

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

446



FROM: Executive Office

SUBMITTAL DATE:
January 31, 2006

SUBJECT: 2006 State Legislative Platform

RECOMMENDED MOTION: That the Board approve the 2006 State Legislative Platform and direct the Executive Office and the County's Sacramento representatives to advance the legislative proposals contained therein.

BACKGROUND: Each year the Board adopts a State Legislative Platform to guide the legislative advocacy efforts at the State level. While the 2006 State Legislative Platform presents mostly new proposals that have not been included in previous Board approved platforms, several continuing concerns of high interest are also included. Previously approved Board positions from earlier state platforms are still in effect. Due to the dynamic nature of the legislative process, additional State legislative issues of concern to the County will be brought forward to the Board for appropriate action throughout the year as the need arises.

Gary M. Christmas

Gary M. Christmas
Deputy County Executive Officer

Departmental Concurrence

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	N/A
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	N/A
	Annual Net County Cost:	\$ 0	For Fiscal Year:	N/A

SOURCE OF FUNDS: N/A	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE

APPROVE

County Executive Office Signature _____ *[Signature]*

- Dep't Recomm.: Consent Policy
- Per Exec. Ofc.: Consent Policy

**RIVERSIDE COUNTY
2006
LEGISLATIVE PLATFORM**



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January 31, 2006

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ISSUE: Pediatric Immunizations.

POSITION: Support funding for continued and expanded programs to target pediatric immunizations.

Support funding to fully develop and sustain the California Statewide Immunization Information System (SIIS) coordinated by the Department of Health Services Immunization Branch.

Support efforts to increase the number of U.S. manufacturers producing influenza vaccine and other crucial vaccines.

BACKGROUND: One in five children under age two in California are not up to date on routine immunizations, leaving them vulnerable to serious disease. Only 73 percent of children in California are appropriately immunized by age two, compared to the Healthy People 2010 objective of 90 percent. The 2004 California Performance Review Report states, "California has an opportunity to prevent disease in children while saving money for taxpayers and the private sector by providing a web-based centralized statewide immunization registry for children to prevent disease and save taxpayer and private sector money."

California stands to save \$32.5 million per year in current costs for: manual immunization record pulls by health care providers, schools, daycare, HEDIS, duplicative shots, reduced illness and time lost from work by parents. To receive the full benefit of cost savings, California Statewide Immunization Information System, (SIIS) must be able to expand and sustain this important health infrastructure. The federal government's goal is that 95 percent of children under age six have their immunization histories in a fully functional state registry by 2010. However, only about 20 percent of our young children in California have immunization histories in the SIIS registries.

All 50 states are developing registries and a number – including Michigan, Florida, Illinois, Oregon, Arizona and Washington – already operate registries statewide. Registries keep track of immunization records as children move or change doctors within the state. California's size and mobile population make establishing an integrated statewide registry system all the more important.

ISSUE: CalWORKs Vehicle Regulations.

POSITION: Align CalWORKs vehicle regulations with those for food stamps.

BACKGROUND: Vehicles owned by food stamp participants are exempt from consideration toward a household's total property limit. This regulation recognizes that people in most food stamp households are employed and need reliable transportation to go to work and keep their jobs.

Most CalWORKs households must participate in the Welfare to Work (WTW) program and are expected to look for and obtain employment, but all vehicles in the home are counted toward the property limit for the household.

CalWORKs recipients are expected to look for, obtain and maintain employment. To meet these WTW requirements, reliable transportation is needed. CalWORKs recipients would be better able to meet these requirements if vehicle regulations were aligned with food stamp rules that exempt vehicles from property limits. The change would likely increase work participation and some people would be moved off public assistance sooner.

Savings might be minimal at first, because few customers are denied for exceeding property limits in CalWORKs. In the long run, it could save more (perhaps substantially more) because recipients will be allowed to own a vehicle.

ISSUE: Live Scan the AB 408 Important Person in the Foster Child's Life.

