility to Kids (CalWORKs) program.
- Provide that an EBT recipient would not incur any loss of cash benefits that are taken by an unauthorized withdrawal, removal, or use of benefits that does not occur by the use of a physical EBT card issued to the recipient or authorized 3rd party to directly access the benefits.

CalFresh

- Simplified eligibility and enrollment linked to CalWORKS and Medi-Cal
- Align CalWORKs and CalFresh reporting time frames
- End the lifetime ban on federal food benefits provided through the CalFresh program for people with a prior drug-related felony conviction.
- Set a standard, statewide threshold and policy for establishing and collecting CalFresh over issuances when the over issuance is due to administrative error.
- Make Medi-Cal recipients with gross income below 200% FPL income-eligible for CalFresh.

Asset Building

- Remove the disincentive to save for very low-income families by lifting asset limits in two public benefit programs: CalWORKS and family Medicaid.
- Establish a state version of the Earned Income Tax Credit (EITC), Child Tax Credit (CTC), and Child and Dependent Care Tax Credit (CDCTC) to reduce the regressive tax burden on the working poor, put more money in their pockets, and make saving for the future possible. State credits should be fully refundable so that all low-income families, even those without a tax liability, can benefit from the credit.
- Establish a state-supported Individual Development Account (IDA) program. IDAs are special savings accounts that match the deposits of low- and moderate-income savers, provided that they participate in financial education and use the savings for targeted purposes – most commonly postsecondary education, homeownership or capitalizing a small business. Research demonstrates that these accounts make families more financially secure and communities more stable. States should provide funds and support for local IDA programs.
- Protect consumers from predatory credit products by prohibiting or capping payday loans and promoting low-cost, consumer friendly alternatives.

Adult Aging and Medi-Cal

Medi-Cal

- Presumptive Medi-Cal eligibility for children
- Support intentions around SB 970: Health Care Reform Eligibility, Enrollment, and Retention Planning Act; coordination with other programs.
- Automatic renewal and continuous eligibility to expedite renewals for families living on a fixed income or households who are highly unlikely to experience changes in income that could terminate eligibility. Auto renewal up the review of eligibility data on file, when confirmation of no change in circumstances.
- Off-Cycle Renewal: Reset 12 month eligibility whenever CalFresh and CalWorks are renewed.

Adult & Aging

- Oppose most recent form of AB 1525 – Original form of this bill added Mandatory Reporter Status to persons who conduct wire transfers. Recent amendments of this bill have removed mandatory status language and have emphasized training. In its recent form, the bill has little impact and no funding.
- Oppose most recent form of SB 35 – Requires Area Agencies on Aging to conduct voter registration. (currently in suspense) This bill is duplicative of requirements already set aside for public agencies and therefore would only apply to some AAA's. The bill is unfunded.

Administration

- Remove the criminal background check requirement from initial job application requirements in city & county hiring practices throughout the state.
- Support local hire policies, including precluding state agencies or departments from authorizing call-center contracts for public assistance or health benefit programs if they hire employees outside California to perform the work.
- Support technological advancements that promote access to services and administrative efficiency
 - Support intentions around AB 1970 (2012) Social Services Modernization and Efficiency Act

Budget and Taxes

- Support and applaud passage of Proposition 30, the "Schools and Local Public Safety Protection Act of 2012"

Place-Based Initiatives

- Promote place-based strategies that concentrate resources and investment in communities with the highest levels of need.

Alameda County Workforce Investment Board (WIB)

Workforce, Education & Economic Development

- Promote stronger linkage at the local level between workforce development, education, and economic development efforts.
- Alignment of the education and workforce investment systems to the needs of the 21st century workforce and the promotion and development of a well-educated and highly skilled 21st century economy and workforce.
 - Support intentions around SB 1401 and SB 1402 (Chaptered)
- Target efforts on hard-to-serve populations, i.e. CalWORKS clients, formerly incarcerated persons, youth transitioning out of foster care, limited English speakers, and residents of neighborhoods with high levels of need.

Child Care Planning Council

The Alameda County Child Care Planning Council advises and makes recommendations to policymakers to ensure that all children and families have access to quality child care that educates children and enriches their lives. This Council is comprised of 35 member; half are appointed by the Alameda County Board of Supervisors and half by the Superintendent of Schools.

PUBLIC POLICY AGENDA:

1. Support increased revenue-generating options and efficiency measures to close local, state, and federal budget shortfalls.
2. Promote efforts to protect, stabilize, and increase local, state, and federal funding, and attain new resources for Early Care and Education (ECE) and ECE professional development.
3. Monitor and take positions on federal, state and local issues, legislation and initiatives that significantly impact ECE quality, access and affordability.
4. Advocate for family centered, developmentally and culturally appropriate practices for all children in care as well as those in transitional kindergarten.

Alameda County Interagency Children's Policy Council (ICPC)

The Alameda County Interagency Children's Policy Council (ICPC) is comprised of County agencies and department directors and leaders who work together toward the goal of improving outcomes for children and youth through cross-system collaboration. ICPC provides leadership in the advocacy and development of legislative policies that improve and enhance service delivery and outcomes for children and youth. This year, committee members adopted four Focus Areas that provide the framework and organize ICPC work. The four areas are: prenatal to age 8 System of Care; Full Service Community Schools; Juvenile Justice Reform; and Universal Health Access, including Mental Health. Using those areas as an advocacy focus for 2013, the ICPC Coordinating Council will advocate around these specific policy issues and legislation.

Overarching Legislative and Policy Priorities

- **Realignment** - In 2011-12, the State of California transferred program and fiscal responsibility from the state to the counties for a large variety of health and human services programs. The ICPC membership will actively monitor and be involved in decisions related to how this change will affect service delivery to many children's programs. Realignment impacts all of ICPC's four focus areas.
- **Healthcare Reform** - On June 28, 2012, the Supreme Court of the United States upheld the Affordable Care Act (ACA), the landmark health reform legislation passed in 2010. There are major changes, some of which have already occurred, that will alter the healthcare landscape in our country. Specifically, there are several changes in California that directly impact the way that children access healthcare, affecting all of ICPC's four focus areas.
- **Prioritizing Children in the Budget Process** - Even with the passage of Proposition 30, it is still important to remind our legislators in Sacramento to protect children and the poor from budget cuts. It is our belief that cutting programs that protect children from the budget now costs all of us later.

- Title IV – E Waiver - Urge the California Department of Social Services (CDSS) to advocate for the continuation of the existing base period funding and growth formulas for Alameda and Los Angeles Counties when negotiating for the five-year extension of California’s Title IV-E Waiver.
- Violence Prevention – Community and family violence dramatically and negatively affect outcomes for children and youth. Efforts to fund and support effective violence prevention efforts at all levels of government will be supported by ICPC.

Prenatal to Age 8 System of Care

- Legislation that restores funding and services for early intervention programs for children to pre-2009 levels and secures new funding to enlarge the capacity of early intervention services. Early Intervention includes developmental and therapeutic services provided to infants and toddlers, from birth to age three, and their families through Part C of IDEA, the Individuals with Disabilities Education Act.
- Promote efforts to protect, stabilize, and increase local, state, and federal funding, and attain new resources for Early Care and Education (ECE) and ECE professional development with a possible focus to dedicate paid days of training for staff at Title 5 contracted centers.
- Support efforts to significantly reduce obesity rates among Alameda County children. Including making it easier for needy families to participate in CalFresh by reducing the quarterly reporting requirements to semi-annual.
- Advocate for state policy to support and sustain a Quality Rating and Improvement System and reimbursement rates that cover the cost of quality child care.
- Advocate for state policy that ensures families living in communities with low educational outcomes have access to affordable and high quality child care.
- Incentivize hospitals to become “World Health Organization Baby Friendly”, promoting lactation which contributes to reduction in obesity later in life.

Juvenile Justice Reform

- Maintenance of all Juvenile Justice funding streams, which have greatly contributed to the reduction of juvenile delinquency, incarceration and recidivism.
- Increased system reform and coordination with regard to "cross-over" youth and families involved or at the risk of being involved in both the juvenile justice and foster care systems.
- Advocate for community-based alternatives to detention and incarceration and services for youth involved in the criminal justice system to reduce recidivism.
- There is a high correlation between truancy, dropping out of school and juvenile crime. Therefore, we support programs that reduce truancy and positively supporting school attendance is critical.

Full Service Community Schools

- Advocate for funding full service community schools by adopting a comprehensive education revenue and reform package that establishes an equitable and adequate finance system, ensures transparency, enables greater local decision-making flexibility, and strengthens human capital and accountability.
- Support legislation that amends the Education Code to address the overuse of “willful defiance” as a basis for expelling children from a school district such as AB 2242 and training for school discipline alternatives such as SB 1235. Both were vetoed by Governor Brown in 2012. We support renewed legislative efforts to enact these important disciplinary changes which will improve outcomes for youth.
- Strengthening the state’s afterschool infrastructure and building summer programs to deliver high-quality expanded learning opportunities and to support the preparation of future teachers.
- Support policies that to ensure students will spend at least 50% of physical education class time engaged in moderate to vigorous physical activity.

