Policy Roundtable for Child Care

Wednesday, April 10, 2013
10:00 a.m. – Noon
Conference Room 743
Kenneth Hahn Hall of Administration
500 W. Temple Street, Los Angeles

Proposed Meeting Agenda

10:00 I. Welcome and Introductions — Jacquelyn McCroskey, Chair

- A. Comments from the Chair
- B. Review March 13, 2013 Meeting Minutes — *Action Item*
- C. Policy Framework Update

10:20 II. ECE Works! Campaign — John K. Harris, Strategic Counsel, PLC

10:50 III. Legislative Issues — Michele Sartell

- A. Update on Medi-Cal Options and Realignment Proposals
  - Response of CA State Association of Counties
- B. Bills related to Child Development Services
  - AB 364 (Calderon) Unannounced Licensing Visits
  - AB 641 (Rendon) Family Child Care Collective Bargaining
  - AB 273 (Rendon) CA Partnership for Infants & Toddlers
  - SB 192 (Liu) Early Learning & Educational Support Act
  - AB 1152 (Ammiano) California School-Age Families (Cal-SAFE) Program
  - AB 1187 (Mansoor) Title IV-E & Subsidized Child Care
  - SB 528 (Yee) Parenting and Pregnant Youth in Foster Care
- C. Federal Update on Sequestration and Continuing Resolution
  - Head Start
  - Child Care and Development Block Grant
    - CA Department of Education - Plan for Quality Activities

11:50 IV. Announcements and Public Comment — Members and Guests

12:00 V. Call to Adjourn — Jacquelyn McCroskey

Mission Statement

The Los Angeles County Policy Roundtable for Child Care builds and strengthens early care and education by providing recommendations to the Board of Supervisors on policy, systems, and infrastructure improvement.

Policy Roundtable for Child Care and Development

222 South Hill Street, Fifth Floor, Los Angeles, CA 90012
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MEETING MINUTES

March 13, 2013
10:00 a.m. – 12:00 p.m.
Conference Room 743
Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California

I. WELCOME AND INTRODUCTIONS

Dr. Jacquelyn McCroskey, Chair of the Policy Roundtable for Child Care (Roundtable), opened the meeting at 10:05 a.m. Members and guests introduced themselves.

A. Comments from the Chair

- Dr. McCroskey asked for volunteers to begin work on the next iteration of the Policy Framework.
- Sunset Review Committee has completed its review of the Roundtable and granted it another three years. The comments section of the report is in the meeting materials; the cover letter will be sent to the membership via e-mail message.
- Ms. Kim Belshe and the Commission will be nominating a representative to serve on the Roundtable.
- Congratulations were extended to Ms. Terri Nishimura, the recipient of the Citizen of the Year by the Torrance Chamber of Commerce. She referenced the Roundtable in her bio. Supervisor Don Knabe is one of the speakers at the luncheon scheduled for Thursday, March 14, 2013.

B. Review of Meeting Minutes – February 13, 2013

Ms. Michele Sartell noted a correction to the minutes, referring members to the summary of key issues under the report on the Governor's 2013-14 proposed budget on page 2. Under "Streamlining the System" the second paragraph was re-written and an update pursuant to the meeting added as follows:

> It was noted that to date the CDSS has not confirmed the membership of the stakeholders work group nor has it issued an agenda for the yet to be scheduled meeting(s). Some thought is being given to convening local stakeholders to discuss the current structure and work towards a uniform set of

recommendations to take to the CDSS work group meeting. Recommendations would be presented to the Roundtable for discussion as the timing permits.

Since the Roundtable meeting, the Joint Committee on Legislation is pursuing a strategy recommended by the Chief Executive Office's Intergovernmental Relations and External Affairs by convening a meeting to gather recommendations from local stakeholders interested in state budget issues pertaining to child care and development issues. Invitees also will consist of those included in correspondence regarding the stakeholders workgroup sent by Todd Bland of CDSS.

Action: *Ms. Sharoni Little entered a motion to approve the minutes as corrected; Ms. Terri Nishimura seconded the motion. The motion passed with one abstention.*

II. CONSIDERATION OF CURRENT ROUNDTABLE ORDINANCE

A. Revised Mission Statement and Policy on Alternates

Dr. McCroskey referred members and guests to the document, *Proposed Changes to the Policy Roundtable for Child Care Ordinance,* included in their meeting packets. She reflected on the change that allowed for certain members (non-Board appointees) to have alternates to ensure greater attendance and representation at the meetings. This required an ordinance change, which led to a review of the entire ordinance. Dr. McCroskey then turned the item over to Ms. Dora Jacildo to guide members through the proposed changes and solicit their comments.

B. Other Changes

Ms. Jacildo noted that the first two items – 1. Mission Statement and 2. Policy on Alternates – had been adopted by the membership on November 9, 2011, therefore required no further action. She referred members to the next item – 3. Duties and Responsibilities – noting the language of the current ordinance by number and then the proposed change.

- **Duties and Responsibilities**

After much discussion of the duties and responsibilities, the Roundtable members agreed to the following changes:

3. Duties and Responsibilities **Adopted by the Roundtable on 3/13/13**	
Language of Current Ordinance	**Recommended Changes**
1. Develop a regional child care and development master plan for consideration by the board;	**Delete this item** as the Child Care Planning Committee is required to conduct a countywide child care needs assessment every 5 years and follow that assessment with a strategic plan to meet the identified needs. Therefore, it may be more strategic for the Roundtable to focus its attention on items # 2 and # 4.

2. Develop child care policy recommendations based on solid research, economic forecasts, projected demographic shifts and trends, and federal and state policies, taking into account all forms of child care, including without limitation, faith-based, home-based, public, private, center-based, and employer-based;	1. Develop child care and development policy recommendations based on solid research, economic forecasts, projected demographic shifts and trends, and federal and state policies, taking into account all forms of child care and development services.
3. Promote the coordination and integration of county-related child care, including all county departmental activity for employees and the public;	**2.** Advise and assist county departments in developing and implementing strategies to connect clients and/or employees to high quality child care and development services.
4. Work with the *chief administrative office* to develop recommendations for consideration by the board on state and federal legislation regarding child care;	**3.** In conjunction with the chief executive office, develop recommendations for consideration by the Board on county, state and federal legislative and budget issues related to child care and development. The roundtable shall work with community stakeholders so as to understand the impact of those issues on the supply, quality and demand for child care and development services.
5. Identify strategies to help coordinate, leverage, and maximize all child care funding streams in the county;	4. Working in collaboration with county departments and community stakeholders, identify strategies to secure and leverage, coordinate, monitor and maximize funding for and access to high quality child care and development services.
6. Develop recommendations to promote universal access to child care and development services, including but not limited to services for preschool care;	**Delete and incorporate into # 4.**
7. Identify strategies and recommendations to include faith-based organizations in the provision of child care;	**Delete and incorporate into # 4.**
8. Conduct and distribute an annual evaluation, or "report card" of the roundtable's work;	5. Develop, distribute in electronic format, and post on a county website, an annual report summarizing key issues, roundtable recommendations, and board actions.
9. Make quarterly status reports to the board.	**Delete and focus on the annual report in item 5.**

- **Roundtable Name**

Discussion ensued on the proposal to broaden the name of the Roundtable to the "Policy Roundtable for Child Care and Development". It was noted that this terminology is more comfortable to a broader network of stakeholders working on behalf of families with young children. Nevertheless, members raised the importance of defining the terminology to acknowledge what is known about the neuroscience of early childhood and the intent to address the prenatal to eight years old and older (up to age 21 for children with disabilities). It was noted that there is no consistency in language used by the field.