POSITION: Create statutory authority to permit the county child welfare agency to obtain Live Scan/Child Abuse Central Index (CACI) results, as well as subsequent arrest notification authority for the purposes of determining the best interest of the AB 408 child. Live Scan fees shall be borne by the important-person applicant. The applicant shall bear the burden of proof, including obtaining all related documentation that a criminal exemption is warranted. If the agency denies the status based on the agency considering the CACI underlying investigative files, the applicant will not be entitled to grieve the decision.

BACKGROUND: AB 408 (Statutes of 2003), later amended by AB 2807 (Statutes of 2004), requires that the county child welfare social worker ask every foster child age 10 or older to identify any individuals (other than siblings) who are important to them, consistent with the child's best interest. Once these persons are identified and determined appropriate, the worker must make the efforts needed to maintain the child's relationship with these important persons. These important persons can serve as critical resources and support for former foster youth as they transition to adult life. On the other hand, adolescents and particularly vulnerable foster youth might identify with inappropriate adults as their important persons. It is critical that the CWS agency has access to criminal records and CACI clearances to screen the identified important person before facilitating and promoting direct access to a foster youth. Counties have determined, and DOJ agrees, that current statutes do not provide authority for the child welfare services agency to access criminal records or CACI in order to clear the AB 408 important person. Counties have attempted workarounds by trying to classify important persons as agency volunteers, or as another member of the relative caregiver's household, even when they do not reside in the home. Other counties have concluded they cannot implement this provision. It is clear that Live Scan/CACI access is needed to meet our duty to assess whether the identified person would provide a relationship that is in the child's best interest.

ISSUE: Establish a Law Enforcement System for Reporting Elder and Dependent-Adult Abuse.

POSITION: Establishing an umbrella incident-reporting code for elder and dependent-adult abuse would produce more accurate statistics about the true nature of crimes against this vulnerable population. It would offer a better gauge for designing and providing services, including those provided by law enforcement and protective services. The umbrella code would be modeled after the system used to accurately record domestic-violence incidents (P.C. 13730, Recording and Reporting of Domestic Violence-Related Calls).

BACKGROUND: Based on current statewide data, the rate of elder and dependent-adult abuse is scarce. This is due to uneven reporting mandates, and contrasts with the number of reports received by local agencies such as law enforcement, adult protective services and the long-term care ombudsman.

The system for accurately recording the incidence of elder and dependent adult abuse is inadequate. Current statewide reporting requirements lead to underreported incidents and, therefore, underestimate the number and rate of elder and dependent-adult abuse incidents statewide and in the county. This contrasts with the number of reports received by local agencies, such as law enforcement, adult protective services, and the long-term care ombudsman.

Cost increases will occur with mandated reporting requirements but are necessary to document the full scope of elder abuse and to help prevent it.

ISSUE: CalWORKs Homeless and Housing Assistance.

POSITION: Support legislation that enhances CalWORKS Homeless and Housing Assistance Programs.

BACKGROUND: Homelessness among CalWORKs families is at an all-time high and remains one of the most significant impediments to self-sufficiency. High housing costs require a change in regulations.

- Some CalWORKs families in rental housing suddenly find themselves facing eviction and homelessness due to a temporary financial setback, such as losing a job. Once on the street and in crisis, it is much more difficult to help stabilize a CalWORKs family and continue assisting them toward self-sufficiency.
- The current nightly benefit for temporary shelter is inadequate, given the average nightly rates for motels and hotels in Riverside County. Under the CalWORKs Homeless and Housing Assistance Program, eligible CalWORKs families may receive \$40 per night for a motel, for up to 16 days. Families with more than four members may receive \$10 for additional members, up to a total of \$80 per night.
- The CalWORKs Homeless and Housing Assistance program provides that permanent housing payments can only be issued if the family's share of the rent does not exceed 80 percent of the assistant unit's maximum aid payment (MAP). This formula sets a low payment threshold, is inconsistent with trends in housing availability and rental rates, and excludes many families who need basic housing. A formula based upon 80 percent of total household income would enable families to afford today's rental markets.

