

**ALAMEDA COUNTY
BOARD OF SUPERVISORS'
PERSONNEL/ADMINISTRATION/LEGISLATION (PAL)
COMMITTEE**

**Monday, January 8, 2007
1:30 p.m.**

**Supervisor Keith Carson, Chair
Supervisor Scott Haggerty**

Location: **Board Conference Room-5th floor-County Administration Building**
1221 Oak Street, Oakland, CA 94612

AGENDA

- I. FEDERAL LEGISLATION** (Jim Copeland/Emily Bacque)
 - A. Legislative Update**

- II. STATE LEGISLATION** (Lynn Suter/Steve Wallauch)
 - A. Legislative Update**

- III. 2007 ALAMEDA COUNTY LEGISLATIVE PROGRAM – Action Item – Recommendation: Support**
(Susan S. Muranishi, County Administrator and Crystal Hishida Graff, Principal Analyst, CAO Office)

PUBLIC COMMENT

PLEASE SIGN ATTENDANCE SHEET

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WITHDRAWN

IV. East Bay Interagency Alliance - New Common Application for Small Business Certifications



COUNTY ADMINISTRATOR'S OFFICE

Susan S. Muranishi, County Administrator

Donna Linton, Assistant County Administrator

MEMORANDUM

January 5, 2007

TO: PAL Board Committee

FROM: Susan S. Muranishi, County Administrator

SUBJECT: Revised 2007 Alameda County Legislative Program

Attached is a revised copy of the Proposed 2007 Alameda County Legislative Program which will be heard at the January 8, 2007 PAL Board Committee. The proposals are identical to what was provided on 1/4/07 except one proposal was withdrawn by the department.

Please let me know if you have any questions or contact Crystal Hishida-Graff of my staff at extension 23882.

SSM:CHG:bl
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cc: Lynn M. Suter & Associates, State Legislative Advocates
CJ Strategies, Federal Legislative Advocates
All Agency/Department Heads
Board Committee Clerk
CAO Analysts



COUNTY ADMINISTRATOR'S OFFICE

Susan S. Muranishi, County Administrator

Donna Linton, Assistant County Administrator

MEMORANDUM

January 4, 2007

TO: PAL Board Committee

FROM: Susan S. Muranishi, County Administrator

SUBJECT: Proposed 2007 Alameda County Legislative Program before PAL on January 8, 2007

At the January 8, 2007 PAL Board Committee, the County's proposed 2007 Legislative Program will be heard and with approval/amendments, will be submitted to the full Board for consideration and approval.

The County's 2007 legislative program was developed with input from County departments/agencies and in coordination with our State and federal legislative advocates. The proposed 2007 legislative program serves as a foundation of the County's legislative platform. However, as new legislative proposals/issues are developed, amendments to the 2007 legislative program will be considered by the PAL Board Committee and the Board.

Enclosed please find the draft of the Board letter, a summary of the County's 2006 legislative positions (Attachment 1) and an executive summary (brief description of each proposal) of the 2007 legislative proposals (Attachment 2).

Please let me know if you have any questions or your staff may contact Crystal Hishida Graff of my office at x 23882.

SSM:chg

2007 Legislative Program PAL Board Committee

cc: Lynn Suter and Associates, State Legislative Advocates
CJ Strategies, Federal Legislative Advocates
All Agency/Department Heads
Board Committee Clerk
CAO Analysts

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2007 STATE AND FEDERAL LEGISLATIVE PROPOSALS

I. COUNTY SPONSORSHIP

A. SAFE NEEDLE DISPOSAL LEGISLATION (Supervisor Keith Carson)

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 two pieces of “safe needle disposal” legislation, current law does not regulate the mass generators of these needles: the pharmaceutical industry. Every year more than 2 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 pre-filled syringes, pens and devices with needles is an effective method of prescription drug delivery and is expected to increase significantly in the future. However, the increased use of pre-filled syringes, pens and devices with needles will generate more home-generated sharps each year.

The Legislature has found that sharps mail-back programs utilizing containers and packaging approved by the United States Postal Service offer one of the most convenient means for

collecting and destroying home-generated sharps and that the cooperative efforts of the pharmaceutical industry is needed to develop a safe needle disposal system for California.

Supervisor Carson's office proposes that the County sponsor a bill during the 2007 legislative session that amends the Health & Safety Code so that pharmaceutical manufacturers whose product is dispensed in California via a pre-filled syringe, pre-filled pen needle or other pre-filled injection device be responsible for providing their patient/client with a safe needle disposal method.

B. Amend Section 33413.1(c) (Community Development Agency/Redevelopment Agency)

The County sponsored AB2161 which was chaptered in 2006 and added Section 33413.1 of the Health and Safety Code and was written to accommodate the eventual annexation of the Mt. Eden unincorporated islands located within the City of Hayward. The bill allows affordable housing units being constructed within the City of Hayward, but directly adjacent to the County's Mt. Eden Sub Area of the Eden Redevelopment Project, to count towards the County's affordable housing production requirement, on a 2-for-1 basis.

The Alameda County Redevelopment Agency (RDA) would like to specifically amend Section 33413.1(c). Section 33414.1 (c) now reads as follows:

Section 33413(c) This section shall remain in effect only until January 1, 2012, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2012, deletes or extends that date.