Action: *Ms. Terri Nishimura moved to change the name to the "Policy Roundtable for Child Care and Development"; the motion was seconded by Mr. Nurhan Pirim. The motion passed.*

Action: *Dr. Robert Gilchick entered a motion for the ordinance to remain silent on definitions; the motion was seconded by Ms. Keesha Woods. The motion passed unanimously.*

III. JOINT COMMITTEE ON LEGISLATION REPORT

A. Bills Introduced Related to Child Care and Development

Mr. Adam Sonenshein referred members to the matrix of legislation included in their meeting packets. He reported that the Joint Committee met on March 4th, at which time it reviewed all legislation introduced by the February 22nd deadline. The Joint Committee is not yet ready to put forth recommendations on any of the bills, however it has assigned ratings from "1" to "3" to bills with a "1" considered a high priority bill. A "watch" has been assigned to some bills due to a likely low level of interest, however the Joint Committee will continue to monitor and revisit the ranking if warranted by any amendments. Mr. Sonenshein invited members to weigh in on bills as well. Mr. Sonenshein then quickly ran down the list of bills of likely interest to the Roundtable.

Ms. Melina Sanchez of Children Now suggested considering adding a couple of other bills to the list: SB 252 (Liu) would exempt from the welfare to work provisions of Cal-WORKs a woman who is pregnant and for whom the pregnancy impairs her ability to be regularly employed or who is participating in a home visitation program. Children Now is sponsoring AB 760 (Dickinson) that would re-fund the Early Mental Health Initiative that provides mental health services to children in kindergarten up to third grade via a tax on ammunition. Children Now will be developing a fact sheet and seeking letters of support in the near future.

B. Special Meeting with Participants of the CDSS Stakeholders Group Related to Streamlining Child Care and Development Services

Mr. Sonenshein announced that the meeting is scheduled for Thursday, March 14, 2013 at 11:30 a.m. in Room 585. He noted that the California Department of Social Services (CDSS) has not yet set a meeting date nor has an agenda for the meeting been released. The purpose of the meeting is to bring together likely Los Angeles participants to frame a collective message. Dr. McCroskey added that the focus currently is on implementation of the Affordable Care Act (ACA) however it is important to be ready when the statewide group is convened.

C. Impact of Sequester on Local Services

Mr. Sonenshein asked members and guests to comment on the expected impact of the federal sequester on their individual programs.

Ms. Woods reported that the Los Angeles County Office of Education (LACOE) expects a reduction in their base funding as of July 2013 of $15 million, impacting 1,600 children currently enrolled. LACOE will focus on serving three year old children currently enrolled in their program, which means Head Start will not be an opportunity for enrolling new children. She added that not all Head Start delegate agencies operate on the same fiscal year, which means that some agencies will experience cuts in their current year budget and therefore may disenroll children. She added that a five percent cut to the LACOE budget is substantial. LACOE is one of 25 Early Head Start and Head Start grantees in Los Angeles County. They have not calculated an estimated job loss.

Due to sequestration, Ms. Nishimura relayed that the Pediatric Therapy Network (PTN) board and policy council are considering eliminating one home based educator position and then thru attrition decreasing its services from 112 to 100 children.

Ms. Cristina Alvarado of the Child Care Alliance of Los Angeles noted their relationships with programs offering Head Start either as direct federal grantees or delegate agencies with LACOE. Many are assessing the impacts to their programs. Ms. Jacildo mentioned that Children Today receives community development block grant funds; with the cuts, she anticipates losing a staff member effective as of April 2013.

Dr. Sam Chan referred to KPCC and their early childhood development correspondent Deepa Fernandez. She has written some articles on the impact of sequestration.

Ms. Olyvia Rodriguez of the Chief Executive Office Intergovermental Relations and External Affairs offered to share information collected by the Roundtable with Mr. Mark Tajima, also of IGEA. He also requested impact information on the Child Care and Development Block Grant (CCDBG). Based on guidance from the federal Office of Management and Budget (OMB), the IGEA is conducting an analysis with a five percent cut, although the amounts have been fluctuating. Information countywide would be helpful. The Senate Appropriations Committee released a Continuing Resolution (CR) for 2013 to keep the federal government funded as of March 27, 2013. The 500+ pages includes small increases to CCDBG and Head Start, however the bumps will not mitigate the cuts anticipated by sequester.

IV. AN UPDATE ON THE FAMILY SOLUTION CENTERS

Dr. McCroskey introduced Ms. Libby Boyce and Ms. Ayanna McLeod who were invited to provide an update on the Family Solution Centers (FSCs). Ms. Boyce started by stating that the tentacles of sequestration are being felt by the housing authority, which has taken a big hit. Consequently, families receiving Section 8 housing may not be immune to terminations or reductions to their rental subsidies.

Ms. Boyce referred members and guests to the PowerPoint presentation included in their meeting packets. As an overview, the FSCs were established in collaboration with the Los Angeles Homeless Services Authority (LAHSA), the County of Los Angeles and the City of Los Angeles three years ago. Planning for the Centers is now moving to the stage of implementation. The FSCs provide a coordinated regional system to help families experiencing homelessness link to housing and supportive services in their community of choice. Funding for the FSCs is from multiple sources, including $100 million from the County. Efforts are underway to solicit the involvement of other cities.

While the core services are designed to help families secure stable housing, there is a commitment to link families to an array of other services, including child care and development services. While some of the nine agencies already have a connection with child care and development, work is underway to enhance the relationships. An important component of the FSCs work is determining eligibility for a range of services and helping families connect with programs. Child care and development will be among the services with which they hope to link families. Ms. Jacildo commented that determining eligibility is one thing; the greater challenge is maintaining eligibility given the regulations for subsidized services. She suggested that the child care and development system needs to adapt to the needs of the families, many of whom have experienced trauma and therefore do not know how to stay in relationships. Ms. Boyce stated that they are having conversations on the homeless side; it will be important to connect with the child care and development services on the family solutions side.

Ms. Malaske-Samu has presented the idea of conducting trainings for centers and family child care providers to Dr. Chan and Ms. Jacildo. Ms. Woods noted that homeless families per the McKinney-Vento Act are automatically eligible for Head Start. When enrolled as homeless children, they are eligible for two years.

V. ANNOUNCEMENTS AND PUBLIC COMMENT

None.

VI. CALL TO ADJOURN

The meeting was adjourned at 12 p.m.