Proposals that will further these goals, include:

- Revise the definition of homelessness in the W&I Codes to include families who have received an eviction notice for not paying rent due to a verified financial hardship (such as the loss of a job or sudden illness in the family) and demonstrate that they are experiencing a financial crisis that would result in homelessness if preventative/at-risk assistance is not provided.

- Increase the temporary homeless assistance benefit to \$65 per night for a family of four and \$15 for each additional person, up to a total of \$125.
- Change the 80 percent rule (80 percent of maximum aid payment – MAP) as a criterion for accessing permanent housing payments to 80 percent of total household income, including earnings. Calculating 80 percent of total household income would allow families to afford rents in today's market.

The increase in the amount of temporary homeless assistance to eligible homeless families and the number of eligible homeless families to receive permanent housing payments might increase costs, which have not been determined.

ISSUE: Community Services Block Grant (CSBG) Funds.

POSITION: Legislative support for the conclusions drawn by the California-Nevada Community Action Partnership in response to the requirements of AB 444, Chapter 1002, statutes of 2002.

BACKGROUND: For more than two decades, California has relied on a two-step system of allocating community services block grant (CSBG) funds.

- First, agencies are allocated funds based on the proportionate share of the state's population living in poverty in that agency's jurisdiction.
- Second, funds are reallocated to ensure that agencies whose allocation based on poverty population alone falls below a certain minimum level are brought up to that minimum level. This two-tiered system has generated significant controversy and debate over the years.

The issue of minimum funding of community action agencies (CAA) has been brought into focus by recent cuts in the CSBG. The occasion of the legislatively imposed AB 444 reporting requirement provides an opportunity to move beyond the current system and toward one that is more widely perceived as fair, principled and workable.

The proposal's intent is to request legislative support for the conclusions reached by California/Nevada Community Action Partnership (Cal/Neva) for an equitable funding approach. The Legislature passed AB 444 in 2002, changing CSBG allocations for California CAAs. This legislation also requested that Cal/Neva recommend to the Legislature how the CSBG funding system should be modified. In response to that request, Cal/Neva issued a request for proposal and ultimately hired the California Institute for County Government to assist a Cal/Neva Advisory Committee in developing its recommendations to the Legislature.

ISSUE: Expand Stage One Child Care Services to Include Employed Non-Needy Relatives (NNR) Cases.

POSITION: Expand Stage One Child Care services to include employed non-needy relatives (NNR) cases to stabilize families and avoid foster-care placement. If an adult in the non-needy relative home is retired or not working, the childcare issue does not arise. However, some non-needy relatives who are working and earning a modest living place children into foster care to avoid high child-care costs. Those costs represent a net loss to the household budget that jeopardizes the family's financial stability.

BACKGROUND: Non-needy relatives are self-sufficient relatives (frequently a grandparent, aunt or uncle) who are willing to take on the responsibility of providing familial support to a related minor to keep the child out of foster care. This might be a temporary or long-term situation. Currently an NNR is potentially eligible to temporary assistance for needy families (TANF) for the child, but the grant seldom covers child-care expenses. Other supplemental supportive services are not available to the NNR. Therefore, the NNR family must absorb the additional costs associated with providing for a child.

Avoid unnecessary foster care placements and maintain family relationships by allowing child-care funds to be paid to working non-needy relatives (in the case of a NNR household with two adults, both must be working). Child care made available for NNR cases would help alleviate additional expenses accrued by the NNR. Reports on foster care indicate that placements with relatives frequently collapse due to child-care expenses. The potential NNRs feel they have no choice but to place their related children into the foster-care system, and do so very reluctantly.

ISSUE: Medi-Cal Eligibility Inequities.

POSITION: Support Medi-Cal legislation to address inequities and simplify the Medi-Cal application/eligibility process. Supported legislation needs to benefit our Medi-Cal customers, not significantly expand the program unless the expansion is offset by other program savings and/or uses county resources more efficiently.