This section needs to be amended to allow for the RDA to continue to count the affordable housing units beyond January 1, 2012. The intent of the expiration date was to remove this special provision in the law once the affordable housing units were built, not to limit the County RDA from counting the units for the life of the Eden Redevelopment Plan. The expiration date language as currently written is not clear. The original language proposed by the Alameda County Redevelopment Agency is as follows:

Section 33413.1(c) This section shall not apply to any housing units for which construction commences on or after January 1, 2017.

The RDA proposes to change the language as proposed, or other agreeable language change to Section 33413.1(c). The RDA concurs with the need for a deadline for producing the affordable units that could count toward its affordable housing production obligation. However, without the technical clarification of the type proposed above, the 2006 enactment of AB 2161 will not have the effect sought by the RDA and endorsed by the Legislature and Governor, since only produced units that will count for the duration of the Eden Redevelopment Plan will enable the RDA to satisfy its project area housing production obligation. The RDA believes that the City of Hayward will also support the above proposed technical clarification.



2007 STATE AND FEDERAL LEGISLATIVE PROPOSALS

II. COUNTY – STATE PROPOSALS

A. HEALTH CARE SERVICES AGENCY

1. Alcohol Policy Principles

SOURCE OF PROPOSAL: Alameda County Public Health Department (ACPHD), Health Care Services Agency

PROPOSAL: The ACPHD proposes the adoption of the six 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.

PRESENT LAW: 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 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.

DISCUSSION:

- **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 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. Limiting the sponsorship of community events by the alcohol industry and tightening section 25664 of the Alcohol Beverage Control code are two strategies for addressing this problem.

- **Eliminate Delays in Adjudicating Alcohol License Violations:** Alcohol licensees accused of violations have the option of submitting an appeal if they object to decisions made by the Department of Alcoholic Beverage Control (ABC). The ABC Appeals Board reviews transcripts from hearings and submitted arguments in order to arrive at a decision within 120 days. This process is protracted and characterized by lengthy delays, which must be eliminated in order to protect communities from licensees who are in violation of the law.
- **Reduce the availability of alcohol products targeted to youth market:** Alcohol products such as flavored malt beverages, with their colorful packaging and fruity sweet flavors, are targeted to the underage youth, particularly young girls. Marketing the products as “malt” beverages, 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.
- **Stop the “Bundling” of Alcohol Permit Applications:** In order to skirt the issue of over-concentration, applications for alcohol permits are often bundled together. Specifically, this tactic was used in Los Angeles to package 40 alcohol permits, all for the Staples Pavilion, into a “master CUP.”
- **Renew Efforts to Deter Alcohol-Impaired Driving:**

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

SOURCE OF PROPOSAL: Alameda County Public Health Department (ACPHD), Health Care Services Agency

DISCUSSION/ANALYSIS: Our most vulnerable populations – people with disabilities and seniors – rely on systems of care that are also fragile in their own respect. Community programs serving these populations are generally under-funded and have very high turn over of support staff due to low wages. The need for competent and reliable support workers is increasing due to the rapidly expanding population of seniors and people with disabilities. The number of people over 65 in the United States will soar to 71.5 million by 2030 – one out of every five Americans, and the number of people with disabilities is also increasing faster than the general population.

Institutional living is not the desired future of any individual, yet our system of care for these populations is to offer nursing homes or mini-institutions as an entitlement and community waivers as an alternative. Society and legislation must come to realize that all people, regardless of age or severity of disability, should be entitled to conditions, which foster their development and participation in their community. Yet about two-thirds of Medicaid long-term care expenditures are used to fund nursing homes and only one-third on home and community-based services. The direct support staffing crisis in community services and the institutional bias of the Medicaid reimbursement system reduces people’s quality of life,

leads to a degradation of independent living skills, forces unnecessary institutionalization, and often leaves people in perilous situations.

Goals:

- 1) Increase the community's capacity to offer all types of supportive services (i.e., supported living, assistive living, in home supportive services, educational services, day programs, supported employment, recreation and socialization) and access to quality health care as a first line of service offerings.
- 2) Change regulations as needed to make community living the first service option.
- 3) Increase the competence and reliability of direct support workers providing integrated community services and supports.

Objectives and recommendations:

- Reduce barriers to the ability of people with disabilities and seniors to remain in their own homes and communities by developing affordable accessible housing, expanding assisted or supported living options, and establishing integrated service coordination (for populations where this does not currently exist) for navigating the multiple service systems that provide needed home-based services.
- Improve wages and benefits for paraprofessionals (direct service) who work with people with disabilities & seniors.
- Support efforts to improve the recruitment, retention, and training of paraprofessionals (direct service) who work with people with disabilities & seniors.
- Support federal legislation that would remove the institutional bias of Medicaid funding, by mandating an expansion of home services and having money follow the person out of institutions.

3. Disaster Preparedness and Public Health Infrastructure

SOURCE OF PROPOSAL: Alameda County Public Health Department, Health Care Services Agency

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

- Surveillance
- Public health laboratories
- Communications systems (interoperable systems)
- Epidemiology
- 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

Current Law/Status: Hurricanes Katrina, Rita, and Wilma on the Gulf Coast in 2005 clearly demonstrated the need to ensure that we have systems in place in Alameda County to respond in a timely manner to a natural or manmade disaster. The Public Health Department is currently working 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 response to future possible natural disasters, along with bioterrorism threats will become increasingly problematic.