Universal Healthcare Access, Including Mental Health

- Monitor the State of California's plan for moving those covered by Healthy Families into Medi-Cal which will be presented to the Legislature in late 2012.
- SB 970, which would have supported integrating applications for health and social services by streamlining applications for individuals interested in public programs, was vetoed by the Governor in 2012. We support renewed legislative efforts to enact this important change to better serve children and families.

Federal Legislative Policies

Community Development

Alameda County, like many other communities, is experiencing a severe housing crisis. Alameda County residents are facing record levels of pre-foreclosure and default, foreclosure, Action/Trust sales, and Bank Repossession and homelessness.

U.S. Department of Housing and Urban Development (HUD) programs that fund affordable housing development are vulnerable to major cuts in the FY 2013 budget. Decreases to HUD programs will impact local government's ability to respond to the current housing crisis, and an increase in homelessness is the likely result. Stable housing for the lowest-income population has a proven track record of benefits to the community:

- Affordable and supportive housing improves housing stability, employment, mental and physical health, school attendance and reduces active substance use.
- Affordable and supportive housing costs essentially the same amount as keeping people homeless and stuck in the revolving door of high-cost crisis care and emergency housing.
- Affordable and supportive housing helps build strong, healthy communities by improving the safety of neighborhoods, beautifying city blocks with new or rehabilitated properties, and increasing or stabilizing property values over time.

The 2011 Alameda County Homeless Count identified 488 homeless veterans, a 13% reduction from 561 persons in 2009. Veterans are 12% of the homeless population, down slightly from 2009. Over the past two years, new funding for subsidized housing vouchers through Department of Veteran Affairs, known as VASH Vouchers enabled 102 homeless veterans to move into permanent housing. Of these, 33 were chronically homeless veterans.

Proposed FY 2013 funding reductions for critical HUD programs will substantially limit the development of new affordable housing in Alameda County. Further reductions and failure to restore funding to levels at or above FY 2011 may jeopardize the County's ability to develop even limited new projects for which there is a demonstrated need.

The Neighborhood Stabilization Program (NSP) was authorized by the Housing and Economic Recovery Act of 2008 (HERA). Under the NSP, Alameda County has acquired and redeveloped foreclosed properties that might otherwise be abandoned and eventually become blighted. These efforts may stabilize neighborhoods, encourage community investment, stem the decline of values of neighboring homes and will increase the affordable housing stock in Alameda County.

Alameda County supports:

Housing and Community Developments:

- Efforts to increase federal funding to the U.S. Department of Housing and Urban Development (HUD) and Substance Abuse and Mental Health Service Administration (SAMSHA) for programs supporting stable and affordable housing for low-income and homeless populations.
- Robust funding for the Community Development Block Grant Program and oppose any efforts to decrease the cap on administrative costs for the program
- Full implementation of the HEARTH Act, including the Emergency Shelter Program/Emergency Services Program *Emergency Solutions Grant*
- Funding for the Housing Opportunities for People with AIDS
- Extension or reauthorization of the Neighborhood Stabilization Program (NSP)
- Increased funding to assist homeless veterans and their families obtain and maintain affordable housing
 - Fund HUD-VASH Vouchers to provide housing and services, to homeless veterans
 - Fund new Supportive Services for Veterans Families (SSVF) projects.
- Efforts to protect homeowners from foreclosure and tenants living in foreclosed properties

Lead Poisoning and Prevention Department:

- Programs and funding that promote lead screening, treatment and case management for low-income residents.
- Programs and funding aimed at identifying, tracking and mitigating high-risk areas for lead poisoning.
- Programs and funding to ensure that medical providers comply with federal requirements for lead screening and other related services for eligible children.
- Funding for healthy homes intervention to enable states and local governments to address substandard housing conditions that cause disease and death among children and seniors.

Planning Department:

- Regional sustainable community strategies
- Incentives for smart growth development
- Extension of the Federal Production Tax Credit (PTC) for the expansion of repowering efforts for wind energy

Redevelopment Agency:

- Flexible funding to advance economic and neighborhood improvement projects and programs.

Public Works

The Public Work Agency supports the California Consensus Principles, a set of principles developed by a variety of stakeholders including transportation agencies, Caltrans, the Business Transportation and Housing Agency, and then-Governor Arnold Schwarzenegger in 2008. These Principles are intended to provide a uniform, statewide position on transportation issues to Congress and the President, and consist of the following:

1. Ensure the financial integrity of the Highway and Transit Trust Fund
2. Rebuild and maintain transportation infrastructure in a good state of repair
3. Establish goods movement, as a national economic priority
4. Enhance mobility through congestion relief within and between metropolitan areas
5. Strengthen the federal commitment to safety and security, particularly with respect to rural roads and access
6. Strengthen comprehensive environmental stewardship
7. Streamline Project Delivery

Monitor Implementation of Moving Ahead for Progress in the 21st Century Act (MAP-21)

On July 6, 2012, President Obama signed into law P.L. 112-141, the Moving Ahead for Progress in the 21st Century Act (MAP-21). Funding surface transportation programs at over \$105 billion for fiscal years (FY) 2013 and 2014, MAP-21 is the first long-term highway authorization enacted since 2005. MAP-21 represents a milestone for the U.S. economy – it provides needed funds and, more importantly, it transforms the policy and programmatic framework for investments to guide the growth and development of the country's vital transportation infrastructure.

MAP-21 creates a streamlined, performance-based, and multimodal program to address the many challenges facing the U.S. transportation system. These challenges include improving safety, maintaining infrastructure condition, reducing traffic congestion, improving efficiency of the system and freight movement, protecting the environment, and reducing delays in project delivery.

MAP-21 builds on and refines many of the highway, transit, bike, and pedestrian programs and policies established in 1991. This summary reviews the policies and programs administered by the Federal Highway Administration. The

Department will continue to make progress on transportation options, which it has focused on in the past three years, working closely with stakeholders to ensure that local communities are able to build multimodal, sustainable projects ranging from passenger rail and transit to bicycle and pedestrian paths.

The Public Works Agency will monitor the implementation of MAP-21 and support legislation to implement the provisions of MAP-21 in an equitable manner that promotes traditional funding levels.

Support Project Delivery Streamlining

Delivery of projects is often bogged down by the multiple and mostly redundant approval processes and long timeframes, including environmental clearance and mitigation, design approval, right of way certification, and project financing.

Alameda County supports the following Public Works-related legislation:

- Legislation that improves environmental streamlining, including requiring specific time frames for state and federal reviews and approvals, to expedite project delivery while ensuring appropriate environmental protection and mitigation;
- Legislation that improves the ability to deliver projects and programs in a timely and cost-effective manner; and,
- Innovative project delivery methods including design-build and design-sequencing methods of contracting for flood control and transportation projects, and public/private partnerships.

Healthcare Services

1. Reducing Inequities in HIV

The re-evaluation of HIV incidence data at the Centers for Disease Control and Prevention (CDC) recently revealed that 56,300 new cases occurred in 2006 alone, which is 40% higher than previous estimates of 40,000 new HIV cases annually, in the United States. The annual incidence rate of new HIV infections has not fallen in nearly two decades. The impact of this trend on behavior risk groups and minority populations cannot be overstated.

Support for federal legislation that promotes and allows programs for comprehensive reproductive health education in school settings, provides health education and risk reduction strategies for individuals engaging in risky behavior, and increases funding for services for HIV positive individuals.

Support the comprehensive National AIDS Strategy to achieve improved and more equitable outcomes from our domestic response to HIV/AIDS. A comprehensive National AIDS strategy includes goals that reduce HIV incidence, increase access to care and optimize health outcomes, and reduce HIV-related health disparities.

Needle Exchange Programs: In December 2009, the President signed the Consolidated Appropriations Act, 2010, which modified the ban on use of Federal funds for needle exchange programs (also known as syringe exchange programs [SEPs]) for many health and human services programs. However, authorizations for some health and human services programs may still contain partial or complete bans on the use of funds for needle exchange programs. The modified provision prohibits the use of funds for SEPs in any location that local public health or law enforcement agencies determine to be inappropriate.

Support federal legislation that would permit a county receiving federal awards for HIV prevention to use those funds to support needle exchange programs, authorized by the county, to purchase sterile hypodermic needles and syringes.

Comprehensive Reproductive and Sexual Health Programs for Teens: National and statewide teen birth rates (births per 1000 females ages 15 – 19) were on the decline since 1991. In 2006 U.S. teen birth rates increased for the first time since 1991. Our county rate has increased over 9% in the past three years (2005 – 2007). In 2008 the Latina teen birth rate (50.1 or 714 births) is over seven times higher than the Asian rate (7.1 or 73 births) and over five times higher than rates among Whites (9.0 or 122 births). African American rate for teen births (34.3 or 328 births) is five times higher than the Asian rate (6.9) and over four times higher than rates among Whites (8.3). The highest rates of teen births are in areas of Oakland that include Fruitvale, East, West, and among foreign born teens.