BACKGROUND: Incremental amendments of Medi-Cal policy rules and regulations have caused extremely complex, sometimes counterproductive bureaucratic processing elements. Primary examples include:

- Disproportionate share of cost increases (based on the federal poverty level) for our aged and disabled residents in need of medical care.
- Out-of-date child-care deductions that are detrimental to our working families.
- Inefficiencies in the medical asset test resulting in few denials but additional, usually unproductive, demands on county staff.
- Mid-year status reports and CalWORKS termination processes that require increased reporting responsibilities for both the customer and the county, without a corresponding increase in reporting accuracy or a corresponding reduction in program growth rates.

Benefits from implementing these changes include:

- Aged and disabled residents would need expensive nursing facilities less if early, affordable access to less costly medical alternatives is available.
- Implementing a higher child-care deduction for working families can create an incentive for a two-parent family to use employer-provided medical insurance.
- Simplification can result in cost savings as the current medical asset test, mid-year status report, and CalWORKS termination/reapplication processes greatly add to inefficient use of county resources.

ISSUE: Meat and Poultry Recall.

POSITION: Legislation is needed to require California meat or poultry suppliers, distributors or brokers that are subject to a voluntary recall by the United States Department of Agriculture (USDA) to immediately notify the State Department of Health Services and to provide the department with a list of retailers that have received, or will receive, any product subject to recall.

Legislation needs to require that the department immediately notify local health officers and environmental-health directors of a recall and the specific locations involved. Legislation also needs to allow the department, local health officers and environmental-health directors to notify the public about recalled meat and poultry products.

Legislation needs to allow the Department of Health Services to inform local health officers about the locations involved. It should require that the public be provided information, including details about locations where tainted meat was distributed and distribution dates, to help keep the public informed about potential exposure.

BACKGROUND: In December 2003 the meat and bones from an infected cow with bovine spongiform encephalopathy (known as mad cow disease) were distributed to six states. Initially, health agents in California were not permitted to share information with the public or retailers that received the potentially tainted meat. After several conversations with USDA, state officials were able to tell agents in affected local areas about the incident but could not publicly reveal the names of stores or restaurants where the meat wound up. This incident brought national attention to problems with the current voluntary recall system and the limited access to information.

The legislation's intent is to protect the public from exposure to contaminated meat or poultry. Currently:

- No federal agency can require a food manufacturer to remove a tainted product from the market with one exception – infant formula.
- The USDA's web site lists only the food manufacturer, not the names of supermarkets and restaurants that sold the recalled food.

- With meat, in most cases, only the meatpacker's name is publicized and ground beef is most often repackaged under store-brand names.
- California is one of 11 states that signed an MOU with the USDA. This MOU allows the USDA to notify certain officials where recalled foods were sold but they cannot share that information with local public health officers or with the public.
- States that have not signed the MOU receive no retail information.

ISSUE: Health Insurance Coverage for Californians.

POSITION: Support legislation that:

- Simplifies enrollment of Medi-Cal and healthy-families programs, particularly for pregnant women and newborn infants;
- Simplifies and expands eligibility for Medi-Cal and Healthy Families programs;
- Offers presumptive eligibility for Medi-Cal;
- Allows counties to draw down federal financial participation (FFP) funds to provide coverage to parents of healthy-families children;
- Provides tax credits and other incentives for small employers and low-wage workers to offset the cost of offering or paying for health insurance.

BACKGROUND: California's fiscal crisis poses a significant threat to the state's most vulnerable populations including low-income women, children and families, the elderly, and the disabled. The cost of uncompensated care continues to escalate. Without proper insurance coverage, there is no immediate way for the county to control these costs. Many indigents, the working poor and other low-income families use emergency care as their source for medical coverage rather than seeing a doctor early enough to provide prevention care. The only solution is to maximize the insurance coverage for all California residents.