Commissioners Present:

Ms. Jeannette Aguirre
Dr. Sam Chan
Mr. Duane Dennis
Dr. Robert Gilchick
Ms. Carol Hiestand for Ms. Fran Chasen
Ms. Jennifer Hottenroth for Mr. Michael Gray
Ms. Dora Jacildo
Dr. Sharoni Little
Ms. Kathy Malaske-Samu
Dr. Jacquelyn McCroskey
Ms. Terri Chew Nishimura
Mr. Nurhan Pirim
Mr. Adam Sonenshein
Ms. Nina Sorkin
Ms. Keesha Woods

72 percent of members were in attendance

Guests:

Ms. Cristina Alvarado, Child Care Alliance of Los Angeles
Ms. Libby Boyce, Chief Executive Office/Service Integration Branch
Ms. Patricia Carbajal, Chief Executive Office/Intergovernmental Relations and External Affairs
Ms. Nora Garcia-Rosales, Department of Public Social Services (DPSS)
Ms. Kelly Makatura, Pathways
Ms. Ayanna McLeod, Chief Executive Office/Service Integration Branch
Ms. Patti Oblath, Connections for Children
Ms. Faith Parducho, Department of Parks and Recreation
Ms. Brenda Robinson, 2nd Supervisorial District/Board of Supervisors
Ms. Olyvia Rodriguez, Chief Executive Office/Intergovernmental Relations and External Affairs
Ms. Melina Sanchez, Children Now
Ms. Kate Sachnoff, AdvoKate Consulting
Ms. Nancy Lee Sayre, UCLA Center for Improving Child Care Quality
Ms. Lena Ward, Department of Children and Family Services (DCFS)
Ms. Grace Weltman, Los Angeles Homeless Services Authority (LAHSA)

Staff:

Ms. Laura Escobedo
Ms. Michele Sartell

Change for the ECE Workforce

ECE Works! Project

John K. Harris, Policy Strategist
Strategic Counsel PLC

Los Angeles Policy Roundtable
April 10, 2013

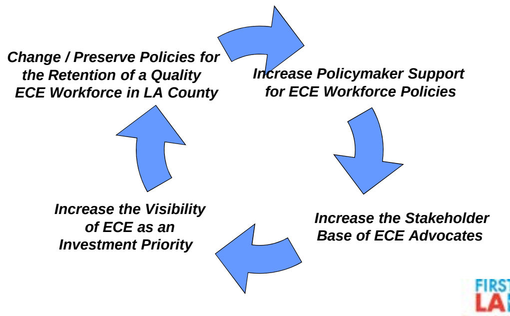
Purpose & Challenge

- The First 5 LA Career Development Policy (CDP) Project is focused on achieving policy goals to create long-term sustainable change for the ECE Workforce
- Promote polices that improve ***education, training, compensation & retention*** of a high quality early care and education workforce
- Use a strategic framework to focus on what can be achieved

Looking for Strategic Success

- Finding places where there is opportunity for tangible progress
- Leveraging ongoing local and state policy efforts
- Articulating multiple benefits and impact in order to broaden coalitions
- Recognize the constrained budget environment and policy competition

Project Strategy



ECE as an Investment Priority

- Re-frame ECE advocacy in terms of economic development
- UCLA Anderson Forecast, City Human Capital Index (CHCI) updates
- Connection to school success
- Quality investments yield quality outcomes

Building a Stakeholder Base

- Supporting Organizations
  - UCLA Anderson School of Management
  - UCLA Anderson Forecast
  - UCLA Luskin School of Public Affairs
  - California Black Chamber of Commerce
  - Los Angeles Area Chamber of Commerce
  - Los Angeles City Workforce Investment Board
  - Los Angeles Commission on the Status of Women
  - Los Angeles Community Development Department
  - Los Angeles County Office of Child Care
  - Los Angeles Junior Chamber of Commerce
  - Los Angeles Universal Preschool
  - Los Angeles Urban League
  - National Association of Women Business Owners
  - Valley Industry and Commerce Association

Ongoing Outreach

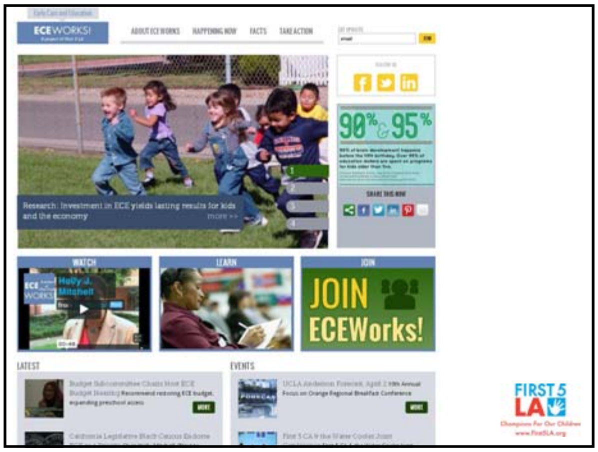
- ECE Outreach
  - January ECE Stakeholder Engagement
  - LA Child Care Planning Council
  - LAUP & Workforce Consortium
  - CCDAA
  - Save Our Seat LA
  - Early Edge California (fmr. Preschool California)
- Business Outreach
  - LA Area Chamber & Access DC
  - VICA

Policymaker Engagement

- Senator Carol Liu
- Senator Alex Padilla
- Sen. Curren D. Price, Jr.
- Sen. Darrel Steinberg
- Sen. Roderick D. Wright
- Sen. Ricardo Lara
- Asm. Susan Bonilla
- Asm. Cheryl Brown
- Asm. Roger Dickinson
- Asm. Richard S. Gordon
- Asm. Cristina Garcia
- Asm. Chris Holden
- Asm. Reginald Jones-Sawyer
- Asm. Holly Mitchell
- Asm. John A. Pérez
- Asm. V. Manuel Perez
- Asm. Nancy Skinner
- Asm. Phil Ting
- Asm. Shirley Weber

Content & Conversations

- Messaging Hub: http://www.eceworks.org
  - Features partners and champions
  - Reports, slides, briefs
  - Video and infographics
  - News & Events
- Facebook & Twitter
  - Drive conversations, cross-promotion efforts
- Narrating our Message
  - Tell the story of ECE across platforms


ECEWORKS!
ABOUT ECE WORKS
HAPPENING NOW
FACTS
TAKE ACTION
90% & 95%
Research: Investment in ECE yields lasting results for kids and the economy
more >>
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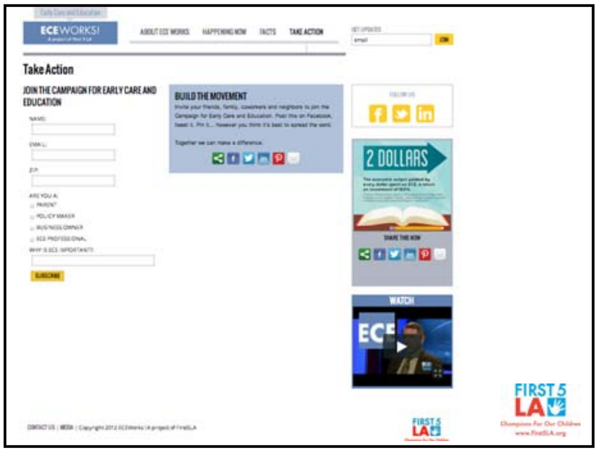
ECEWORKS!
President Obama on ECE
vimeo
President Obama speaks in Decatur, Georgia and proposes his plan for nationwide expansion of Early Childhood Education.
Click here to read a detailed outline of President Obama's plan to make Pre-K available to every child in America.
JAMES HECKMAN
Watch Economist James Heckman explain why ECE shouldn't be a partisan issue, because it is good for everyone.
David Brooks of the New York Times discusses the importance of ECE being high-quality, and the positive direction the Obama administration has taken.
FIRST 5 LA
Champions For Our Children
www.First5LA.org



On-going Efforts

- Valley Industry & Commerce Association (VICA)
- California Legislative Black Caucus
- Assembly Resolution on the ECE Workforce (Asm. Shirley Weber)
- May 6 Informational Hearing on the ECE Workforce (Senate Business & Professions Committee, Sen. Curren Price)

Policy Roundtable Interests

- Quality of services improved 0-5, as STEP is expanded
- Strengthen the ECE infrastructure
- Support Quality Improvements
- Articulation between child development programs and Kindergarten

ECE Works!
Policy Agenda Match

- Support and promote policy efforts to fund and implement QRIS
- Prepare and adopt minimum salary standards, with QRIS requirements for advancement
- Move towards pay parity
- Create and adopt an ECE credential
- ECE workforce professionalization

The Workforce Policy Opportunity

- Federal Focus
- Active & Engaged Legislature
- Public Knowledge & Support
- Focus on Human Capital & Competitiveness
- Expand the clout of LA County through impactful and aligned advocacy

This is a critical window for policy change

Thank You

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March 18, 2013

TO: CSAC Board of Directors

FROM: Matt Cate, Executive Director
Kelly Brooks-Lindsey, Senior Legislative Representative

Re: Medi-Cal Optional Expansion Principles – **ACTION ITEM**

The CSAC Health and Human Services Policy Committee has been meeting every other week since January to discuss the Medi-Cal optional expansion and implementation of the federal Affordable Care Act. Based on those conversations, staff recommends the following principles to address the state and county options for Medi-Cal expansion.