The number of some Sexually Transmitted Infections (STIs) in young women under the age of 20 is almost equivalent to the numbers reported for all other women over the age of 20. This illustrates the high levels of unprotected sexual activity occurring in this population, creating greater opportunities for HIV transmission. Current AIDS data reflects that young people 13 -19 represent .4% of the cases.

It is important to fund comprehensive reproductive and sexual health programs which stress abstinence, while also educating young people about contraception, family communication, responsible negotiating and decision making skills.

Condom Distribution and HIV Testing in Prisons: At present, the distribution of condoms is prohibited within most State and all federal prisons. Rates of many diseases are higher for the incarcerated than for the total US population. Among the incarcerated, rates of HIV are 8-10 times higher. Kate Monico Klein, Director of the San Francisco Forensic AIDS Project, recently reported that 2% to 5% of the 2,100 inmates in the five San Francisco County jails are HIV positive. (*Kaiser Daily AIDS Report*, 12/20/06)

Given the prolonged rates of incarceration and the cyclical nature of the system, many inmates are not equipped to access health services when released. When HIV and other STDs are not prevented during incarceration, nor diagnosed in a timely manner, a greater transmission risk is incurred for their community partners. Condom distribution and routine, non-mandatory, HIV testing should be allowed in jails and prisons in order to prevent the spread of these diseases within the inmate population and among their partners in the community.

Formerly Incarcerated Individuals: We support any legislation that facilitates the rapid and effective transition of HIV care services for clients going in or coming out of federal prisons. In the effort to assist HIV positive individuals with the transition, we support any legislation that will automatically re-enroll released inmates into Medi-Cal.

AIDS Drug Assistance Program (ADAP) The AIDS Drug Assistance Program (ADAP) is a very important part of Ryan White Program funding. ADAP pays for prescription drugs for people who have limited or no coverage for HIV medications and can't otherwise afford them. The program is managed by states, and most of them also contribute to the funding. The benefits and eligibility requirements vary widely state by state. The programs have been in funding crisis across the country.

California's ADAP is one of the best programs in the country. It has been carefully constructed with advice from medical and community experts to provide access to comprehensive list of life-saving medications.

The program keeps HIV positive Californians healthy and delays or prevents further disease progression and more costly care. Additionally, effective treatment lowers viral load (the amount of virus in the body). Evidence indicates that people with lower viral loads are less likely to transmit HIV to others. ADAP supports individual health and the larger public health. The ADAP Eligibility Criteria requires clients to: be uninsured or under-insured for the cost of medications; have an annual Federal Adjusted Gross Income of less than \$50,000 (clients with incomes greater than 400% of the Federal Poverty Level might have a "share-of-cost" co-payment); have an HIV/AIDS diagnosis, and be 18 years of age or older.

More than 1,786 People Living with HIV/AIDS (PLW HIV/AIDS) throughout Alameda County received more than 47,131 prescriptions in FY 2010-2011, at an approximate cost per client of \$8,300 and a total cost of more than \$14.8M. At Santa Rita Jail (SRJ), approximately 200 incarcerated PLW HIV/AIDS per year receive almost 2,000 prescriptions at an approximate cost per inmate of \$3,000 and a total cost of approximately \$600,000. As of July 1, 2010, these SRJ costs have been assumed by the Alameda County Sheriff's Department because the State de-funded ADAP coverage for city and county jail inmates to save approximately \$9M statewide per year.

California ADAP funding sources for FY 2012 are: the Federal Ryan White Part B funds (approximately \$113.6 million), the State General Funds (approximately \$16 million), Reimbursements of approximately \$17.2 million and rebate funds paid to ADAP by pharmaceutical companies for drugs that have been purchased by the program (approximately \$293 million). Rebates generated by the program are kept in the ADAP "Special Fund".

Fiscal Impact: The lifetime cost of healthcare for a person living with AIDS is over \$600,000, or \$24,200 per year. Programs such as needle exchanges, comprehensive reproductive health training for teens, and condom distribution in jails and prisons, HIV testing and ADAP are cost-effective methods to limit these exorbitant healthcare costs.

2. Reducing Inequities in Chronic Disease

Nutrition and Physical Activity – Federally-funded child nutrition programs that serve low-income children in Alameda County include the school meals program (breakfast and lunch), child care meals, afterschool snacks, summer foods, the Child and Adult Care Food Program (CACFP) and the Women, Infants, and Children (WIC) program. These programs were reauthorized by Congress in FY 2011 as part of the Healthy, Hunger-Free Kids Act of 2010 (hereafter referred to as "Act"). Increasing access to these programs will improve the health of low-income children in California and across the country.

According to California Food Policy Advocates, many California families have high levels of food insecurity, hunger, and poverty with over 30% of low-income households with children struggling to put food on the table. The school lunch program serves 3 million children in California, but doesn't serve another 3 million who are eligible. Children who eat breakfast tend to score higher on tests, maintain a healthy body weight more easily, and get sick less often, but more than 2 million eligible low-income children miss out on school breakfast in California because they are not enrolled in the School Breakfast Program; and even less actually eat the breakfast provided. More locally, the Oakland Unified School District, OUSD, the largest school district in Alameda County, is a good example: 2010 data showed that approximately 38,000 children attend the OUSD. Of those, 67% of the children eligible for free/reduced federal meal programs participate in the school lunch program. In 2010, Universal Breakfast was installed in OUSD, where any student can eat breakfast at no cost, yet less than 20% of eligible students participated in the School Breakfast Program. Federal nutrition standards for the Child and Adult Care Food Program have not been revised in decades to respond to the obesity epidemic, while nearly 20 percent of California preschoolers become obese before kindergarten. Empty calories in processed foods top many experts' lists of contributors to obesity, yet USDA commodities are unregulated for nutritional quality.

Farm-to-school efforts to provide fresh, locally grown produce to California's school age children should be implemented as part of the Act. Participation by children in the exercise of growing, caring for and eating from a locally maintained food garden should be strongly considered as part of a wide spread obesity prevention strategy. Incorporation of basic food preparation and cooking should be woven into the fabric of activities implemented as to familiarize and cultivate food preferences toward increased fruit and vegetable consumption. Continued investment in federally funded child nutrition programs is needed to ensure that California children and families benefit from a robust safety net that fights hunger and teaches children healthy nutrition habits – an important first step in preventing diet-related disease. Efforts to increase participation in school nutrition and community programs and efforts to increase the nutritional quality of school nutrition and community programs will greatly impact the health of Alameda County residents.

- **Changes in the National School Breakfast Lunch Program** - As this program is sorely underutilized, recommendations to reallocate resources in this program would be in order. The amount allocated per student for meal reimbursement should be increased to adequately cover food, supplies, labor, utilities, and other costs that will allow school districts to better meet the needs of students so that they are ready to learn. Congress should also change the meal reimbursement process to ensure that the program will continue to be funded even if participation exceeds initial estimates. Additional strategies to be pursued include using Farm-to-School Programs to help bolster salad bars and allocating funding for fresh produce for the after school snack menu.
- **Women, Infants, and Children Program** – Support the 2010 funding recommendations of the National WIC Association and the California WIC Association including fully funding the WIC food and nutrition services and administration (NSA), replenishing the Contingency fund (in the case of unpredictable caseload or food cost spikes), ensuring that State WIC programs can fully expend federal WIC funds, increasing funding for breastfeeding peer counseling, and supporting WIC evaluation and outcomes research related to the implementation of the new WIC food packages.

Tobacco - The Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) became law on June 22, 2009. It gives the Food and Drug Administration (FDA) the authority to regulate the manufacture, distribution, and marketing of tobacco products to protect public health. Alameda County recognizes the public health benefits of this Act, and supports efforts to reduce youth access, increase cessation services, and reduce tobacco consumption.

Alameda County does not support legislation that would interfere or limit the FDA's ability to regulate tobacco products; this includes the authority to: 1) Restrict cigarettes and smokeless tobacco retail sales to youth, 2) Restrict tobacco product advertising and marketing to youth, 3) Prohibit reduced harm claims including "light", "low," or "mid", 4) Implement bigger, bolder warning labels for cigarettes and smokeless tobacco products, 5) Regulate flavored cigarettes (except menthol and tobacco flavorings), 6) Require manufacturers who wish to market a new tobacco product to obtain a marketing order from FDA prior to marketing that new product, and 7) Require manufacturers who wish to market a tobacco product with a claim of reduced harm to obtain a marketing order from FDA, and 8) Oversee registration and inspection of tobacco companies.

Alameda County supports legislation that would regulate nicotine-only products in a manner consistent with regulation of cigarettes.

3. Health Benefit Coverage for Pre-Trial Inmates

Alameda County supports changes in current federal law or regulation that will allow an otherwise eligible person, who is in custody, but not convicted, to continue to receive federal health benefits until such time as they may be convicted, sentenced and incarcerated.