Discussion: The following proposals will ensure that our State and local disaster response system is adequately prepared to respond in the case of an emergency 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 such as S 506 (Hagel) Public Health Preparedness Workforce Development Act of 2005 would promote the recruitment and retention of new public health professionals to replace our aging workforce.
- Improve communication between disparate organizations and levels of government Clear leadership at the State level provided by the impending creation of a 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 – Special consideration needs to be given to serving vulnerable and special needs populations. As seen in Hurricane Katrina, 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 a statewide credentialing system – Develop and implement a statewide identification system for clinicians (doctors, nurses, mental health professionals, etc) and government employees that are qualified and trained to respond to a disaster in a specific set of skills. Each individual would have an identification badge to allow access to secure areas. This system could be administered by a statewide agency such as the Department of Motor Vehicles or Sheriffs Department, who should be able to provide such services. This would allow a uniform, seamless integration of support staff for mutual aid responses, plus it would necessitate the creation of a statewide data system where individuals with specialized skills could be queried and requested depending on the type of event.

- Support a statewide volunteer database – Develop and implement a volunteer database similar to the credentialing system above that would have a system in place for volunteers that would be pre-screened to be able to assist in the event of a disaster.
- Support legislation which promotes funding opportunities for pre-disaster mitigation – Pre-disaster mitigation is especially important around protecting first responders, 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 appropriate government, first responder and first receiver staff and other professionals are adequately trained in preparedness response systems, communication and specialized targeted skills, where appropriate.

Fiscal Impact: To address all of these needs, a significant infusion of funds and increased collaboration will be needed. However, this must be balanced against the cost of not investing in the public health infrastructure should there actually be a disaster of some kind in the Bay Area. The Public Health Department proposes identifying federal dollars designated for combating bioterrorism and/or addressing natural disasters to address these county health needs.

4. Health Care Access and Affordability

SOURCE OF PROPOSAL: Alameda County Public Health Department (ACPHD), Health Care Services Agency

DISCUSSION/ANALYSIS: Healthcare in the United States is a patchwork of programs and services - some subsidized, some free. Our healthcare network is cobbled together via federally-funded programs that provide free medical care to low-income Americans; special care payments made by local governments to hospitals for indigent care; fee-based community and county clinics; free care donated by physicians; and private and employer-provided insurance. This network allows the insured and the uninsured to get some medical care. However, accessing comprehensive, specialized, affordable health care is a challenge for increasing numbers of Americans.

The Uninsured - The ranks of the uninsured – nationally, statewide and locally – continue to rise. As of 2005, almost 46.6 million Americans lacked health insurance. Nearly one in six Americans, almost 16 percent of the country, was uninsured for some or part of 2005. Additionally, the number of people covered through their jobs slipped to 59.5 percent from 59.8 percent in 2004, according to the U.S. Census' Current Population Survey (August 2006).

In California, the number of uninsured in 2005 grew to 19 percent. The California Health Interview Survey (CHIS) 2005 reported 763,000 California children were uninsured in 2005. Of that number, 219,000 (29 percent) were not eligible for any public insurance program (e.g. Medi-Cal, Healthy Families or Healthy Kids). In Alameda County, roughly 160,000 adults are considered medically indigent.

Although the percentage of uninsured increases incrementally each year, the cumulative impact is great. Medical costs are rising about three times as fast as wages. As employers either scale back coverage or drop it altogether, more Californians are finding themselves uninsured, with severe health and financial consequences.

Health Consequences - The health consequences for the uninsured are severe, particularly for communities of color. In the U.S., 32.7 percent of Hispanics of any race were uninsured in 2005, compared with 11.3 percent of non-Hispanic whites and 19.6 percent of African Americans. In Alameda County where almost 60 percent of the population is non-white and about 11 percent of residents live under the federal poverty level, the burden of health inequities is felt by many ethnic/racial groups.

Proposals:

- Increase Medi-Cal provider rates. Medi-Cal provider rates continue to erode and fail to reflect true medical costs. Declining reimbursement rates are compromising the health care safety net that many poorer residents depend on. Certain specialties already have nearly no new access (e.g. dental, orthopedics). Provider rates must be increased to stem the number of providers opting out of Medi-Cal participation.
- Streamline public health insurance enrollment. This, plus enhanced application assistance and system navigation with attention to language and cultural competencies will aid consumers in better understanding and utilizing appropriate health services.
- Eliminate deductibles for childhood immunizations. Previous legislation mandated that all pediatric service insurers cover immunizations. However, it did not require those immunizations be exempt from the annual deductible. A family with a child under 9 months of age could easily rack up \$200-\$250 in costs in one visit. Many parents use free immunization clinics not because they are uninsured, but because they can not afford annual deductibles.
- Single payer/ universal health coverage. Combine individual mandates and subsidies with required employer contributions for a single payer system that includes physical, dental, and mental health services. The current “jerry-rigged” system is compounding bureaucratic complexity as well as fueling frustration among providers, employers and consumers.

5. Health Inequities/Chronic Diseases

SOURCE OF PROPOSAL: Alameda County Public Health Department, Health Care Services Agency

DISCUSSION/ANALYSIS: In Alameda County there are race/ethnicity disparities in premature deaths, incidence of disease, and health care access or utilization. With few exceptions, African Americans have significantly higher rates of deaths and disease than the other racial and ethnic groups and do not meet most of our nation’s health goals for selected indicators. In fact, Alameda County African Americans have met the national health objectives for only 2 of 16 health indicators established as part of the national Healthy People

2010 objectives. Because of these inequities, legislative solutions are needed in the following areas:

Nutrition and Fitness – The three leading causes of death in Alameda County are diseases of the heart, cancer, and stroke. This is consistent across all racial and ethnic groups with the exception of Native Americans. However, African Americans die from these diseases at a significantly higher rate than all other racial/ethnic groups. Unhealthy eating habits and physical inactivity are major causes of all of these diseases as well as diabetes, high blood pressure, obesity, and osteoporosis.