<u>Medi-Cal expansion principles</u>:

Generally,

- The Medi-Cal optional expansion should happen on January 1, 2014, and counties are committed to working with the Administration, Legislature and other stakeholders to meeting this goal.

- The proposal for a county option is not viable for the statewide Medi-Cal expansion. Because of variant readiness levels across counties, the county option would prevent California from implementing the expansion in January 2014.

- The Governor's proposal for a state option provides the best framework for expanding Medi-Cal by January 2014. However, the programmatic realignment aspect of the proposal is problematic for a number of reasons outlined in the following more specific principles.

Specifically, future conversations about appropriate use of 1991 realignment savings associated with the Medi-Cal optional expansion must ensure continuity of health services and address long-term sustainability for both the counties and the state.

- Counties must retain sufficient health realignment funds to be able to fulfill residual responsibilities (such as serving the remaining uninsured and public health services). Because counties have different delivery systems, some counties may experience savings prior to 2017, but determining potential savings statewide without jeopardizing delivery systems remains a challenge.

- When considering redirection of savings, consideration should be given to reinvesting those savings in local health, public health, and behavioral health systems that are preventive in nature.

Reinvestment in health care provides opportunities to decrease health care costs and support sustainability.

- A key priority for counties is to manage the transition to Medi-Cal expansion within the constitutional protections associated with mandates. Counties oppose the realignment of programs without revenue protections and protections on future costs associated with state and federal law changes.

- State and county fiscal impacts associated with the Medi-Cal expansion and continued health service responsibilities must be identified on an ongoing basis to inform future decisions regarding shared financial risks.

RECOMMENDATION. Approve the proposed principles.

Thinking Through the State and County Options for Medi-Cal Expansion

March 13, 2013

California State Association of Counties

INTRODUCTION

This document reviews the options for Medi-Cal expansion as outlined in the Governor's 2013-14 proposed budget and incorporates information from a number of sources, primarily at the county level. CSAC has committed to maintaining an ongoing dialogue with our membership, the Legislature, and the Administration to resolve issues of concern and move forward with a policy approach that allows for a timely and effective transition of the Medi-Cal expansion as put forth by the Affordable Care Act (ACA) in January 2014.

BACKGROUND

The Administration proposes to expand Medi-Cal to adults with incomes under 138% of the Federal Poverty Level (FPL) who are not currently Medicaid eligible, as allowed under the ACA. The Governor's budget document presents two options to expand Medi-Cal to these adults – a state-based approach and a county-based approach. In each case, the state is relying on the assumption that counties will achieve savings as a result of expanding eligibility for patients that are currently served by county indigent health programs. The Governor's budget anticipates utilizing these savings to offset state costs.

- **State-Based Approach.** Built upon the existing state-administered Medicaid program (called Medi-Cal in California) and managed care delivery system, the state would offer a standardized, statewide benefit package, excluding long-term care coverage.

  Under this option, the Administration would redirect existing 1991 health realignment funds to pay for new human services program responsibilities. The budget document specifically mentions subsidized child care; other options may include CalWORKs, CalFresh administration, child support, Supplemental Security Income (SSI), and In-Home Supportive Services (IHSS). The counties would fund those new responsibilities with savings resulting from the movement of indigent adults from county indigent health programs to Medi-Cal coverage.

- **County-Based Approach.** Under this option, the expansion would be built upon the existing Low Income Health Programs (LIHPs). Counties would maintain their current responsibilities for indigent health care services. Counties would need to meet statewide eligibility requirements and a statewide minimum package of health benefits consistent with benefits offered through Covered California. Counties could offer additional benefits, except for long-term care.

  Counties would act as the fiscal and operational entity responsible for the expansion and would build on their LIHPs as the basis for operating the expansion. Counties would be responsible for developing provider networks, setting rates (actuarial based or cost-based similar to the LIHP rates), and processing claims.

  The Administration still would like to engage counties in a discussion of savings and some diversion of 1991 health realignment funds under the county-based approach. Further, this option requires federal approval and specified waivers. It is unclear if or when the federal government would consider a county-based approach for Medicaid expansion.

OVERARCHING COMMENTS

Remaining Responsibilities. Regardless of how the Medicaid expansion is implemented, counties will continue to have responsibilities to provide public health services and health services to indigent adults without private or public health care insurance coverage. The Administration's budget document makes it clear that counties will continue to provide public health services.

It is crucial for the health and welfare of all California residents that counties retain realignment funds to deliver public health and remaining indigent services.

Public Health. Under Health and Safety Code Section 101025, counties have a broad mandate to preserve and protect the public health of their communities. Traditional public health functions focus on the overall health of our communities in ways that are usually beyond the scope of health insurance, such as monitoring, investigating and containing communicable and food-borne disease outbreaks; planning for and responding to local disasters; ensuring our water supplies are safe; educating the public about emerging health risks and prevention measures and tracking the health status of our communities in order to develop community-based responses.

Indigent Health Care. Welfare and Institutions Code §17000 requires counties to provide health care to indigent adults. This law has been virtually unchanged since its inception in the 1930s. This Legislature has not expressed interest in making any changes.

Further, all counties will have indigent health responsibilities post-ACA implementation. In some counties, those obligations will decline but not disappear. In provider counties it is particularly difficult to predict the changes that will occur. Over 50 counties set their eligibility for indigent programs at 200% FPL or higher. The Medi-Cal expansion will cover adults up to 138% FPL. Additionally, not all residents are eligible for the Medi-Cal expansion, including legal immigrants who have been here less than five years and undocumented persons. Modeling suggests 3 to 4 million Californians will remain uninsured five years after implementation.

Adults with incomes between 138 and 400% FPL will be eligible for subsidized coverage through Covered California. However, unlike Medi-Cal, these adults will have limited windows to enroll in coverage. If an adult misses open enrollment, he or she will have to wait nine months for the next open enrollment period. In the meantime, that adult may qualify for a county indigent program.

Eligibility levels for county indigent programs generally take into account the costs of living in a particular county. Legal aid advocates have challenged counties on their income eligibility thresholds and prevailed. Issues under scrutiny include how income is calculated, including local cost of living, and to what degree the county should share in health costs for indigent adults. Changing eligibility thresholds proves to be difficult and will likely lead to legal challenges.

Additionally, counties may experience higher costs associated with the remaining uninsured population. For example, the remaining uninsured may utilize emergency services more frequently due to the nature of coverage available to this population.