Background: Title XIX of the Social Security Act, which governs the Medicaid program, prohibits Federal Financial Participation (FFP) – the federal match – for services provided to "inmates of a public institution" even if they are eligible for, and enrolled in, Medicaid (Section 1905(a)(A)). Nearly all the states maintain that they are unable to assume the federal share of providing Medicaid services to eligible persons in county custody, and terminate their eligibility. As a consequence, the entire cost of medical care for all arrested and detained individuals falls to the county.

Once an individual's Medicaid eligibility has been terminated, it may take months to re-enroll and for benefits to be restored when they are released back into the community.

Many who are charged with crimes and awaiting trial are released on their own recognizance after posting bond, are placed under house arrest or are released under other supervised alternatives. If eligible and enrolled, these individuals would continue to be covered by Medicaid while awaiting trial. Some who are charged with crimes and held in county

jails are ultimately acquitted or the charges may be dropped and the individual released. All who are eligible for federal medical benefits prior to arrest should continue to be eligible and covered until such time as they have been convicted of a crime, sentenced and incarcerated.

Medicare, the Children's Health Insurance Program (CHIP) and Veterans Administration health benefits are similarly restricted.

A provision was included in the Affordable Care Act that, beginning in 2014, will require plans offered on the new state-based Affordable Health Insurance Exchanges to cover Qualified Individuals in custody pending disposition of charges. It is estimated that about one third of the pre-trial jail population will be eligible for Exchange coverage and two thirds may be eligible for Medicaid coverage, based on income and/or disability status in 2014. The Center for Medicare and Medicaid Services (CMS) needs to harmonize the rules for the Exchanges and Medicaid, to clarify that jail officials may submit enrollment applications on behalf of persons in custody, and to require states to stop terminating eligibility for persons in custody pending disposition.

4. Behavioral Health

Behavioral health problems (mental health and/or substance use disorders) have a tremendous impact on the lives of Alameda County residents, imposing burdens on individuals, families, communities, and governments.

Mental illness is an important public health problem, both in its own right and because the condition is associated with other chronic diseases and their resulting morbidity and mortality. According to the World Health Organization (WHO), mental illnesses account for more disability in developed countries than any other group of illnesses, including cancer and heart disease. Rates for injuries, both intentional (e.g., homicide and suicide) and unintentional (e.g., motor vehicle), are 2-6 times higher among persons with a mental illness than in the overall population. Mental illness also is associated with use of tobacco products and alcohol abuse.

The effects of mental illness range from minor disruptions in daily functioning to incapacitating personal, social, and occupational impairments and premature death. The Centers for Disease Control and Prevention has reported that depression is the most common type of mental illness, affecting more than 26% of the U.S. adult population. It has been estimated that by the year 2020, depression will be the second leading cause of disability throughout the world, trailing only ischemic heart disease.

Support for the following items will assist Alameda County in providing, a fiscally sound, comprehensive continuum of behavioral health services ranging from prevention/early intervention to treatment and recovery/support that will foster increased access to services, a reduction in stigma and discrimination and improved health outcomes for Alameda County residents with behavioral health conditions:

- **Develop a consolidated billing structure for Medicaid and Medicare:** Currently there exists separate reimbursement criteria and methodology for Medicaid and Medicare. Having two separate and distinct systems, with different reimbursement criteria, contribute to confusing, cumbersome, and time intensive billing processes and drive up the cost of care. Having one consolidated billing system would increase billing ease and efficiency.
- **Streamline health insurance enrollment:** Simple, user-friendly, multi-lingual, healthcare enrollment procedures and materials will improve consumers' access and participation into health care coverage. Enrollments and re-enrollments should be as easy for the consumer as possible and use existing administrative data from other government sources wherever possible.

- **Support expansion of health care workforce including behavioral health providers** – there is a significant shortage of primary and behavioral health care providers nationally and in Alameda County. Efforts to expand the number of well-trained, licensed, and credentialed professionals from diverse backgrounds are critical as the overall population ages and more individuals are covered by health insurance. There are critical shortages among people with specific cultural and language skills.
- **Ensure the provision of care management through medical/health care home model services for all:** A medical home is a team based health care delivery model led by a physician that provides comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes. This is especially important for individuals with a mental illness since it has been documented that people with serious mental health challenges die 25 years younger of treatable health conditions (diabetes, cardiovascular and respiratory diseases, HIV and AIDS). Participation in this model would allow California to increase the federal match for healthcare home services. In addition, participation would help promote innovative, integrated health care delivery models for populations with special health care needs.
- **Support Medicaid funding for alcohol and drug screening and brief intervention services (SBIRT):** SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur. Research shows that SBIRT is an effective way to reduce drinking and substance abuse problems. A 2009 article in the journal Drug and Alcohol Dependence, for example, found an almost 68-percent reduction in illicit drug use over a 6-month period among people who had received SBIRT services.
- **Relax licensure requirements for Federal reimbursement for peer support services:** Peer support services can play an integral role in an individual's recovery from a mental illness or substance use disorder and is an innovative way to save money. As a local example here in Alameda County, a pilot peer support program at John George Psychiatric Pavilion, funded through the Mental Health Services Act, called Mentors upon Discharge, has reduced the number of re-hospitalizations of participants in the project by 72 percent, which has equated to a significant cost savings. Peer support programs could be expanded within Alameda County and beyond if peer support/peer counseling for individuals with mental health or substance use disorders, who are in the recovery phase of treatment, could be considered a reimbursable service under Medicaid rehabilitation codes.
- **Include supported employment and education services as an eligible Medicaid rehabilitation service** – individuals receiving Social Security disability face a wide range of barriers to return to meaningful work. The exclusion of evidenced-based employment services for disabled individuals on Medicaid presents a barrier for local mental health authorities that would like to expand these resources.
- **Simplify Social Security work incentives** – the Social Security Administration should continue to simplify and streamline its programs to promote returns to work among people receiving Social Security benefits for a disability. Such incentives should account for changes in the health insurance policy and include more robust outreach and educational campaigns.
- **End the same-day visit exclusion for mental health services in Federally Qualified Health Centers (FQHCs)** – California should eliminate the restriction on same-day billing for primary care and behavioral health services in FQHCs. This exclusion hampers efforts at integrated care and creates financial disincentives for FQHCs that would like to hire more licensed behavioral health care staff to work in their health centers.

- **End the Medicaid lock out of reimbursable mental health and substance use disorder treatment services for incarcerated individuals:** Research shows that 50% or more of state prisoners meet the criteria for a diagnosis of drug abuse or dependence, but only 10% receive medically based drug treatment. Additionally, more than 8 in 10 returning prisoners have chronic physical, mental, or substance abuse conditions that create significant and distinct reentry challenges and service needs. Because of the link between substance abuse and crime, allowing for Medicaid reimbursable treatment services to incarcerated individuals has the potential to yield substantial health and economic benefits.
- **End the Medicaid Institutions for Mental Disease (IMD) exclusion for individuals 21-64 years of age who are being served in institutions for mental diseases with 17 beds or more:** Under this exclusion, federal Medicaid law prohibits federal contribution to the cost of medically necessary care to enrolled program beneficiaries ages 21-64 who receive care in certain institutions that are defined as an “institution for mental disease” (IMD). An IMD is defined as “a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care and related services. As a consequence of this exclusion it has become increasingly difficult for the most severely mentally ill to get inpatient treatment services. According to SAMHSA, the United States has effectively lost 93% of its state psychiatric hospital beds since deinstitutionalization began in 1955 resulting in increased rates of incarceration, homelessness, victimization and violence. An end to the IMD exclusion would mean parity for the severely mentally ill and allow for the appropriate level of care for this vulnerable population and their families.

5. Economic Well Being

In addition to their focus on reducing unemployment, federal policymakers should consider the following policies to help create good jobs, build assets, and reduce inequities.

A. Policies to improve access to jobs and income: Several policies could be enacted to ensure that workers have access to jobs and fair wages.

- **The American Jobs Act:** Discussion: In the throes of an economic climate where joblessness persists and the costs of living are increasing, the current presidential administration has put forth a collection of policies that are intended to create much needed jobs and protect the income and assets of those currently working. The package of policies that make up the jobs act include measures that will provide: tax credits for hiring vets and long-term unemployed workers; tax cuts for business that expand their payroll by hiring new workers; extension of unemployment insurance and **reform to the unemployment insurance program**; a new “Bridge to Work” program expanding job opportunities for low-income youth and adults; direct job creation thorough infrastructure improvements and construction; and measures that will protect the jobs of America’s teachers.
- **The Expansion of Temporary Assistance for Needy Families (TANF):** Discussion: TANF is a federally funded block grant program that allows states to create and administer their own assistance programs. TANF replaces the federal programs previously known as “welfare,” and enables states to offer a wide variety of social services. States can use TANF dollars in ways designed to meet any of the four purposes set out in federal law, which are to: “(1) provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; (2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; (3) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and (4) encourage the formation and maintenance of two-parent families.” TANF, scheduled for reauthorization in 2010, was extended by Congress though September 30, 2011, and then once again extended (HR 2943) through December 31, 2011.