ISSUE: Federally Qualified Health Centers and Look-Alikes.

POSITION: Retain and protect the cost-based reimbursement for Federally Qualified Health Centers, and FQHC Look-A-Likes.

BACKGROUND: For services provided to Medi-Cal and Medicare patients, FQHCs and FQHC look-alikes are guaranteed cost-based reimbursement. Although the current system requires prospective payment, it nevertheless assures that these community health centers will receive reimbursement that reflects the actual costs of providing service. As federal and state budgets come under pressure, there has been some discussion about possibly limiting or eroding cost-based payments. The prospective payment system (PPS) already endangers FQHC because it artificially freezes costs and does not permit routine cost inflation on an annual basis.

Because there has been some discussion about further limiting or restricting FQHC, any legislative attempt to roll back FQHC reimbursements should be vigorously opposed. Conversely, any legislation that further guarantees and protects the cost-based reimbursement should be supported as a protection for all the safety-net providers who have FQHC designations.

Losing cost-based payments would significantly reduce revenue to the Riverside County Community Health Agency. Efforts to limit FQHC payments are likely to be budget-driven. The FQHCs, however, have a significant support base among many legislative representatives who recognize that FQHCs and look-alikes serve many residents who are largely disenfranchised from mainstream medicine.

ISSUE: County/EMS Agency Authority for Ambulance Transportation Services.

POSITION: Preserve county/EMS agency authority to control the EMS system. Support laws and regulations that would increase county authority, increase funding for such oversight and oppose laws that would reduce county authority.

If allowed to control ambulance services, cities with the fiscal capability will do so. Other areas would then be left to counties, which would lose economies of scale and potentially have to subsidize ambulance providers.

BACKGROUND: Although the 1997 court decision in the County of San Bernardino v. City of San Bernardino clarified counties' roles in providing emergency medical services, the League of California Cities and others still plan to sponsor new law(s) that would cede counties' authority, especially with respect to revising "governance" structures.

SB 125 (Garamendi), Chapter 1260, Statutes of 1980 enacted the Emergency Medical Services Act, (Division 2.5 of the Health and Safety Code). The act provided for counties to establish the local emergency-medical services agency to plan, implement and evaluate an EMS system. Cities that operated emergency services prior to June 1980 were grandfathered into law. For well over a decade cities have gone before the Legislature to overturn SB 125 and obtain authority to establish city-managed ambulance service. A lawsuit that went to the California Supreme Court determined that cities and districts could continue services already provided but could not expand the scope of services without county approval.

Counties maintain that ambulance service must be provided countywide to ensure that providing services, even in remote areas, remain financially viable. Changing to a jurisdiction-by-jurisdiction system would encourage cities to cherry-pick certain affluent areas, leaving the county to provide service in less affluent areas.

ISSUE: Fund and Strengthen the Core Public Health Functions for Communicable Disease Control in Local Public Health Departments.

POSITION: Support increased state funding for public health programs and legislation that enhances public health officers' authority.

BACKGROUND: Local health jurisdictions are the state's partners in controlling communicable diseases. Communicable-disease programs need augmentation because of new and re-emerging infectious diseases, the most serious of which are avian influenza, multi-drug resistant tuberculosis, West Nile virus (WNV) and severe acute respiratory syndrome (SARS).

Syphilis re-emerging as a public-health concern highlights the importance of addressing hepatitis C and HIV infection so that appropriate interventions can be taken. Requiring the names of HIV patients to be reported confidentially will help ensure so that medical care is offered and that health officials can begin appropriate follow-up with exposed individuals. This approach is consistent with how other communicable diseases are reported and is important for public-health intervention.

Many other organisms easily controlled with antibiotics are becoming resistant to treatment and increase the risk of public infection. Examples include methicillin-resistant staphylococcus aureus (MRSA) and vancomycin resistant enterococcus (VRE).