In the past two decades obesity has doubled in children, and tripled in adolescents. On average, 30 percent of California's children are overweight. Almost half of the children and adolescents now diagnosed with diabetes have the Type 2 form of the disease, which is strongly linked to obesity and lack of exercise. One in four obese children have early signs of Type 2 diabetes. Overweight and physical inactivity costs California an estimated \$24.6 billion annually, approximately seven hundred fifty dollars (\$750) per person.

Unless this 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:

- **Mandatory physical education in schools K-12** – Daily participation in physical education classes by California high school students dropped from 42% in 1991 to 27% in 1997. Many children do not participate in physical activity because it is not accessible or affordable. Currently, physical education is only required for two of the four years of high school.
- **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.
- **Support cost containment in the WIC program** – The Women, Infants, and Children (WIC) Program, which is not an entitlement, has experienced a significant increase in the cost of providing WIC food packages due to the growing number of WIC-only stores charging the maximum amount possible for these food products. This cost increase limits the number of families that can be served by the WIC program. Modifications should be made to ensure that all eligible families can enroll in the program and receive its benefits.
- **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. Efforts to simplify these procedures to increase enrollment in the Food Stamps, Women, Infants and Children (WIC), and subsidized meal program in schools, should be undertaken. According to a recent study by the Food Research and Action Center, only 23% of eligible people receive Food Stamps in Alameda County. 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. Legislation to simplify Food Stamp eligibility would increase participation in the program.

- **Expand the availability of healthy foods in low-income communities.** Healthy and nutritious foods must be made more easily available in low-income neighborhoods. Greater accessibility will facilitate efforts to reduce obesity and related diseases. While the State will be implementing a pilot program that provides assistance, it should be expanded and greater financial incentives and/or assistance should be provided to retailers to bring about the needed changes.

Tobacco - Smoking kills 41,000 Californians every year. The California Air Resources Board declared secondhand smoke a toxic air contaminant in January 2006, and the U.S. Surgeon General declared in June 2006 that there is no safe level of second-hand smoke. Almost 500,000 California children 18 years of age or younger are projected to die from smoking related disease. According to a recent California Department of Health Services survey, 29% of youth in the state had been exposed to second hand smoke in a vehicle within the previous seven days of the survey. This kind of regular exposure greatly increases a child's chances of premature births, low birth weight, Sudden Infant Death Syndrome, or developing asthma, lung infections, and damage to lung function. The Public Health Department supports provisions to protect persons from secondhand smoke exposure and to ban smoking in vehicles with small children as was found in AB 379 during the 2006 legislative session.

Asthma - 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 hospitalizations in the State. ACPHD supports policies that create "Asthma-Friendly" communities, especially those that eliminate the disproportionate burden of asthma for people living in poverty and people 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; and reducing diesel emissions in our communities.

6. Income as a Social Determinant of Health

SOURCE OF PROPOSAL: Alameda County Public Health Department, Health Care Services Agency

DISCUSSION/ANALYSIS: Poverty leads to a host of problems that directly and/or indirectly contribute to health outcomes of our community. Inflation adjusted incomes have been flat over the last twenty-five years, and have not worsened because of an increase in the number of hours worked by households. These financial pressures are requiring people to make difficult choices, which have short and long-term consequences. These difficult choices include preventative and/or basic medical care, living in substandard housing near sources of

pollution, the types and quality of foods eaten, investment in their family's education/skills, accumulating debt, etc. Numerous studies have found that these difficult decisions that the poor have to make result in increased health problems and shorter life spans.

The official poverty threshold has been criticized as being an inaccurate gauge of deprivation. A recent report by the California Budget Project "Making Ends Meet: How Much Does It Cost to Raise a Family in California?" found that a single parent with two children would need to earn \$62,969 annually. This is in contrast to the 2006 official poverty threshold of \$16,090 for a similar sized family. Even at this very low threshold, the Census Bureau estimates that 154,270 people (10.7%) in Alameda County lived in poverty in 2003.

Even with California's minimum wage increasing to \$7.25 an hour on January 1, 2007, a single parent with two children who is working full-time will still not be able to escape poverty without assistance. However, with the Federal Earned Income Tax Credit, they will be slightly above the poverty threshold, though still well below what the California Budget Project estimates is needed in the San Francisco Bay Area.

Increase the Earned Income Tax Credit - The Earned Income Tax Credit (EITC) is a refundable credit that low-income workers can receive as a federal tax refund. At its peak, it can provide more than a \$4,000 to a family with income from work. The EITC is credited with lifting millions of people above the poverty threshold throughout the nation. Though, as noted before, the poverty threshold is well below what is needed to live in the San Francisco Bay Area. California should emulate other states by implementing a state EITC. This would be another step forward in assisting working families adequately meet their needs.