The recession and accompanying period of high unemployment have had severe repercussions for TANF recipients. From 2007 to 2010, the unemployment rate increased 88% while TANF caseloads grew by only 14%.⁴ Facing severe budget shortfalls, many states drastically cut their TANF programs, taking actions such as reducing cash assistance and childcare subsidies and shortening time limits for benefits. TANF improvements that could better enable recipients to climb out of poverty include providing permanent funding, allowing education and training to count as work requirements, and guaranteeing childcare for welfare-to-work participants. A countercyclical component, such as using investments in workforce development during downturns in order to realize greater employment and earnings growth later, would also better equip TANF to respond to economic downturns. We support the reauthorization and expansion of TANF, and that of any policy at the federal level which increases the capacity of states to provide social services for low-income, working families.

- **Quality jobs:** Everyone has the right to work in a safe and healthy place of employment free from preventable workplace hazards and toxic chemicals. We support protective worker health and safety laws. In addition, economic policies should prioritize quality jobs that pay family-supporting wages and provide health benefits and paid sick days. Quality jobs improve the standard of living—thereby increasing the state’s tax base and reducing the burden on public assistance programs. Protecting collective bargaining rights and workers’ ability to join labor unions is an important aspect of improving job conditions.
- **Worker Misclassification:** With rough economic times and limited resources, employers have turned to ways to make the employment relationship more flexible, increasingly relying on the roles of “independent contracts,” as well as arranging part-time, temporary, and seasonal work. Intentional misclassification of workers relieves employers of having to make contributions to Social Security, unemployment insurance, workers’ compensation, health insurance, and even avoidance of minimum wage and overtime laws. The federal government loses out on what would be billions of dollars because of underpayment of taxes through the employee misclassification. The Labor Department is currently working to coordinate efforts with law enforcement and the IRS, and leaders from seven states recently signed a memorandum of understanding with the department’s Wage and Hour Division as a coordinated step to increase accountability across sectors and jurisdiction for the misclassification of workers. California is not one of those states. Therefore, any effort by the state to involve itself in this coordinated effort, or any measure to step beyond an MOU to codify and regulate such abuse should be strongly supported for its economic, health, and healthcare benefits.
- **Expand the Earned Income Tax Credit (EITC):** The country’s most successful anti-poverty program, the Earned Income Tax Credit (EITC) encourages low-income people to work and is credited with lifting millions of people out of poverty across the nation. Single mothers make up the largest group of recipients, followed by married couples with children; together these two groups receive nearly 90 percent of all EITC benefits. Single men with children make up 7 percent of recipients and receive about 8 percent of EITC dollars. Childless adults make up more than 25 percent of the recipients and receive less than 4 percent of total benefits.⁵ Expanding EITC to create more work incentives and benefits for single fathers and childless adults would build upon the successes of the program.

⁴ Zedlewski, Sheila; Loprest, Pamela; and Huber, Erika. “What Role is Welfare Playing in this Period of High Unemployment?” Urban Institute, August 2011.

⁵ Gitterman, Gorham, Dorrance, “Expanding the EITC for Single Workers and Couples without Children.” Center on Poverty, Work, and Opportunity at the University of North Carolina at Chapel Hill, January 2007.

B. Policies that support asset-building: Financial security today depends not just on job security but increasingly on one's ability to accumulate assets, both personal and financial. Broadening savings and asset ownership opportunities has the potential to improve the health of Alameda County's residents.

- **Help low-income people to accumulate assets through increased savings and investments:** Discussion: A variety of savings accounts and incentive programs are designed to help build assets and opportunities among low-income people, including individual development accounts (IDAs), children's savings accounts (CSAs), and tax-time education savings programs. According to the Corporation for Enterprise Development, IDAs are special savings accounts that match the deposits of low- and moderate-income savers, provided that they participate in financial literacy training and use the savings for targeted purposes – usually education, homeownership, or capitalizing a small business. CSAs are similar matched savings accounts established for children as early as birth and allowed to grow over a lifetime. CSAs can help low-income parents and students see college as an attainable goal. There is evidence that people who own assets are likely to have higher expectations for their futures and the futures of their children, which in turn results in higher GPAs and graduation rates. In a small pilot program from CFED, having CSAs increased a child's expectations about attending college. Other measures that promote long-term savings for higher-education costs address issues of ease and access. The New America Foundation recently supported one such measure that was designed as a simpler way for families to save for college by amending the California state income tax form to allow filers to directly deposit their refund into an existing state-administered tax-advantaged 529 college savings account. This was designed to help children and their families save for postsecondary education at a time when many households are receiving the most significant lump sum of cash they will receive all year. Finally, paths to asset accumulation are often tied to the location of institutions that can provide adequate financial instruments and savings accounts. Many of the communities that would benefit most from the aforementioned programs lack the most basic financial tool: a bank account. Financial institutions have closed the doors of 530 bank branches in low and moderate-income communities in the past four years, while increasing fees for checking and savings accounts.⁶ These practices create room for predatory financial operators such as check cashers, payday lenders, and pawn shops to drain millions from communities through high fees and usurious loans. Modernizing and enforcing the Community Reinvestment Act and encouraging responsible banking ordinances at the local level will strengthen public accountability and incentives for fair financial practices that protect income and assets.
- **Retirement saving accounts for all workers:** Discussion: Retirement accounts are another vehicle by which low- and moderate-income families can build assets. According to the New America Foundation, a disproportionate number of people of color rely on Social Security as a significant percentage of (sometimes entirely) their income after retirement, leaving them financially unprepared for life after leaving the workforce. Access to retirement savings vehicles for those who do not have access to a retirement savings plan at their workplace could supplement Social Security benefits through a voluntary, universal, portable savings account. Supporting universal access to Retirement Savings Plans would affect nearly 70 million Californians that are without an institutionally supported retirement savings account, and would help prepare disadvantaged populations for the economic realities of retirement.
- **Homeownership:** Discussion: According to the Corporation for Enterprise Development, the home represents the single largest component of household wealth and is a fundamental asset for millions of Americans. Many low-income renters are subject to substandard living conditions. Homeownership provides physical and financial security. Policies to support homeownership include providing additional assistance to first-time homebuyers (down-payment assistance, competitively priced mortgage lending products, homebuyer education), curbing predatory mortgage lending and ensuring sound underwriting standards, establishing housing trust funds, and banning prepayment penalties.

⁶ Silver, Josh and Pradhan, Archana. "Why Branch Closures are Bad for Communities." National Community Reinvestment Coalition, April 2012.

- **Financial Education:** Discussion: Financial literacy provides the knowledge and skills necessary for individuals to take control of their financial destiny. Unfortunately, a lack of access to such financial education impedes the ability of already disadvantaged populations from making the types of decisions that promote entrance to the financial mainstream and instead lead to financial mistakes. Programs and measures that seek to educate on a variety of personal finance topics, especially those that pair information with access, should be strongly supported. Some of these programs would include financial planning in the workplace, integration of financial literacy into high school curriculum, and a Financial Services Corp., made up of financial experts, planners, and advisers, that would deliver financial advice and resources to lower-income individuals and families.
- **Eliminate asset tests in public benefit programs:** Discussion: Many public benefit programs limit eligibility to those with few or no assets. If a family has assets over the state's limit, it must reduce longer-term savings in order to receive what is often short-term public assistance. According to the Corporation for Enterprise Development, personal savings and assets are necessary resources that families need to move off of public benefit programs and become self-sufficient. The eligibility rules currently penalize low-income families for saving with a reduction or loss of benefits, thereby discouraging families from building the personal safety net they so desperately need to climb out of poverty and become self-sufficient. Similar policies could be applied to remove asset tests from Temporary Assistance to Needy Families (TANF), Medi-Cal, and Supplemental Security Income (SSI).
- **Restrictions on payday lending:** Discussion: According to the Corporation for Enterprise Development, predatory payday lending is the practice of repeatedly making small short-term loans at annual interest rates averaging about 400%, trapping borrowers in a cycle of debt. Payday lenders are disproportionately concentrated among communities of color. Predatory loans should either be banned or imposed with rate caps of 36% Annual Percentage Rate (APR) or less. Safer small-dollar loan products should be promoted as an alternative to payday lending.
- **Expand Individual Development Accounts (IDAs):** Discussion: IDAs are matched savings accounts that help people with modest means to save towards the purchase of a lifelong asset. Typically, IDA savings and match money can be used to buy a house, pay for education or job training, or start a small business. Federal policies that fund IDAs have helped create accounts for thousands of low-income families across the country and many more could benefit from such an opportunity if additional resources were made available. The Department of Health and Human Services currently funds the majority of IDAs through Assets for Independence (AFI), a competitive grant program administered by the Office of Community Services (OCS).
- **Increase affordability of post-secondary education and provide debt management assistance:** Education is a strong predictor of one's ability to accumulate income and wealth, and is thereby strongly correlated to health. Because student aid and family incomes have not risen at the same rates as tuition, the dream of education has become more of a challenge in recent years. Policies at the federal level that remove barriers to educational opportunities should be supported, especially those that reduce the burden of debt felt by many residents who pursue such opportunities but are then encumbered by debt in a way that negates the positive wealth potential provided by continuing education. Some policy solutions include permanently instating the American Opportunity Tax Credit (AOTC) which provides a credit of up to \$2,500 per year for tuition, fees, books and supplies, and is partially refundable so students and families with low-incomes can benefit, as well as increasing access to Income-Based Repayment for federal student loans, encouraging community colleges to participate in the federal loan program, expanding loan forgiveness programs, and strengthening consumer protections for private student loan borrowers.
- **End discrimination in employment, education and job training:** Racial and gender discrimination remain rampant in workplaces, reducing economic security for working women and minorities while undermining the overall economy. We need to strengthen Equal Employment Opportunity Commission's enforcement of Title IX

and ensure fair access to job training programs and apprenticeships to eliminate discrimination by race and gender.