Provider counties – those operating hospitals and clinics – are critical components of the health care system and must be maintained to ensure access as more Californians obtain health coverage. Today, county providers serve primarily uninsured individuals and Medi-Cal recipients. County hospitals also provide crucial community benefits, such as burn and trauma care and medical education training. For example, in San Bernardino, the county hospital provides 50% of trauma care in that county; 100% of burn care for Inyo, Mono, and San Bernardino counties; and graduates 70 physicians per year from resident training programs.

Stanislaus County – a clinic provider county – operates six primary care clinics and one specialty care clinic and is an essential provider in the county. The county also trains 12 family physicians a year, one-third of who stay in the San Joaquin Valley after the residency program.

For provider counties, particularly those with public hospitals, it is difficult to predict how patients will behave – how quickly they obtain coverage and whether once insured they continue to get care through county hospital and health systems. Additionally, we do not know today what the payment rates will be for services provided in county hospitals to the newly insured (Medi-Cal and Covered California). Both the patient mix and rates are key factors for a county hospital to determine whether the county hospital remains viable.

Additionally, federal funds for county hospitals are slated to decline – both Disproportionate Share Hospital funds and Safety Net Care Pool funds in the current Section 1115 Medicaid waiver. Counties with public hospitals will continue to care for the residually uninsured with declining federal funds; it is not clear that the ACA expansion will produce net savings to counties.

Fiscal Issues. Counties will have costs, like the state, associated with the mandatory changes to the Medi-Cal program. Counties pay the non-federal costs for specialty mental health services (mental health managed care carve out), Drug Medi-Cal, and fee-for-service inpatient days in county hospitals. Counties are estimating that the mental health costs associated with existing Medi-Cal eligibles who are not currently enrolled, but who obtain coverage due to mandatory enrollment changes and the so called "woodwork effect," will be $20 -$40 million annually.

Health realignment has grown modestly over the last 20 years ($400 million on a $941 million base), in part due to the inverse relationship between revenues that grow in a healthy economy and services that grow during economic downturns. The revenues in 2011-12 are the same as they were in 2000-01. Revenue growth has been modest in part because of the interaction with the caseload growth in the social services account – and the lack of general growth available. Additionally, Vehicle License Fees have declined 25% since 2006-07 and are recovering slowly.

The state historically utilized some federal Medicaid reimbursements to counties to cover state costs and this practice continues under the current Medicaid waiver. In light of this practice, counties are concerned about ensuring predictable and stable revenues and reimbursements and may not be able to nimbly adapt to funding changes that the state may impose.

Lastly, there is the question of timing and cash flow. It is difficult to proceed with a fiscal transaction in the middle of the fiscal year. Exchanging revenues or taking on new programs mid-year may destabilize existing services. For example, declines in 1991 health realignment funds have been budgeted for LIHPs in 2013-14. Changes to 1991 health realignment funds through 2013-14 will significantly disrupt current year services and programs. Additionally, counties pay provider claims up to six months after the date of service. Therefore, counties will need revenues to pay “tail claims” on the LIHP programs and indigent programs through at least June 2014 for those who transition into new coverage programs. Also, there is still no established mechanism to claim the administrative costs for the current LIHPs. Counties have been covering the administrative costs since the inception of the LIHPs.

Mental Health and Substance Use Disorder Issues. To date the federal government has not provided detail on mental health and substance use disorder parity within the Medi-Cal expansion, particularly in regards to compliance enforcement, specific benefits, discrimination standards and benchmark supplementation. Under either the state or county option, these details are important. Counties and the state need to know what the mental health and substance use disorder benefits will be in the expansion, the service delivery model, and projected acuity levels of the Medi-Cal expansion population.

Currently, California offers limited substance use disorder treatment services through the Drug Medi-Cal program. Most of the Drug Medi-Cal expenditures are for methadone services. Drug Medi-Cal does not cover a number of evidence based treatments, such as contingency management, continuing care and case management. Additionally, Drug Medi-Cal does not cover many residential and inpatient services or any alcohol treatment. It is unclear that the existing Drug Medi-Cal program will meet federal parity requirements and whether the state is contemplating changes to benefits for the Medi-Cal expansion.

Please recall that counties provide the entire non-federal match for both Drug Medi-Cal and mental health managed care benefits. To the extent that existing but not enrolled Medi-Cal eligible obtain behavioral health services through either carve out, counties will incur costs. Under Proposition 30, the counties are provided constitutional protections against new state legislation and federal law changes that increase costs.

Additionally, many of the childless adults who will obtain Medi-Cal coverage may have significant need for mental health and substance use disorder treatment services. For example, CMSP reports that behavioral health needs (both mental health and substance use disorders) drove $70 million in costs in 2004. Thirty percent of all drug formulary expenditures during that time period were on antipsychotic medications. Expanding the Medi-Cal system’s capacity to deliver mental health and substance use disorder treatment should be a high priority heading into 2014.

According to the significant research in the behavioral health area, the vast majority of savings related to better coordination and integration of mental health and substance use disorder services with primary care are realized on the primary care side – in terms of reduced costs and improved health outcomes. In order for care coordination initiatives to be successful, it is imperative that this dynamic be recognized through shared savings arrangements between health plans and county mental health plans. Further exploration in the areas of incentive payments and shared savings pools is critical to support strong care coordination between systems.

Coordination of mental health, substance use and primary care is essential to ensuring quality care and realizing cost savings. The aim of the ACA is to ultimately reduce the cost of health care delivery to the entire population. In order to more effectively care for the whole person, there must be more seamless coordination between system partners. This includes reducing barriers to the exchange of information necessary to appropriately coordinate care, improve quality, and address confidentiality.

Formal mechanisms to coordinate emergency and outpatient behavioral health coverage with managed care organizations are needed to assure that beneficiary risk and services costs are efficiently managed by both sectors.

THINKING THROUGH THE STATE OPTION

Counties have identified a number of benefits to a state administered Medi-Cal program, including economies of scale, better success at maintaining broad networks, and ability to ensure consistency statewide. We also note that all state and county ACA implementation efforts have rested upon the assumption of a state-based Medicaid expansion. With less than 10 months to go before ACA implementation, changing course from the known state-based model may cause significant challenges for consumers, providers and health plans.

Further, the state is well positioned to ensure statewideness and uniformity of programs and services under federal Medicaid requirements. For example, under the county-run LIHPs there is variation of services for mental health and substance use disorder treatment services (please recall that LIHPs were allowed to offer non-parity compliant mental health services, and offered substance use disorder treatment at their option because the federal government did not require any such services in the LIHP).

Under the state option, counties are pleased to continue the existing partnership in regards to determining Medi-Cal eligibility at the local level.

Program Realignment. The proposed program realignment portion of the state option presents a number of challenges for counties, many of which are outlined in the financial considerations section of this document. In 1991 and 2011 realignments, the state attempted to match revenues – and how those revenues would grow – with programs. In some cases, the state realigned programs that allowed counties significant flexibility to design programs – which helps counties manage when revenues change. In other cases, counties assumed fixed shares of costs or entire shares of cost for inflexible federal programs. The 1991 and 2011 realignments taught the counties that predicting and matching revenues with programs is difficult. However, it is significantly easier than projecting savings to programs and then trying to match those savings with new service responsibilities (as currently contemplated in the state option).

Because there are so many unknowns with how ACA implementation will impact individual counties – and how and when savings will occur – it suggests the need for flexibility and nimbleness. Locking in a new permanent set of programs through a realignment while the ACA is still being implemented appears to be a complex challenge. Moreover, both the state and counties are legitimately concerned about future risk.