Living Wage - Another approach would be to require a living wage. This is predicated in the belief that employment should pay a wage that is adequate to live on. As noted earlier, even with California's increased minimum wage, it is well below what is needed to live in the area. Some cities, like Oakland, have implemented a living wage ordinance. A further increase in the State minimum wage or a County living wage ordinance would further close the affordability gap for low-income workers.

7. Reducing Inequities in HIV

SOURCE OF PROPOSAL: Alameda County Public Health Department (ACPHD), Health Care Services Agency

DISCUSSION/ANALYSIS: HIV/AIDS impacts many communities in Alameda County. As of December 2005, a total of 6,860 AIDS cases were reported to the ACPHD epidemiology surveillance unit. An additional 1,690 cases were in the ACPHD HIV codes-based system as of April 16, 2006.

PROPOSALS: ACPHD supports the following items that promote and allow programs for comprehensive reproductive health education to take place 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.

Comprehensive Reproductive Health Programs for Youth and Teens - Alameda County has seen an overall decline in teen pregnancy. However for both African American and Latina

teens, the rates of teen pregnancy exceed the county's by a ratio of 2 – 3 respectively. The number of some Sexually Transmitted Infections (STIs) in young women under 20, is almost equivalent to the numbers reported for all other women over 20. This points to high levels of unprotected sexual activity occurring in this population, creating greater opportunities for HIV transmission. Current AIDS data reflects that young people under 18 represent 1% of the cases. These numbers are slightly higher when HIV data is reviewed.

As our federal entities are promoting abstinence based only education, it is important to fund comprehensive reproductive health programs which stresses abstinence, while also educating young people about contraception, emphasizing family communication and responsible decision making skills.

Condom Distribution in Prisons: Existing law prohibits the distribution of condoms within the prisons. The prison population has a very high rate of HIV infection, 8 to 10 times higher than the general population. Hepatitis C is also 9 to 10 times higher.

Much of the literature has also cited the risk behaviors that incarcerated populations are engaging in. A report of estimated risk behaviors among males in a California prison showed tattooing to be the most prevalent risk related activity. High rates of unprotected sexual activity and injecting drug use were also reported. This information was gathered through focus groups in California prisons in 2000. All of these risk behaviors are considered illegal in prisons and jails.

Given the prolonged rates of incarceration and the cyclical nature of the system, many of these inmates are not equipped to access health services once released. This poses greater risks for their partners when HIV and other STDs are not diagnosed or prevented. For these reasons, condom distribution should be allowed in state prisons in order to prevent the spread of these diseases within the prison population.

General Fund Support for 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 47% of all AIDS cases among African American 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 a county that authorizes a needle exchange program through their Board of Supervisors, to 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 of 1999. State general fund dollars can not be used to fund a needle exchange program.

The ACPHD supports legislation that would permit a county that receives general fund money from the Department of Health Services for HIV prevention and education to use that money to support needle exchange programs that are authorized by the county. This would include the purchase of sterile hypodermic needles and syringes.

8. Promote a Healthier Build Environment

SOURCE OL PROPOSAL: Alameda County Public Health Department (ACPHD), Health Care Services Agency

PROPOSAL: The ACPHD proposes 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, reduce pollution, improve access to public transportation, improve safety, increase the supply of affordable housing, make communities walkable, and increase access to parks and greenspace. These efforts will increase physical activity, improve access to nutritious foods, reduce asthma 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.

DISCUSSION/ANALYSIS: The “built environment” refers to the human made surroundings that provide the setting for human activity, such as roads, buildings, sidewalks, farms, or parks. Over the past few years public health professionals have begun to understand the powerful impact the built environment has upon health choices and outcomes, and planners have started to 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.

In particular, 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 affects 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 decreases opportunity for social interaction, creates a greater reliance on air polluting cars, and decreases community cohesion while increasing stress.

To combat these unhealthy built environment trends, the ACPHD supports policies and legislation that would:

- Require a public health element in all general and regional plans.
- Require inclusionary housing policies, which require mixed-income housing development.
- Locate higher density housing near rail and bus lines.
- Reduce toxic emissions.
- Increase funding for parks and trails.
- Support public transit.
- Develop programs that balance pedestrian mobility and automobile use.

- Promote the use of universal design to ensure accessibility for persons with disabilities.
- Adopt the Ahwahnee Principles in policy and planning, which are a set of principles that take a more holistic and healthier approach to planning communities.

9. Universal Developmental Screening

SOURCE OF PROPOSAL: Alameda County Public Health Department (ACPHD), Health Care Services Agency

DISCUSSION/ANALYSIS: The practice of developmental screening is widely endorsed but minimally utilized in the busy day-to-day practice of the average pediatrician. An estimated 5 to 10% of the pediatric population has a developmental disability. The current strategy to identify these children is through developmental surveillance, a continuous procedure in which the health professional observes the infant, takes a developmental history, and elicits any concerns that the caregiver might have. However, identification of delayed children is ineffective when based solely on routine surveillance. A necessary adjunct is developmental screening: the process of systematically identifying children with suspected delay, which need further assessment. Screening tests greatly improve the rate of identification.

Legislative Proposal: ACPHD proposes early identification of developmental delays that can help to mitigate disabilities in the long run and greatly improve children's outcomes. We need to institute the process of universal developmental screening for all children ages 12 to 36 months.

Goals:

- 1) To decrease late identification of developmental delays (after the age of three years)
- 2) To increase the number of pediatricians who utilize validated screening tools and offer routine developmental screening exams to children ages 12-36 months across all languages and cultures
- 3) To ensure that health care providers are reimbursed for the added expense through their medical provider group, or other reimbursement processes.