- **Modernize the Community Reinvestment Act:** The Community Reinvestment Act is the foundation for ensuring private financial investment in underserved communities. Because of the accountability requirements imposed by CRA, banks have actively supported economic opportunity for underserved groups by providing affordable mortgage programs, small business loans, community development financing, and funding for non-profit housing and economic development programs.

The financial services sector has undergone dramatic changes since CRA was enacted in 1977, but the law itself has not seen any significant modernization. Low and moderate-income communities and communities of color continue to deal with unfair banking practices. There is strong evidence that financial institutions target these communities for predatory financial products. Regulatory agencies charged with enforcing CRA have been promising to issue updated regulations that would curb discriminatory and abusive financial practices. Federal financial regulatory agencies must update the regulations enforcing the Community Reinvestment Act now to reflect the changing dynamics of the banking industry.

C. Policies to ensure equitable taxation: According to the Corporation for Enterprise Development, in FY2009, \$384 billion was spent to help Americans save and invest. However, they report that at least 90 percent of related policies operate as tax expenditures, which are regressive, invisible and unregulated, and as such are of little help to low- and moderate-income households trying to become more financially secure. The CED also cited in a recent report that more than half the benefits went to the wealthiest 5 percent of taxpayers in fiscal year 2009, and largely missed the asset-poor majority in this country. Meaningful incentives to save for residents of all income groups should be provided, and the tax system should benefit all residents equally.

- **Reduce tax burden on lowest income earners:** Increasing federal budget deficits and skyrocketing debt has made it necessary for federal level reform in order to close the gap or suffer the consequences of increasing national economic instability. Tax cuts implemented in our previous president's administration are set to end in 2012 and the proposed reform to tax codes is one way to address inequitable income tax payment. The American Jobs Act of 2011 proposes to help reduce unemployment, and would temporarily cut individual and business taxes to promote job growth. However, it would also permanently raise taxes on high-income individuals, limit deductions for wealthier filers, target tax loopholes, end some corporate tax breaks and subsidies used by large corporations, and would spare retirees from any changes in Social Security while directing most of the cuts in Medicare spending to health care providers instead of beneficiaries.

6. Immigration

California is a gateway for many immigrants, adding to the state's economic and cultural vibrancy. California's immigrant population continues to grow. According to the Immigration Policy Center, 1 in 4 Californians is an immigrant (foreign-born). Of these 10.2 million immigrants in California, 45.6% are naturalized US citizens. Immigrants and their adult, US born children account for 28.9% of all California voters. Finally, immigrants are a major part of the California economy, comprising 34.6% of the Californian workforce and paying roughly \$30 billion in federal taxes, \$5.2 billion in state income taxes, and \$4.6 billion in sales taxes each year. In Alameda County, 30.8% of the residents are foreign born.⁷

Given immigrants' integral role in California's economic and social fabric, policies that support the health of California's immigrant populations support the health of California overall. The public health implications of policies that increase

⁷ <http://quickfacts.census.gov/qfd/states/06/06001.html>

stress and anxiety on the physical and mental health of immigrants, increase immigrants' vulnerability to crime and violence and decrease public safety overall, and decrease health care utilization by immigrants are of particular concern.

Alameda County should support federal-level policies that achieve the following:

- Create an immigration process that promotes the health and well-being of those impacted, as well as their families and communities; provides an expedited, common-sense route to citizenship for new Americans who aspire to be citizens; recognizes the contribution of immigrants; and keeps families together here in this country.
- Reform Secure Communities and all detention and deportation programs to reduce the negative impacts on public safety, civil liberties, public health, and the conditions of detainees
- Increase access to education, particularly higher education
- Protect against racial profiling based on "perceived" immigration status, ethnicity, or religion
- Protect the health and welfare of children whose parents are being detained or deported by Immigrations and Customs Enforcement (ICE) and Border Patrol
- Increase access to quality, affordable health care coverage and services, including among undocumented immigrants, and promotes culturally and linguistically appropriate care;
- Promote public safety by decreasing fears among immigrants that reporting crimes, including domestic violence, to local authorities can lead to deportation proceedings
- Protect and promotes the well-being of immigrant workers, including undocumented workers
- Ensure nondiscriminatory equal treatment under the law, and protect the confidentiality and privacy of individuals

Social Services

Alameda County supports the following:

Children and Family Services

Child Welfare

- Extension of California's Title IV-E Waiver and continuation of the original base period for Alameda and Los Angeles Counties (three-year average between FY 2002-03 and 2004-05 and the 2% growth rate.
- Continue to support efforts to reform child welfare financing, including prevention activities.
- Provide adequate federal funding for services and income support needed by parents seeking to reunify with children who are in foster care.
- Increase financial support for programs that assist foster youth in the transition to self-sufficiency, including post-emancipation assistance such as secondary education, job training, housing and access to health care.
- Advocate for the elimination of outdated rules that base the child's eligibility for funds on parental income and circumstances.

AB12/Fostering Connections Improvements

- Change federal law to allow for a successor guardian in same manner as a successor adoptive parent is allowed today in order to minimize disruption for children whose guardians die or become incapacitated.

- Change federal law limiting extended guardianship and adoption under Fostering Connections only for youth whose adoption or guardianship was established at age 16 or older in order since it is a disincentive for permanency for these children.

Workforce and Benefits Administration

Temporary Assistance for Needy Families (TANF) Reauthorization

- Maintaining the overall work focus of the program, while recognizing that “work first” does not mean “work only.” Research indicates that the most successful welfare-to-work programs combine work with training and supportive services, as appropriate. CWDA supports a permanent authorization and appropriation of funding for subsidized employment as enacted originally in the American Recovery and Reinvestment Act.
- Restoring and enhancing state and county flexibility to tailor work and family stabilization activities to families’ individual needs.
- Measuring states’ performance in a fair and comprehensive manner that recognizes multiple potential positive outcomes for families.
- Rebuilding the partnership between the federal government, states and counties in order to move forward with common goals.

Supplemental Nutrition Assistance Program (SNAP) Reauthorization

- Work with the federal government and national partners to increase outreach and enrollment for SNAP/CalFresh.
- Provide additional flexibility for states to align Food Stamps (CalFresh) eligibility and processes with state TANF programs (and Medicaid); oppose efforts to roll back program rules that allow for state flexibility and streamlining, such as categorical eligibility rules that California has implemented.

Legal Immigrant Benefits

- Restore benefits to legal immigrants that were ended by the 1996 welfare reform legislation.

Supplemental Security Income (SSI) Asset Limit Reform

- Advocating for legislation that will raise the limit of the federal SSI program asset test and allow for the exclusion of some retirement, education and IDA account savings.

Adult Aging and Medi-Cal

Health Care Reform

- Work with the federal government and national partners to develop rules and requirements for Medicaid enrollment and Exchange enrollment under the PPACA that reduce program complexity, recognize the county role in eligibility and enrollment, and support SAWS consortia modernization efforts.

- Oppose efforts to block grant the Medicaid program or other initiatives to reduce funding for program administration or benefits.

Adult and Disability Services

- Appropriate \$100 million authorized under the Elder Justice Act to support state and county adult protective services programs.
- Maintain funding for the Social Services Block Grant, which in California is used primarily to augment county and state funded services for elderly and disabled persons, Foster Care/Child Welfare services, and CalWORKS Child Care.
- Support S. 2037, Older American's Act Reauthorization. OAA provides the federal mandate to fund Area Agencies on Aging. The bill calls for increased appropriation to the OAA Titles and calls for increased local flexibility in Title VI funding. The National Association for Area Agencies on Aging has developed policy recommendations for the bill which include: Increased appropriation, local flexibility, strengthening the roll of AAA's in integrated Long Term Services, health and wellness and care management.