The Governor's budget document specifically contemplates subsidized child care programs as an example of a program suitable for realignment. There are number of issues with the program that make it a very risky program for counties:

1. Recent budget cuts to child care programs have been significant, eroding the ability of the programs to meet the need for services:

- Based on the 2013-14 Governor's Budget proposal, funding for all child care (both CalWORKs and non-CalWORKs) will have been cut by about $947 million in total funds since 2008-09, a 31 percent reduction.
- The funding cut described above will result in the loss of over 98,000 child care slots since 2008-09, a 23 percent reduction.

2. High unmet demand for services puts pressure on programs to expand:
   - Recent funding cuts to child care programs were not precipitated by lack of demand or need for services; rather they were in response to the state's dire budget situation. Furthermore, as the state's economy improves and more people are able to find jobs, the need and demand for child care will increase.
   - Statewide, the availability of licensed child care meets the demand for only about 25 percent of children with parents in the labor force. County-by-county, availability ranges from 15 percent to 78 percent.
   - The number of child care slots overestimates the actual quantity of child care that is available due to shortages of qualified staff and other issues.
   - The waiting list for child care as of April 2011 was 200,000 children.

3. Cost drivers exist in current state statute with unknown fiscal implications:
   - Funding for CalWORKs child care is at an historic low due to previous statutory changes that exempted a number of clients from work participation requirements (therefore those clients did not need child care). Those statutory exemptions expired in January 2013, and the need for child care will dramatically increase as previously exempted clients are reengaged in work activities.
   - There were also significant programmatic changes enacted to CalWORKs in 2012-13 that are just beginning to be implemented that will require the availability of more child care for CalWORKs recipients. The ultimate need is currently unknown, but will likely be much greater than is currently proposed to be funded in 2013-14.

4. Prospect of collective bargaining and the demand for wage increases will increase costs:
   - Child care workers' average annual salary is less than $25,000.
   - Setting aside any potential implications of an organized child care workforce on quantity, quality, and availability of child care, the establishment of collective bargaining will put significant upward pressure on wages and overall costs of the program.

5. Administration of child care programs is bifurcated and complex
   - Two different state departments currently administer and oversee a complex local system of child care programs. There are different regulations between the two departments and for the various programs, different eligibility requirements, different terms and conditions for payment, excessive paperwork and reporting requirements, as well as complex contract requirements and funding from dozens of federal, state, local, and private sources.

- There would need to be major simplification of the administration of the child care system before counties could viably assume responsibility for such programs; yet there are vested interests within the child care system that make simplification politically extremely difficult to achieve.

6. Likelihood of meaningful local control over child care programs slim:
   - The provision of child care generally and the specific question of which governmental entity administers child care programs is politically extremely sensitive.
   - Notwithstanding the assertion that child care is not an entitlement, given the demand for services and the priority placed on child care programs by many interest groups, some counties will find it difficult to reduce programs or services even if adequate funding not available.
   - There is also significant Legislative interest in child care programs, which will likely result in continued legislation in this area. Given this interest, it is also not clear that counties would be allowed to retain local flexibility in prioritizing services or setting rates as contemplated by the Administration if realigned.

The modest growth in the revenues within the 1991 health realignment subaccount suggests that child care demand would outstrip resources over the long term. Furthermore, the legislative interest in child care programs would suggest that changes at the state level will be very difficult. Constitutional protections appear to be the only remedy to protect against future state law changes, such as collective bargaining.

THINKING THROUGH THE COUNTY OPTION

As the Administration's budget document presented the county option, it is an all or nothing proposal, meaning all 58 counties must proceed with the Medi-Cal expansion via a LIHP. Currently, five counties do not operate or plan to operate a LIHP – Fresno, Merced, San Luis Obispo, Santa Barbara, and Stanislaus. Given the significant time it takes to start a LIHP – upwards of 12 months to establish a network of provider, erect billing systems, and ensure adequate cash flow to provide services – it appears that the county option would extremely difficult to implement on a statewide basis by January 2014. Additionally, nine LIHPs, representing a total of 43 counties, currently have eligibility levels below 133% FPL and would need to be significantly expanded to meet the higher income threshold.

The budget does has not address how to start LIHPs in those five counties or to assure that all the existing LIHPs are brought up to the higher income and network capacity requirements. The Administration acknowledges that they cannot require a county to start or to continue to operate a LIHP. State officials suggest that other counties could partner and operate the LIHP in counties that decline to either start or continue to operate a LIHP. However, for one county to operate a LIHP for another county, there would likely need to be significant protections for the host county. It is unclear whether a host county will contribute capacity to create another county's LIHP at the same time the host county would be focused on expanding its LIHP to 138% FPL.

Administrative Issues. Counties with existing LIHPs identify a number of concerns about their ability to expand and sustain their LIHPs.

- Smaller and medium sized counties indicate that they have limited resources and capacity to dedicate to network development, compliance and regulatory oversight. These matters are complex and require expertise and infrastructure, neither of which smaller and medium size counties possess – particularly if they do not operate hospitals or clinics. This includes the counties that participate in CMSP.
- The infrastructure to develop and negotiate numerous contracts with vendors, hospitals, and out-of-network providers, and develop an appropriate rate structure will be a challenge.
- Creating upwards of 20 systems across the state to manage claims payments, administration and oversight is duplicative.
- Urban counties indicate that the network expansion would necessitate the creation of billing systems. For a an urban county building a billing system for a comprehensive provider and specialty care network will take significant resources and is a long-term information technology (IT) investment. Using Los Angeles County as an example, the IT system required would need to include managed care functions that can handle benefits, claims, hospital and ancillary contracts, enrollment and eligibility functions as well as member services, provider network and utilization management modules. Based on a typical county procurement process, it will take over a year to develop, solicit and review bids, significant time to negotiate the contract and then well-over six months to customize, install and train staff. The system will easily cost around $10-15 million for Los Angeles County; this cost does not include the significant administrative

infrastructure to operate the system and program at a county level. The costs for such an endeavor would likely be subject to the 50/50 federal match.

- Even urban counties have diverse issues. For example, urban counties have rural areas. In San Bernardino, portions of the county remain fee-for-service within the Medi-Cal system. This diversity makes it difficult to manage programs.
- Only a very limited number of hospital counties, mostly urban, believe they can meet the administrative and network obligations by January 2014.

Network Obligations. Counties – rural, urban and suburban – report numerous difficulties in developing contracts and service agreements for primary and specialty health care services for their LIHPs.

The current LIHP provider base is not adequate to provide timely access to the new, substantially larger Medi-Cal expansion population. Expanding LIHPs from 100% FPL to 138% FPL would double or triple the size of the LIHPs in some counties. For example, San Joaquin estimates the number of LIHP enrollees could increase tenfold. Path to Health (CMSP's LIHP) would need to accommodate an additional 100,000 enrollees. Counties are not prepared to manage contracts, billing systems, and claims processes while maintaining adequate networks at the expansion levels.

For example, San Joaquin Valley counties and CMSP counties point to a shortage of physicians in their regions that makes it unlikely to meet network adequacy standards and be compliant with federal requirements – thus the county option exposes these and other counties to new legal risks. Please recall that three of the five counties that did not create LIHPs are in the San Joaquin Valley – and Tulare is one of the last counties to implement a LIHP. Many medical specialties are not evenly distributed throughout the state. In San Joaquin County, with a population of almost 700,000, there are two neurosurgeons in the entire county. Dermatologists, orthopedists, ENTs, allergists, and psychiatrists are in short supply in San Joaquin.