Objectives and Recommendations:

- Incorporate developmental screenings into the existing pediatric periodicity schedule by substituting at least one developmental/behavioral screening visit for a well-child visit in children between 12 and 36 months of age; or
- Utilize trained parent-interviewers at pediatric clinics that could perform the developmental screenings. (Parents could be notified by the end of their office visit if the screening results warrant further assessment or referrals to a developmental specialist.) For those parents who are computer savvy, the form could also be sent home in advance of their visit and they could bring the completed form into the well-child check up.

10. Violence Prevention

SOURCE OF PROPOSAL: Alameda County Public Health Department, Health Care Services Agency

DISCUSSION/ANALYSIS: Violence is an issue that impacts all sectors of our community. Alameda County has adopted a Violence Prevention Blueprint which frames its commitment to primary prevention strategies that address root causes and risk factors of violence. Alameda County supports legislation that funds and addresses root causes of all forms of violence including relationship violence, gun violence, gang violence, suicide and homicide, police and prison guard violence, youth violence, hate violence, sexual assault, child and elder abuse and 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.

PROPOSAL: Violence is preventable. Given the complexity of issues, policies and systems that promote or prevent violence, success beckons for an action plan that coordinates, supports, and strengthens a range of efforts.

Goals – The goals of this platform are threefold:

- To 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.
- To 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.
- To decrease the level of all forms of violence throughout the State over time.

Objectives and Recommendations – In order to achieve the goals, this platform delineates four objectives. Each objective has an associated set of recommendations that are designed to achieve the objective.

Objective 1: Promote positive child and youth development

Recommendations:

- Violence Prevention Skill Development - Violence prevention skill development: Adopt evidence-based, developmentally appropriate curricula in child care settings, preschools, schools, and youth detention facilities aimed at fostering social-emotional development, resolving conflicts, violence prevention skills, violence-free relationships, bullying-free campuses, and racial relations and understanding diversity.
- Mentoring - : Establish and support mentoring programs that link young people at risk of violence or school drop-out to their communities, such as adopt-a-school initiatives.

- Positive Environments - Foster preschool, child care, school, classroom, after-school, detention, and extra-curricula environments in which violence is intolerable, children and youth feel safe, and trust and communication is strong.
- Meaningful Activities - : Develop and expand recreational, artistic, and civic opportunities for all young people.
- Career Paths - Establish opportunities for all young people to learn about multiple career paths through information exchange, internships, and apprenticeships and bolster literacy and vocational skills to maximize entry into desired careers and fields.
- Trauma Reduction - Provide appropriate mental health and case management services to children and youth who have been traumatized, particularly through witnessing or experiencing violence.

Objective 2: Ensure supported and functioning families

Recommendations:

- Parenting Skills - Integrate parenting skills and child development classes into pre- and post-natal healthcare and other settings for parents.
- Risk Assessment - Develop diagnostic systems and practices for identifying families in which child abuse, elder abuse, and/or intimate partner violence is occurring or may occur.
- Support Services - Provide appropriate services for families in which violence is identified as a potential risk or problem including counseling, therapy, case management, anger management, home visiting, and substance abuse treatment.
- Male Responsibility - Infuse fatherhood and male responsibility programs into settings with men and boys whereby men teach males about gender norms and gender roles with an emphasis on preventing sexual assault, intimate partner violence, and dating violence.

Objective 3: Foster safe and vibrant neighborhoods

Recommendations:

- Firearms – Reduce and availability and usage of firearms through policy and norms change.
- Conflict Resolution – Create pro-active dispute resolution structures and support at the neighborhood level.
- Gang Prevention – Reduce gang violence through appropriate services, programs and outreach to those at risk of gang participation and to those already involved.
- Alcohol Availability – Decrease the density of alcohol outlets and advertising in neighborhoods afflicted with high crime and violence.

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- Drug Markets – Shrink drug markets by simultaneously decreasing the demand side through appropriate economic development, health and human service efforts and decreasing the supply side through targeted criminal justice approaches.
- Restorative Justice – Implement restorative justice programs with community organizations and the justice system.
- Reentry - Create more viable connections between communities and inside detention facilities, provide incentives for hiring ex-felons, and support transition from detention to the community through mental health services, substance abuse treatment, job training and employment services, and supports for family members.
- Employment - Tie job training and placement programs for community residents to neighborhood beautification/maintenance, infrastructure and commerce development, and female economic empowerment.
- Physical Appearance - Improve the physical appearance of neighborhoods by fostering arts programs and community gardens, improving park and neighborhood maintenance, and removing graffiti and blight.
- Social Connectedness - Support communities to foster strong social connections and to heal from community violence while translating fear and anger into action to prevent future violence.

Objective 4: Ensure program and government effectiveness

Recommendations:

- Strategy and Coordination - i) Create an Office of Violence Prevention in the State Department of Public Health; ii) Establish and maintain an advisory committee.
- Training, Communications, and Information - : iii) Enhance violence prevention skills through interdisciplinary training and conferences; iv) Provide information about effective and promising models and approaches; v) Establish campaigns designed to shift norms about violence, build understanding that violence is preventable, and foster hope that violence will be prevented.
- Resource Alignment and Allocation - vi) Identify gaps and priority areas (e.g. specific populations or locations) and align and allocate existing resources to serve major priority needs and gaps; vii) Establish stable funding sources to support effective violence prevention efforts in the county and develop resources for special projects and efforts.
- Assessment and Evaluation - viii) Establish data systems that are coordinated and enable effective tracking of associated risk and resilience factors and violence indicators and milestones, and that will enable good decision-making across departments and agencies while informing policy; ix) Ensure that county departments and agencies and service providers are held accountable for violence prevention efforts in the county.