Administration

Alameda County Workforce Investment Board

- Reauthorization/extension of Workforce Investment Act. Build on the lessons learned over the past 10 years of implementation, build on best practices, make improvements and push the system toward innovation. Reauthorization should focus on problems with the statute that stand in the way of successful implementation; encourage the building of a comprehensive, high quality workforce investment system; encourage innovation in serving workers and in providing enhanced services to businesses; facilitate a continuum of services between education, workforce services and training; and expand the resources that are available for further education and training.
- Support and reaffirm the Legislative Platform of the Alameda County Workforce Investment Board

Alameda County Interagency Children's Policy Council (ICPC)

Prenatal to Age 8 System of Care

- Support full funding of the WIC (Women, Infants, and Children Program) food and nutrition services and administration (NSA), replenishing the Contingency fund and ensuring that State WIC programs can fully expend federal WIC funds.
- TANF is federally funded block grant program that allows states to create and administer their own assistance programs. TANF replaces the federal programs previously known as "welfare," and enables states to offer a wide variety of social services. We support TANF reauthorization and expansion, and that of any policy at the federal level, which increases the capacity of states to provide social services for low-income, working families.
- Expansion and increased funding for the Home Visiting, an evidence-based program focused on improving the wellbeing of families with young children, provided under the Affordable Care Act.
- Affordable and supportive housing improves housing stability, employment, mental and physical health, school attendance and reduces active substance use in parents which increase the likelihood of positive outcomes for

young children. Therefore, we support efforts to fully fund the U.S. Department of Housing and Urban Development (HUD) and Substance Abuse and Mental Health Service Administration (SAMSHA) programs that support stable and affordable housing for low-income and homeless populations.

Priority Projects

One area that is mostly overlooked is the impact of the Public Works Agency's programs on the area economy; specifically, its contribution to employment opportunities. For example, over the past three years, during significant downturns in the economy, the Agency has implemented over \$63 million of public improvements.

Applying similar approaches as the one used by the U.S. Department of Transportation--Federal Highway Administration--in a publication titled "Highway Infrastructure Investment and Job Creation," every \$1 billion of investment in public infrastructure would support approximately 42,100 full-time jobs. Therefore, the \$74.5 million of improvements implemented by PWA between 2007 and 2010 translates to approximately 3,140 private sector jobs created or saved in the area economy. The \$46.8 million in 2011 contracts will generate positive economic action and growth including an additional 2,690 private sector jobs.

Program	Infrastructure Investment			Employment Impact
	Actual 2008-10	Actual 2011-12	Projected 2012-13	Estimated Created or Saved Jobs
Transportation	\$10,166,123	\$18,610,205	\$55,153,910	2,320
Flood Control	\$ 4,604,690	\$16,638,203	\$23,226,450	978
Specialized Consultant Services	\$ 1,682,177	\$11,631,672	\$46,850,495	204
Total	\$16,452,990	\$46,880,080	\$83,230,855	3,502

Although earmarks were eliminated in the 112th Congress, the Public Works Agency (PWA) continues to support funding requests for specific flood control and transportation priorities. PWA will work with the Department of Transportation and Army Corps of Engineers for competitive grant opportunities, and formula funding for the following projects:

1. Estudillo Canal Flood Control (Feasibility Study) Project - San Leandro (ON-HOLD)

The United States Army Corps Engineer's (USACE) Reconnaissance Study phase was completed in October 2004. The project is currently in the beginning of the eighth fiscal year (2012-13) of the Feasibility Study phase. The primary objective of the Feasibility Study is to determine the extent of Federal interest in providing flood damage reduction in the study area. USACE received a \$750,000 federal appropriation for fiscal year 2005-06; \$600,000 for fiscal year 2006-07; \$392,000 for fiscal year 2007-08; \$96,000 for fiscal year 2008-09; \$250,000 for fiscal year 2009-10, and \$0 for fiscal year 2010-11. USACE requires **\$1,100,000** more in federal funds to complete the Study.

Benefit of Study and Construction of Improvements:

- Minimize property damages in the community and disruption to daily lives of the residents;
- Provide increased flood protection to approximately 1,800 residential properties in City of San Leandro; and,
- Enable the Alameda County Flood Control and Water Conservation District to submit to FEMA a Letter of Map Revision (LOMR) application to remove the FEMA 100-year flood plain designation in the study area.

2. WRDA Authorization for the San Lorenzo Creek Flood Damage Reduction and Restoration Project (\$500,000)

The Alameda County Flood Control and Water Conservation District (District) is making an initial request for \$500,000 to begin preliminary engineering for San Lorenzo Creek improvements to provide flood protection when Congress reauthorizes the Water Resources Development Act (WRDA).

The WRDA funding request for \$500,000 will begin preliminary engineering for a project to implement improvements which will provide increased flood protection to contain the updated 100-year design flow within San Lorenzo Creek, reduce potential for future flooding, enable the District to apply to FEMA with a Letter of Map Revision to remove the 100-year floodplain designation, and eliminate the mandatory requirement to purchase flood insurance for affected residents. There are approximately 2,500 parcels that are located in the new FEMA high hazard flood zone. Proposed improvements include: raising the Don Castro Dam 5 feet, modifying the outfall structure, de-silting at Don Castro Reservoir at the upstream end, and constructing floodwalls along the downstream of San Lorenzo Creek. The U.S. House of Representatives adopted a Resolution to initiate a re-study of this area through the USACE. The Resolution was adopted on September 24, 2008 by the Committee on Transportation and Infrastructure of the United States House of Representatives. The resolution recommended that the Secretary of the Army review the report of the Chief Engineers on San Lorenzo Creek, California and other pertinent reports to determine whether any modifications of the recommendations are advisable at the present time in the interest of flood damage reduction and other allied purposes in San Lorenzo Creek, Alameda County, California. The USACE has indicated that if federal funding was available, the Corps could conduct an assessment of the problems and prepare a Project Management Plan and Feasibility Cost Sharing Agreement.

An initial funding request of \$500,000 could begin the preliminary studies discussed by the USACE, above.

3. Crow Canyon Road Safety Improvement Project (\$11.8M)

Crow Canyon Road is a two-lane major regional route between Contra Costa County and Alameda County and carries approximately 25,000 vehicles per day. Because there is a significant travel time savings by using Crow Canyon Road instead of I-680 and I-580 during commute hours when the freeways are congested, many commuters choose Crow Canyon Road as their commute alternative. Crow Canyon Road was not designed to carry this high volume of traffic at freeway speeds. As a result, there have been numerous collisions on the roadway. There is one location on Crow Canyon Road which the County has targeted for realignment due to the number of collisions related to the sharp curvature of the roadway. Major engineering improvements are required to address long-term safety issues on this roadway for both commuters and residents along Crow Canyon Road between Castro Valley and San Ramon.

The estimated total cost to realign this curve to improve traffic safety is \$ 15,400,000. The total federal revenue needed for completion of this project is \$11,800,000. The County continues to seek State STIP funding for this project but state STIP funds are likely to be extremely scarce for several years. The County is advancing the design of the project using local funds and will be seeking federal monies for construction. This funding strategy will allow the County to advance the project and have it ready for construction when revenues become available. The County has completed a corridor study and preliminary environmental studies and is proceeding with preliminary engineering.

Implementing safety changes along Crow Canyon Road will help small and big businesses thrive because they rely on this route as a link between Castro Valley and San Ramon for goods and commercial products. Safety measures would provide a safer route for trucks and commercial motorists by providing the quality of driving necessary to deliver on time, saving money for the company, allowing for expansion and growth.

Funding and implementation of this project will contribute to improving the economic vitality of the Bay Area by providing employment in construction jobs, and improving access and encouraging businesses to expand in the Bay Area. Additionally, the improved roadway will relieve traffic congestion and reduce greenhouse gas emissions resulting from idling cars.

4. East Lewelling Boulevard Circulation and Streetscape Improvement Project Phase II (\$10.2 M)

East Lewelling Boulevard is an arterial roadway that connects major commercial corridors on both Hesperian Boulevard and Mission Boulevard. This roadway has significant traffic congestion, a lack of sidewalks, and requires safety improvements for pedestrians, bicyclists, and motorists. Phase I of the project between Hesperian Boulevard and Meekland Avenue is currently under construction. Alameda County wants to proceed with the Design, Environmental clearance, and right-of-way acquisition for Phase II (estimated project costs: \$1M Design/Environmental and \$3.5M for right-of-way) to be ready for construction when funds become available.

The East Lewelling Boulevard Safety and Streetscape Improvement Project (Phase II) is located along East Lewelling Boulevard between East 14th Street and Meekland Avenue. This project extends the improvements currently being implemented along East Lewelling Boulevard corridor. Phase II of this project will install new sidewalks, bicycle lanes, street lighting, and landscaping along the remaining length of the project. Once funding is secured, the project can be advertised in 36 to 42 months.

Funding and implementation of this phase of the project will contribute to improving the economic vitality of the Bay Area by providing employment in construction jobs, improving access for goods movement. The revitalized roadway and aesthetics encourage businesses to expand into the Lewelling Boulevard area. Additionally, the improved sidewalks will promote walkable communities and encourage pedestrians and bicyclists to use the new facilities as transportation alternatives.

5. School Area Sidewalk and Safety Projects (\$14.1M)

The unincorporated areas of Alameda County have over \$400 million in needed sidewalk improvements to address community and pedestrian safety, especially near schools. Using factors such as school proximity, high pedestrian generators, and accident history with the ultimate goal of improving safety conditions for pedestrians and children surrounding school areas, the County's prioritized list of sidewalk projects currently includes Hillside Elementary School, Ashland; Castro Valley Elementary, Castro Valley; Fairview Elementary School, Fairview; Grant Elementary, San Lorenzo; and Sunol Glen Elementary School, Sunol.