Having an inadequate provider network (i.e. specialists) increases the cost of providing services. Merced County recently sent a client in their indigent adult program to UC Davis hospital for treatment not provided by the local hospital. UC Davis was ready to release the patient, but only after arrangements for home infusion services were secured. The only provider of these services within Merced County refused to accept county indigent clients. The difficulty in securing this service extended the patient's stay in the hospital for almost a week until an agreement could be reached between the local provider and the county. The extended stay resulted in significant increases to the county's medical care costs.

Specialist shortages are pervasive statewide. For example, San Diego County reports ongoing challenges with shortages of specialists in orthopedics, pain management, neurosurgery and urology in their LIHP.

The LIHPs need patient volume to attract and retain providers, particularly specialists. This is challenging in smaller and medium sized counties and the rural areas of urban counties. Even under a Medicaid expansion, individual counties will face significant challenges in building and maintaining provider networks. Counties have no leverage with providers, hospitals or ancillary services to join their networks or accept certain rates. Counties cannot bring any other “book of business” to the table to offset the rates likely to accompany a Medi-Cal contract.

The best opportunity for effective contract negotiation and provider network development will occur with the greatest number of covered individuals. Rural and county plans with smaller covered populations will be uniquely vulnerable to having insufficient market clout to develop provider networks and favorable rate agreements.

Health Issues Span Counties. Health care utilization crosses county borders; provider networks will need to span multiple counties, which increase the administrative requirements and issues for counties.

Regional consistency is also important, particularly for benefits. Since LIHPs continue to offer different services, benefit consistency would be best accomplished with the state option.

State, federal and legal risks.

- Counties lack administrative control; the federal and state governments will set the rules.
- Counties have no ability to negotiate with the federal government.
- The current rate of Medi-Cal growth exceeds most revenue sources available to counties. Further, a Medi-Cal share of cost is a long term financial risk. Non-hospital counties are particularly concerned about taking on a share of cost of the Medi-Cal program.
- Although the Legislature could devise “poison pill” provisions for the Medi-Cal expansion related to federal cost sharing, future legislatures would still retain the ability to change state law.

Issues with the Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS). There have been a number of implementation issues with the existing LIHPs that are cause for concern among counties during expansion discussions.

DHCS and CMS continued to negotiate on details of the LIHPs even after implementation was underway in many counties. For example, counties committed to participate in the LIHP – full implementation was underway in some counties – before CMS decided to require that HIV positive individuals enrolled in the Ryan White program be covered by LIHPs, which resulted in significant cost increases for several LIHPs. The predecessor to the LIHP – the Coverage Initiative – did not require coverage of Ryan White/HIV positive individuals; thus, this was an unanticipated new cost. Orange County is projecting to spend $8 million in the current year on HIV medications, which is 31% of the LIHP pharmacy expenditure this year. Three hundred clients transitioned from Ryan White to the Orange LIHP. To date, San Diego has incurred $8.6 million in current year expenditures on medical and pharmacy costs associated with Ryan White clients.

The existing LIHPs are required by CMS to contract with at least one Federally Qualified Health Center and pay PPS rates. In some counties the PPS rate is three times higher than non-FQHC payments, making LIHP costs high. It is unclear whether under the county option, LIHPs would now be required to contract with all FQHCs, consistent with federal Medicaid law.

DHCS has been slow to provide guidance and directions to counties; it has been unable to produce claiming protocols and claims payment within a reasonable timeframe. Please recall that some of the LIHPs have been operational since July 2011 and still cannot claim for administrative costs back to that date. For example, Orange County is owed approximately $7 million in administrative claims, covering both the original Coverage Initiative and LIHP. San Diego is owed approximately $8.6 million since October 2011. The inability for counties to be reimbursed for the LIHP administrative costs has affected cash flow within counties. In turn, some counties were forced to slow payments to providers, and some providers responded by threatening to turn away LIHP clients.

Counties are very concerned that the above DHCS administrative issues associated with the LIHP will plague an expansion and put counties at further risk, particularly if counties have to make large investments in administrative activities – like billing systems.

Counties also have questions about the CMS approval process for the county option.

- How long will it take CMS to approve?
- Will it be like LIHP with rule changes occurring during implementation?
- Will CMS waive the requirement that a statewide expansion occur all on the same day? This seems contrary to the federal guidance issued on December 10, 2012.
- Will CMS waive out-of-network emergency and post-stabilization services, including the payment rate at 100%? While the LIHPs are reimbursing at 30%, it seems unlikely CMS would allow the full Medi-Cal expansion at such a rate.
- Will CMS waive standard FQHC contracting and payment requirements? This also seems unlikely given political pressure at the federal level.
- Will CMS approve a waiver for network adequacy, including the use of limited networks and alternative time/access standards? This seems politically difficult. The existing LIHP requirements increase the network adequacy requirements over time. Additionally, federal alternative time and access standards do not take into account issues in rural California. The LIHP requirements are exceedingly difficult for CMSP to meet.
- Will CMS continue to allow LIHPs' standards for hearing and appeals? This also seems like a difficult proposal for CMS to approve.

Cash Flow. Counties have experienced significant cash flow issues with the administrative claiming of the LIHPs. Under federal rules, Medicaid programs first must incur costs and then claim for them before receiving reimbursement. Under the county option, counties will incur 100% of the Medi-Cal expansion costs, submit claims to the state, the state will submit claims to CMS. Once federal approval is received, the state will reimburse counties. This process could take months – or years (as with the administrative cost of the LIHPs). Counties need to be able to plan for cash flow and be assured of full reimbursement for costs and services. Also, will counties be fronting hundreds of millions of dollars in the first year of the county option? Given the challenge of cash flow within the LIHPs and at the county level generally, this scenario is infeasible.

Continuity of Care. Under the county option, continuity of health plans between Medi-Cal and Covered California may be a significant challenge as most LIHPs are not run through existing Medi-Cal managed care plans.

Further, children have better access to health care if parents and children have the same coverage plan. Under the county option children may have a Medi-Cal managed care plan and their parents may have coverage through a LIHP. The county option will likely lead to coverage gaps within families. The county option could also result in unnecessary confusion and decreased compliance as individual and families attempt to navigate multiple fragmented programs resulting in negative health outcomes, increased costs and avoidable suffering.

OTHER FINANCIAL CONSIDERATIONS

The fundamental premise of the Governor's budget proposals to implement the mandatory and optional Medi-Cal expansions is that counties will achieve savings associated with the movement of a certain portion of the indigent population (i.e. those that receive health services from the county via programs for the medically indigent or Welfare and Institutions Code §17000) to the newly expanded Medi-Cal program. There are other financial considerations for the counties that inform our analysis of the state versus county options.

Counties review these options under the existing constitutional and statutory frameworks of 1991 realignment, Proposition 1A, Proposition 22, and 2011 realignment, all of which will serve to inform our response.

Constitutional Mandate Protections (Proposition 1A). Proposition 1A (2004) prohibits the state from transferring complete or partial financial responsibility for a required program for which the state previously had complete or partial financial responsibility. Under either the state or county option, the Medi-Cal expansion represents a transfer of complete or partial financial responsibility: under the county option, the newly expanded Medi-Cal population and under the state option, a new share of cost and/or programmatic responsibility for human services programs. In both options, the Administration assumes utilizing 1991 realignment funds to avoid a successful mandate claim. This creates complexities for achieving a transfer of responsibility without running afoul of the provisions of Proposition 1A.