The Public Health Improvement Act of 1999 (Chapter 797) was intended to increase the basic funding allotment to local health jurisdictions for core public-health functions in order to control the spread of communicable diseases. However, during each budget cycle since enactment, sufficient funds for the program have not been appropriated.

Inadequate funding has significantly curtailed basic health efforts, including infectious-disease control activities at the local level. Increased state funding for local public-health departments is needed to:

- Enhance public-health officers' authority involving civil and criminal detention of infected people (TB);
- Support implementation of the Institute of Medicine report on TB elimination;
- Treat undocumented persons with TB via Medi-Cal or other coverage;
- Develop and implement response plans for pandemic influenza due to avian influenza or other causative agent;
- Increase hepatitis C surveillance, education and case management;
- Enhance case management, treatment and follow-up among infected persons released from jails or prisons (TB, hepatitis C, HIV, etc.);
- Address emerging infectious diseases such as MRSA/ VRE, Arena virus; and,
- Increase capacity for increasing workload for STDs, particularly the current chlamydia and syphilis epidemics.

A 1998 study by the California Department of Health Services and the California Conference of Local Health Officers identified over \$22 million in annual unmet needs for public-health funding. Additional funding is paramount for counties statewide to effectively meet the challenges of re-emerging and drug-resistant communicable diseases and defend Californians' health.

ISSUE: Designation for Riverside County to be a Core UASI Region.

POSITION: Designate Riverside County as a core Urban Area Security Initiative county for purposes of receiving Homeland Security UASI funding. The U.S. Department of Commerce has predicted that the Inland Empire will grow faster than any area in the United States. The population is expected to increase by 1.1 million by 2010, a 34.2 percent growth rate, which exceeds growth in Los Angeles County, and is just less than Orange, San Diego, Ventura and Imperial counties combined. Riverside County is home to Southern California's largest reservoir. Major freeways – including the Interstate 10, Interstate 15 and State Highway 60 – traverse the county. Major rail lines that connect freight and commuters to Los Angeles, San Diego, and Orange counties also crisscross the region. In the event of an attack in the Los Angeles Basin, Riverside County would play a crucial role in responding to the emergency.

BACKGROUND: The Department of Homeland Security provides UASI funding to address unique planning, equipment, training and exercise needs in high-risk urban areas. The funding also helps improve the ability to prevent, respond to and recover from terrorist threats and acts. The funding is provided only to identified urban-area authorities through the State Homeland Security Administrative Agency (SAA). Riverside County is not identified as an urban-area authority and does not receive this important funding. Identified areas in California are limited to Anaheim, Santa Ana, Oakland, San Francisco, San Jose, Los Angeles, Long Beach, Sacramento and San Diego.

In coordination with the Urban Area Core City(ies) point of contact (POC) and the Core County(ies) POC, the SAA POC may redefine the geographic boundaries of the urban area. In redefining the urban area geographic boundaries, the SAA POC is required to coordinate and receive input from the core city(ies) and core county(ies). The definition of the urban area is still limited to jurisdictions contiguous to the core city(ies) and core county(ies), or with which the core city(ies) or core county(ies) have established formal mutual aid agreements.

For the purposes of the FY 05 UASI, the state may request a waiver to define urban areas using regions previously established by Executive Order, law or compact. If the urban area is expanded to include additional jurisdictions, those additional jurisdictions are eligible for, but not entitled to, receipt of funding through the program.

ISSUE: Protect Funding and Services for Women's Health.

POSITION: Continue to support policies for women's health services that encourage early and continuous prenatal care; support substance-abuse screening, access, referral and treatment during pregnancy, screening and treatment for STD; screening and treatment for cancer; reducing teen pregnancy and preventing unintended pregnancy.

Continue to support programs and funding which provides access to health care for low income women so they can receive health services.

Continue to support education targeting teen pregnancy prevention.

BACKGROUND: Inadequate prenatal care, lack of early screening and treatment for STD and cancer, teen pregnancy and unintended pregnancy contributes to a host of preventable health and social problems for women and families.