The County has initiated sidewalk projects immediately adjacent to schools that have been constructed or are under design. While these projects have provided sidewalks so that school children do not have to walk in the street, there are still many routes without sidewalks where children must walk in the street to avoid parked cars or puddles. Sidewalk projects may be divided into smaller segments, and designed and constructed as funding is made available. The County's priority remains providing safe and walkable access for children on the way to and from school, access to transit to encourage use of public transportation alternatives, and walkable neighborhoods for seniors.

These sidewalk projects are supported by U.S. Congresswoman Barbara Lee, the Alameda County Board of Supervisors, the Alameda County Public Health Department, the Safe Routes to School Program, the Alameda County Sheriff's Department, the California Highway Patrol (CHP), numerous schools districts and PTA's, and the Alameda County Transportation Commission (Alameda CTC).

These sidewalk projects will continue to contribute to improving the economic vitality of the Bay Area by providing employment in construction jobs while improving access for pedestrians and bicyclists in the areas surrounding the schools.

6. Vasco Road Project – Phase II (\$20M)

Vasco Road is a regional arterial roadway that has become the primary access between residences in the southern portion of eastern Contra Costa County and eastern Alameda County. Vasco Road is a major commute corridor,

connecting affordable housing in eastern Contra Costa County to employment centers in Alameda County, Contra Costa County, Santa Clara County, San Joaquin County, and the Bay Area as a whole. Alameda County has made a strong effort to reduce the number of collisions on Vasco Road, but there remains a need for increased safety improvements. Phase I of the Vasco Road Safety Improvements Project was completed in 2010 and included roadway realignment, median barrier construction, and the addition of climbing lanes and bicycle lanes. Contra Costa County is currently implementing similar roadway improvements on portions of Vasco Road within Contra Costa County.

This project will extend Phase I improvements to the urban interface at the City of Livermore. Phase II of the Vasco Road Safety Improvement Project will improve safety and prevent severe collisions by realigning the roadway and installing a concrete median barrier for an approximate project length of 1.9 miles to further protect motorists from crossover head-on collisions on the remaining portions of Vasco Road. Funding for this phase will facilitate completing the overall project.

The Vasco Road Safety Improvement Project, Phase II, contributes to improving the economic vitality of the Bay Area by providing employment in construction jobs, improving access and encouraging tourism to the Livermore/Pleasanton area, and improving access and encouraging businesses to expand in the Bay Area. The project provides connection to several wineries in the City of Livermore. The project also provides access to Pacific Gas and Electric Wind Power Energy along Vasco Road.

Safety improvements along Vasco Road continue to be supported by Contra Costa County, the California Highway Patrol (CHP), the Alameda County Transportation Commission (ALAMEDA CTC), the Cities of Livermore and Brentwood, the Tri-Valley Transportation Council, and the Vasco Road Safety Committee.

Funding and implementation of this project will contribute to improving the economic vitality of the Bay Area by providing employment in construction jobs, improving access and encouraging tourism to the Livermore/Pleasanton area, and improving access and encouraging businesses to expand in the Bay Area.

The project will also promote green energy, agriculture, and green jobs. Vasco Road provides access to many agricultural farms and Pacific Gas and Electric wind power. The roadway improvements will provide infrastructure for future expansion of green energy production and job creation.

7. Castro Valley Boulevard Pedestrian Enhancement Project (\$10M)

The Castro Valley Downtown Area Strategic Plan identifies roadway, sidewalk, and streetscape improvements are necessary to transform the Castro Valley downtown area into a safe pedestrian oriented retail area.

Castro Valley Boulevard is a major arterial roadway serving the primary commercial district in Castro Valley. Implementation of the needed transportation and streetscape improvements will allow Castro Valley Boulevard to carry the traffic loads it was meant to facilitate while also creating a safe, walkable, pedestrian-oriented environment. This project would include sidewalk improvements, bulb-out and crosswalk improvements, median island improvements, landscaping, streetscaping, street lighting, and roadway and drainage improvements. With funding, another phase of the project design could be advanced and ready for construction as early as 2014.

This project is part of the Castro Valley Downtown Streetscape Master Plan and is a high priority for the Castro Valley community for revitalizing the downtown commercial business district.

Funding and implementation of this project will contribute to improving the economic vitality of Castro Valley by providing a variety of employment opportunities and encouraging businesses to expand in the area.

8. East 14th/Mission Boulevard Revitalization Project Phase III (\$11M)

East 14th Street/Mission Boulevard is a high priority redevelopment project for the Ashland and Cherryland areas of unincorporated Alameda County. The Ashland and Cherryland areas are economically challenged communities served by the retail corridor of East 14th Street/Mission Boulevard. Revitalization of this retail corridor will stimulate the area by attracting new businesses and lead the way to regeneration of the entire area.

Phase one of three has been constructed and has made a significant area improvement. Phase II is currently under design. However, design and construction funding for Phase III is lacking.

Funding and implementation of this project will contribute to improving the economic vitality of Castro Valley by providing a variety of employment opportunities and encouraging businesses to expand in the area.

9. Fruitvale Bridge Lifeline Seismic Retrofit Project (\$40M)

As an island, the City of Alameda depends upon four bridges and two tubes for access. In the event of a catastrophic seismic event, one facility needs to be upgraded to a lifeline status so that supplies and services can be provided to the City of Alameda in case all other bridges are significantly damaged. The County wants to proceed with the Design and Environmental clearance (estimate: \$3M) so that this project is construction-ready when funds become available.

The County conducted a study of the estuary bridges between the Cities of Alameda and Oakland to identify the most feasible bridge for lifeline seismic retrofitting. The best candidate and most cost-effective bridge for lifeline retrofitting is the Fruitvale Avenue Bridge. The estimated cost of the project is \$40M. While the feasibility study has been completed, monies for design and construction of the lifeline improvements are still required. The County will seek both (State) STIP and HBP funding for this project although the high cost of the project will make it difficult to obtain complete funding. Federal funding for this important regional project would help leverage limited local area monies for the project. With funding, the design of the project could be completed in 24 to 30 months.

Funding and implementation of this project will generate positive economic actions and growth including the creation of over 1,500 job opportunities from the design and environmental phases through project completion.

10. I-580 Corridor Improvement Projects

The I-580 corridor in the Tri-Valley is one of the most traffic congested in the nine-county San Francisco Bay Area region. It serves as a key inter-regional gateway between the Bay Area and the Central Valley for goods movement and commute workforce travel. This chronic condition has resulted in I-580's designation in the top five most congested Bay Area corridors identified in the annual report jointly published by Caltrans and the Metropolitan Transportation Commission (MTC). This congestion will worsen as traffic volumes in this corridor are projected to increase 90 percent by 2030.

To respond to the existing and projected congestion, the Alameda County Transportation Commission (Alameda CTC) has identified a series of planned improvements for this corridor. Projects completed include the implementation of Intelligent Transportation Systems (ITS) in 2009, eastbound HOV lanes in 2010; new interchange at Isabel Avenue/SR 84 in 2012; and several auxiliary lanes. Remaining planned I-580 corridor improvements include reconstruction of the existing I-580/I-680 interchange, HOT (express) lane conversions in both eastbound and westbound directions, auxiliary lane construction with HOV/HOT (express) lanes and interchange projects, and eastbound truck climbing lanes.

Complementing the highway projects is right-of-way preservation for BART's adopted alignment with a two-station phased extension to Livermore. Environmental study commenced in 2011 for the Phase 1 segment from the existing East Dublin/Pleasanton BART station east to the vicinity of Isabel Avenue/SR 84 interchange.

The Public Works Agency continues its support of the ongoing funding for the I-580 Corridor improvement projects.

11. Union Pacific (Oakland Subdivision) Railroad Corridor Improvement Plan (\$36,550,000)

A Union Pacific (Oakland Subdivision) Railroad Corridor Improvement Study was recently completed to develop and examine future transportation alternatives along the Union Pacific Railroad Corridor between the Fruitvale BART station in Oakland and the Union City BART station in Union City. The Corridor is approximately 15 miles long.

The Union Pacific (Oakland Subdivision) Railroad Corridor Improvement Project will provide future transportation alternatives (pedestrian, bicycle, transit, and rail) along the Corridor between the Fruitvale BART station in Oakland and the Union City BART station in Union City. This project provides opportunity to convert the railway corridor into a multi-use access that benefits area residents and enhances transportation options for local communities.

The estimated total project cost is \$102.5M. By maximizing existing funding opportunities, a shortfall of \$36.55M remains to complete the funding plan and leverage other available funding sources.

The Alameda County Public Works Agency, Alameda County Transportation Commission (Alameda CTC), San Francisco Bay Area Rapid Transit District (BART) and the Cities of Oakland, San Leandro, Hayward, and Union City are closely working in consortium to improve transportation access along this Corridor. (Long-Term Project)