B. PUBLIC WORKS AGENCY

1. Continued Lobbying for Financial Support for Two Flood Control Mitigation Projects for Estudillo Canal and Laguna Creek

- a. **Estudillo Canal Flood Project (San Leandro)** – The USACE Reconnaissance Study phase was completed in October 2004. The project is currently in the second (federal) fiscal year (2006-07) 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 \$750,000 federal appropriation for fiscal year 2005-06. There is currently \$600,000 programmed in President’s Budget (anticipated appropriation). If the full \$600,000 is appropriated on fiscal year 2006-07, USACE would need \$420,000 in full fiscal year 2007-08 to complete the Study.

Benefit of Study and Construction of Improvements

- Enable 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
- Provide increased flood protection to approximately 1,800 residential properties in City of San Leandro
- Minimize property damages in the community and disruption to daily lives of the residents

- b. **Laguna Creek Flood Project (Fremont)** – The USACE Reconnaissance Study phase was completed in October 2004. Alameda County is currently in negotiation with the Corps on finalizing the Project Management Plan and execution of a Feasibility Cost Sharing Agreement (FCSA). The execution of the FCSA will enable the District to move forward on its share of the scope of work for the Feasibility Study. 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 did not receive any federal appropriation for fiscal year 2005-06, to proceed with the Feasibility Study phase. There are currently no federal funds programmed in President’s Budget for this project for fiscal year 2006-07. In order to jump start the Feasibility Study phase, the USACE would need \$675,000* appropriated in fiscal year 2006-07 or 2007-08. USACE would need \$675,000* in fiscal year 2007-08 or 2008-09 to complete the Study.

- Due to switching of the Corps funding program (from Continuing Authorities Program (CAP) to General Investigation Program (GI)), the estimated Study cost will be higher and the duration of Study will take longer.

Benefit of Study and Construction of Improvements

- Enable 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

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- Provide increased flood protection to approximately 525 residential properties in City of Fremont
- Minimize property damages in the community and disruption to daily lives of the residents
- Potential \$1,000,000 annual savings in flood insurance premiums for affected residents



III. COUNTY SPONSORED AND SUPPORTED – FEDERAL PROPOSALS

A. HEALTH CARE SERVICES AGENCY

1. Ryan White CARE Act – Increase in Overall Funding

The House and Senate passed a three year reauthorization that institutes a new funding formula. The legislation includes a limited “hold harmless” provision for states (including California) that will lose money under this new formula. The hold harmless provision insures that funding will not drop more than 5% over the three year authorization period. The compromise also delays for four years the requirement that states reports names of HIV positive persons to the CDC.

B. PUBLIC WORKS AGENCY

1. SUMMARY TITLE: **Estudillo Canal and Laguna Creek flood control projects: Continuing effort to lobby for earmarked funding in excess of approximately \$30 million to finance project design and construction for these two flood control projects.**

SOURCE OF PROPOSAL: Public Works Agency officiating as the Alameda County Flood Control District (hereafter “the District”)

PROPOSAL: The District is seeking additional federal funding for the USACE to finance design and construction of Estudillo Canal and Laguna Creek flood control projects. In addition, the District requests inclusion of Estudillo Canal and Laguna Creek projects in the statewide water resources capital flood control plans when the projects are defines. Any future state water bonds for capital improvements should include the Alameda County projects that are estimated to cost in excess of \$30 million.

PRESENT LAW: The District projects received funding from Congress allocated through the Army Corps of Engineers to conduct two \$100,000 reconnaissance studies of improvements for Estudillo Canal and Laguna Creek. These studies have been completed in October 2004. In fiscal year 2005-06, the Estudillo Canal Project was allocated \$750,000.

DISCUSSION/ANALYSIS: FEMA re-mapping in Fremont and San Leandro created a need for Estudillo Canal and Laguna Creek flood control studies and improvements estimated to cost in excess of \$30 million. Congressman Pete Stark and the Alameda delegation were successful in obtaining the initial allocation of \$200,000 for the Corps of Engineers for conducting the reconnaissance studies in these two areas. These studies have been completed. The next phase is the Feasibility Study; Estudillo Canal Flood Control project is

currently in the second year of the Feasibility Study phase. The primary objective of the Feasibility Study is to determine the extent of Federal interest in providing food damage reduction in the study area.

- 2. SUMMARY OF TITLE: Support for Proposition 1A (constitutional amendment to ensure replacement and continuity of Proposition 42 transportation funds) and 1B Highway Safety, Traffic Reduction, Air Quality, and Port Security Bond Act of 2006). In the event the Propositions are defeated in the November 7 election, lobbying for replacement and protection of State and local Transportation funding sources provided under the provisions of Proposition 42 will continue to develop remedies to ensure dedicated funding is available for urgently needed improvements and repairs to state, regional and local transportation infrastructure. With the passage of Proposition 1E, PWA will seek additional transportation improvement and grant funding for projects to improve efficiency and safety of local roadways.**

SOURCE OF PROPOSAL: Public Works Agency

PROPOSAL: The state budget deficits still impact transportation funding despite the state's economic recovery. Pending project schedules are seriously impacted, and this situation has become exacerbated with the burden of the added funding delays for two years. Without some type of replenishment and insurance against future reallocation, further erosion will occur in the state's already eroded transportation infrastructure. Gas tax revenues are down significantly due to the high cost of fuel. The state capped Proposition 42 funding. The cap needs to be removed. Additionally, the state gas tax on motor vehicle fuel needs to be indexed to regain lost buying power and to increase STIP dollars. The tax has not been indexed since 1991, thirteen years ago.