A number of federal, state and local programs focus on the need for early and continuous prenatal care. Early prenatal care reduces maternal mortality and morbidity. In addition the Community Health Agency is working on a community collaborative to address screening, assessment, referral and treatment of substance abuse during pregnancy. Providing these services and continuing outreach in these areas will lower costs.

Preventative health services for low-income women are limited at best. The major source of funded health care is through the Family PACT program. The program provides screening for cervical and breast cancer, screening and treatment for STD, stresses the importance of early prenatal care, and provides birth control. These services, combined with outreach, helps address teen pregnancy and unintended pregnancy. California has made great strides in reducing teen pregnancy. California's teen population rising makes it imperative to continue addressing teen pregnancy. There have been legislative proposals to limit access and funding for screening and treatment for STD and cancer screening in the state Family PACT Program. Limitations or restrictions on access to services will negatively impact these essential services for our residents.

ISSUE: Appropriations for Older Californians Act Programs.

POSITION: Avoid further cuts to the home- and community-based services and work to reverse recent cuts in funding for Older Californians Act programs.

BACKGROUND: One provision of the Older Californians Act is that the state shall ensure that health and social services are available to allow older individuals to live independently at home or with others. Key community-based services provided for in the Act include Health Insurance Counseling and Advocacy Program (HICAP), Alzheimer's Day Care Centers, Brown Bag Program, Foster Grandparent Program, Linkages Program, Respite Program, Senior Companion Program, Multipurpose Senior Services Program (MSSP), Senior Center Bond Act, Aging Information and Education Fund, and State Ombudsman Program. While some programs have received state funding, others have not. Some programs that received limited funding have had cuts in the past several years. Because many of these services are vital to sustaining frail seniors in their homes and community, we must seek adequate funding. Without these services, we will spend far more on institutional care for these seniors and adults with disabilities.

ISSUE: Legislation allowing County Boards of Supervisors to increase the fee for a certified copy of a death certificate by up to \$3 with the funds being used locally to support programs for frail and at-risk seniors.

POSITION: Support, or sponsor, technical amendment to Section 103625 of the California Health and Safety Code which would allow County Boards of Supervisors to increase the fee for a certified copy of a death certificate by up to \$3.

BACKGROUND: Within the next 15 years, the number of Riverside County residents over age 60 will increase an estimated 59 percent. These are at greatest risk of becoming frail and dependent upon health and community based services. In addition, approximately 13% of the seniors in Riverside County live at or below poverty level and thousands more are just above poverty level. Public funding for senior programs is not keeping pace with this growth resulting, for example, in over 400 seniors on waiting lists for home-delivered meals.

No impact on State General Funds nor on the State tax structure. Would provide new discretionary funds for local use to provide support services to seniors.

Precedent is set for increasing certificate and license fees through recent state legislative action by allowing increased fees for certified copies of birth certificates for earmarked use for children's programs; allowing Alameda and Solano Counties to increase marriage license fees for earmarked use for local domestic violence programs (signed by the Governor in 2004); allowing increased fees on specified real estate documents recordings for earmarked use in real estate fraud prosecution; and for a recording fee on real estate instruments for earmarked use for Elder and Dependent Adult Financial Abuse Prevention.

ISSUE: Funding for the State of California Flood Control Subvention Program.

POSITION: To support language for funding \$100,000 to the Department of Water Resources to pay for the State's share of the non-Federal costs of flood control and flood prevention projects adopted and authorized under the State Water Resources Law of 1945.

BACKGROUND: The State Legislature has established a policy of financial assistance to local agencies cooperating in the construction of Federal flood control projects under Division 6 of the California Water Code. In general, the program reimburses up to 70% of the local share under the cost sharing rules of Federal projects. This reimbursement program depends on allocation from the General Fund each budget year. Unfortunately, the program has been sorely under-funded for the last several years. Backlogged claims have been accumulating and it has become a very uncertain matter for local agencies to plan on funding coming from subvention reimbursements. In some cases, the local agency's flood control mission is put on hold and projects are delayed while the agency waits for the reimbursement.

Currently, the Riverside County Flood Control and Water Conservation District has filed over \$5.4 million in claims with the State (\$1,644,392 for the Gunnerson Pond Environmental Restoration Project, \$3,517,575 for the Norco Bluffs Bank Stabilization Project and \$318,270 for the Santa Ana River Mainstem Project). According to the Department of Water Resources, unpaid claims under the Flood Control Subventions Program totaled \$82.2 million as of April 2005. These funds are now due and payable under State law. The Department projects that it will need \$108.3 million by the end of FY 2004-05; \$188 million by the end of FY 2005-06 and \$250 million by the end of FY 2006-07 to pay lawful claims on already-approved Federal projects. Many of these claims date back to 2000. The Department's inability to meet its legal fiscal obligations in support of the Subventions program undermines local agencies' ability to maintain constructed facilities and jeopardizes new construction of modern, multi-objective projects that include environmental and recreational components. It is in the interest of public health and safety for the State to provide a reliable source of funding for the Subventions program, which provides a critical source of funding for infrastructure projects needed to prevent catastrophic loss of life and property, and disruption of the State's \$1.4 trillion dollar economy.

There are several other flood control and public works entities who have outstanding subvention claims or who are planning to sponsor Federal flood control projects who would undoubtedly be supportive of this measure. Also, the California Department of Water Resources would support the measure as they need funding to carry out their purpose. Opposition may come from legislators and citizens who believe flood control is a low priority budget item.

ISSUE: Protect State Funding for County Discretionary Programs.

POSITION: Support legislation that maintains state funding for existing county discretionary programs. Support legislation that maintains the existing protections for local government as approved by the voters in Proposition 1A. Oppose legislation that reduces state funding to the county for discretionary programs or which modifies cost sharing ratios to the detriment of county operations.

BACKGROUND: With the likelihood that the state budget problem will worsen in future fiscal years, the state will be left with fewer options to deal with the budget deficit. Due to the limited options available for the state to address budgetary issues, local programs may be at an increased risk.

ISSUE: Protection of State Funding for County Administered State Programs.

POSITION: Support legislation that protects state funding for county administered programs. Oppose legislation that shifts funding for state mandated programs to local government.

BACKGROUND: A significant portion of the spending reductions proposed in the Governor's proposed 2006/2007 state budget are in health and human services programs. Many of these programs are state funded, but administered at the county level. Other state programs administered by the county may suffer reductions in state funding as well.

ISSUE: Special Distribution Fund.

POSITION: Continue to support, or sponsor legislation, that will make certain these funds are distributed in an appropriate manner, retaining the existing allocation formula to provide Riverside and all other local entities their appropriate allocations from the SDF.

BACKGROUND: Each county that administers grants from the Indian Gaming Special Distribution Fund provide an annual report to the legislature, detailing the specific projects funded by all grants in that county's jurisdiction. A primary purpose of these funds within the Indian Gaming Special Distribution Fund is to provide grants to local government jurisdictions impacted by tribal gaming. Locally these funds are used to mitigate the impacts of Indian gaming. The state is currently withholding a majority of these funds (estimated at \$90 million statewide) which should be included in the local distribution.

ISSUE: Sexual Offenders.

SUPPORT: Continue to support, and sponsor, legislation which provides for tougher laws to deal with sexual offenders including lengthening jail sentences and parole time for repeat sexual offenders, strengthening regulations relating to group homes and laws allowing local jurisdictions more oversight on the placement of offenders.

BACKGROUND: California currently has 63,000 registered sex offenders. Sex offenders have very high recidivism rates, and according to a 1998 report by the U.S. Department of Justice, sex offenders are the least likely to be cured and more likely to re-offend and prey on the most innocent members of our society. More than two-thirds of the victims of rape and sexual assault are under the age of 18. Sex offenders have a dramatically higher recidivism rate for their crimes than any other type of violent felon.