PRESENT LAW: A referendum approved by voters (Proposition 42) added a state constitutional amendment requiring that tax revenue from the sale of gasoline be transferred to the Transportation Investment Fund for use on urgently needed state, regional and local transportation projects. This voter-affirmed transportation funding allocation has been consistently deferred to address the State's general fund shortages.

DISCUSSION/ANALYSIS: Funding for transportation and transit infrastructure maintenance and expansion continues to be an issue of concern to federal, state and local government. California's population and urban development are escalating at rates that far exceed the government's ability to provide requisite transportation systems. The passage of the legislation enumerated above provided a necessary transfusion to the state's infrastructure to the state's infrastructure as well as emphasizing the voters recognizing of the importance of these issues to California's and Alameda County's future economic health and well being. County roadways as well as the integrity of the County's bridges are impacted by the reduction in funding. Without mitigation, these impacts continue to result in serious impact to the County's commerce.

FISCAL IMPACT: The State fiscal crisis resulted in a reallocation of millions of dollars from transportation to other programs to balance the State budget crisis. Approximately \$13M was lost in transportation revenue for Alameda County through FY 2004-05 and continues due to suspension of Proposition 42 funding and loss of State Transportation Improvement Program and Traffic Congestion Relief Fund monies.

January 9, 2007

Honorable Board of Supervisors
Administration Building
Oakland, CA 94612

Dear Board Members:

SUBJECT: ADOPTION OF 2007 ALAMEDA COUNTY LEGISLATIVE PROGRAM

RECOMMENDATIONS:

1. Adopt the 2007 County Legislative Program as recommended and amended by the PAL (Personnel, Administration, Legislation) Board Committee at their meeting on January 8, 2007;
2. Adopt the general principle that the Alameda County Board of Supervisors supports legislation which is consistent with the County's Mission Statement and its Values-Based Budgeting policies, including the following: 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, oppose preemption of local authorities and unfunded mandates, and enhanced federal assistance to counties; and
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/SUMMARY:

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

County Revenues

- Support preservation of existing revenues and revenue authority.
- Support new opportunities for State and federal funding and expanded opportunities to generate local revenues.
- Support the guarantee of a dependable, predictable, and equitable revenue stream to support County programs, as well as additional revenue raising authority and flexibility for counties.

- 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.

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.
- 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 allowance.
- Support incentives for family placement of foster children.

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 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. Supervisor Gail Steele's office has led efforts in the past to simplify and improve access to foster care such as the KinGAP program.
- 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.

Health Insurance for the Uninsured and Underinsured:

- Support actions like the Healthy Families Program which provide health insurance assistance to the uninsured population.
- Support efforts to include all children in health insurance programs.
- Support adjusted funding distribution for Proposition 63 (mental health programs).

Public Safety and Justice:

- Support funding for integrated re-entry programs for parolees.
- Support funding for substance abuse treatment and related services.
- Support funding to implement SB 1396 (2002) for court security.
- Support funding for Violence Prevention Initiative.
- Support continued funding for Proposition 36 services (drug offenders programs).

Housing, Land Use, Transportation and Infrastructure:

- Support efforts to address regional housing needs and homelessness.
- Support efforts to address regional jobs/housing imbalance.
- Monitor efforts to change California Eminent Domain statutes.
- Support bond efforts to fund County streets and roads, transportation, infrastructure, hospital, flood control and seismic safety needs. Support efforts for state funding to match federal funding for seismic repair and maintenance of Estuary bridges.
- Support legislative efforts to provide for a county or regional gas tax.

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 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 from Congress, and the Administration, and oppose legislation or regulations that preempt county authority.

Telecommunications Act Rewrite:

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

In 2006, Alameda County adopted positions on numerous legislative matters; a recap of these is attached (Attachment 1). A number of State and federal legislative issues of importance to Alameda County are currently pending, and will be pursued again as part of the 2007 Legislative Program.

The 2007 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 8, 2007 and are hereby forwarded to your Board for approval. The proposals are categorized as follows: County Sponsored (State), County Supported (State), County Proposals (Federal), Other Measures, and New Funding Requests.

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, and all revenue opportunities for County programs and services be actively pursued.

The recommended 2007 Alameda County Legislative Program, as amended and submitted, serves as a foundation. As new legislative proposals are developed or additional issues surface during the legislative session, amendments to the 2007 Legislative Program will be considered by the PAL Board Committee and by your Board.

Please refer to the Executive Summary (Attachment 2) for a brief description of each proposal included in the 2007 Legislative Program.

Very truly yours,

Susan S. Muranishi
County Administrator

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Attachments

c: Lynn Suter, State Legislative Advocate
Jim Copeland, Federal Legislative Advocate
All Agency/Department Heads
Department Legislative Staff
CAO Analysts