First, federal government is still issuing regulatory direction about the implementation of the Medi-Cal expansion. This creates significant challenges to estimating the cost of the expansion and the resultant savings to counties on a statewide basis. This challenge is magnified when considering the county-by-county obligations associated with either option: because counties provide indigent health care services in a variety of ways, savings associated with the expansion are variable, as will be costs associated with the expansion or with a share of cost of a new human services program. Therefore, there is great uncertainty regarding timing/extent of county savings.

Second, 1991 realignment includes a so-called "poison pill" that statutorily unwinds the revenues directed to 1991 realignment upon a successful mandate claim. At that time, there was an abiding mutual interest in achieving and sustaining the revenue and responsibility transfer associated with realignment. Given the scope of the Medi-Cal expansion and uncertainty involved in its effectuation, counties are concerned about the efficacy of the 1991 poison pill; simply put, we anticipate that there may not be the same interest in avoiding a successful mandate claim under the county option for expansion or with a new share of cost/new programmatic responsibility under the state option.

Third, Proposition 22 limits the state's ability to utilize VLF revenues for mandated programs. This constitutional provision underscores our concern about counties' willingness to avoid mandate claims.

Lessons Learned from 1991 and 2011 Realignments. Counties' concerns with the Medi-Cal expansion are informed by lessons learned from both 1991 and 2011 realignments. Primarily, the constitutional protections contained in Proposition 30 guide our response to the Administration's proposals for Medi-Cal expansion.

First, counties should be wary of relying on existing resources to fund realigned programs without a limitation on the ability of the state to change realigned programs and impose costs. The same goes for federal law changes and changes imposed by the courts. This concept is particularly critical in 2013 under the county option, as the federal government has yet to release the full regulatory scheme for the expansion.

In 1991-92, the state provided $941 million for health programs (public health, indigent health, etc.) as part of the 1991 realignment. In 2011-12, those revenues produced $1.3 billion for the health subaccount. Health funds have grown $400 million over 20 years. The modest growth in the revenues make it difficult to foresee how the revenues will match new program responsibilities for Medi-Cal or human services – not to mention how the programs may change over time due to state or federal law changes or court decisions.

Second, 1991 realignment funds serve as the primary funding source for indigent health care. After the expansion, most, if not all, counties will continue to have ongoing obligations for the indigent population, as well as ongoing local public health obligations. Further, those counties with physical infrastructure must continue to maintain the viability of those systems.

Third, 1991 and 2011 realignment have resulted in inter-county equity concerns that will add to the complexity of achieving changes to the financing of indigent health care.

Remaining issues:

Timing. A county's obligation to arrange and pay for indigent health care for county residents will gradually decline as Medi-Cal and Covered California enrollment uptake occurs. Counties will be responsible for payment of all outstanding indigent health care claims submitted by contracted providers for services delivered to covered county residents. Thus, the savings to a county are related to the efficiency and stability of the Medi-Cal expansion and the Covered California enrollment process and the timing of payments to providers. Key questions must be addressed: when are these indigent health savings actually experienced at the county level? How efficiently will the transfer of health care coverage responsibilities occur? When should transfers of responsibilities occur? How will this transfer of financial obligations be phased in?

Savings. How to estimate county savings (statewide and by county)? What is an appropriate proxy for savings? How should savings be redirected?

Counties approach these questions with a focus on maintaining sufficient funding for existing obligations, avoiding mandates, and ensuring protections from future changes that increase costs.

CONCLUSION

Based on the analysis presented in this document and conversation with our members, it is clear that counties continue to have significant concerns regarding the implementation of the Affordable Care Act in a timely and sustainable manner. County concerns include:

- Residual responsibilities for health services. All counties will have remaining responsibilities for public health and indigent adults. It is crucial for the health and welfare of all California residents that counties retain sufficient realignment funds to deliver public health and remaining indigent services. To date, neither option provides assurances about how much 1991 health realignment will be available for local health purposes.

- Timing. Counties believe the county option is unlikely to ensure coverage for the Medi-Cal expansion on January 1, 2014. Significant technical, administrative and fiscal issues at the local level present very significant challenges to the timely implementation of the ACA.

- Program realignment. The realignment of additional programs to counties is a risky proposition. If counties are to take on new risks associated with new programs, counties may need constitutional protections from future actions of the state legislature, federal government, and courts. Additionally, counties need assurances that revenues will grow concurrently with program mandates and costs. Counties also believe that child care is a particularly difficult program for realignment.

Counties remain committed to working with the Administration and the Legislature to implement the Affordable Care Act and expand Medicaid coverage to millions of Californian on January 1, 2014.

APPENDIX A

COUNTY DELIVERY SYSTEMS

COUNTIES THAT OWN AND OPERATE HOSPITAL SYSTEMS (12)

Alameda	San Bernardino
Contra Costa	San Joaquin
Kern	San Francisco
Los Angeles	San Mateo
Monterey	Santa Clara
Riverside	Ventura

Note: All of these counties operate/plan to operate a Low Income Health Program (LIHP). San Joaquin and Monterey have limited LIHP enrollment.

COUNTY MEDICAL SERVICES PROGRAM (35) – The County Medical Services Program (CMSP) provides health coverage for low-income, indigent adults in 35, primarily rural California counties. The CMSP Governing Board , established by California law in 1995, is charged with overall program and fiscal responsibility for the program.

Alpine	Lake	Shasta
Amador	Lassen	Sierra
Butte	Madera	Siskiyou
Calaveras	Marin	Solano
Colusa	Mariposa	Sonoma
Del Norte	Mendocino	Sutter
El Dorado	Modoc	Tehama
Glenn	Mono	Trinity
Humboldt	Napa	Tuolumne
Imperial	Nevada	Yolo**
Inyo	Plumas	Yuba
Kings	San Benito	

*Note: CMSP operates one LIHP on behalf of these 35 counties.**Yolo joined CMSP in July 2012 and has a different financial arrangement than the other 34 counties.*

NON-CMSP, NON-HOSPITAL COUNTIES (11)

Contract-only counties	**Counties that operate a clinic(s)**
Fresno	Placer*
Merced	Sacramento*
Orange*	Santa Barbara
San Diego*	Santa Cruz*
San Luis Obispo	Stanislaus
	Tulare*

**Operate or are planning to operate a LIHP.*

APPENDIX B

COUNTY INDIGENT CARE ELIGIBILITY AND LIHP ELIGIBILITY

NON-CMSP COUNTIES (23)

COUNTY	Indigent FPL	LIHP FPL
Alameda	200	200
Contra Costa	200	200
Kern	200	100
Fresno*	114	
Los Angeles	133	133
Merced	100	
Monterey	250	100
Orange	200	200
Placer	100	100
Riverside	200	133
Sacramento**	67	67
San Bernardino	200	100
San Diego*	165	133
San Francisco	500	25
San Joaquin	200	80
San Luis Obispo	250	
San Mateo	200	133
Santa Barbara	200	
Santa Clara	200	133
Santa Cruz	100	100
Stanislaus	223	
Tulare	275	75
Ventura	200	200

* Under specified circumstances certain individuals with higher incomes may qualify for services with a share of cost.

**Mirrors Medi-Cal. Share-of-cost is required for income over the Medically Needy Level. This begins at 68% FPL.

CMSP COUNTIES (35)

COUNTY	Indigent FPL	LIHP FPL
Alpine	200	100
Amador	200	100
Butte	200	100
Calaveras	200	100
Colusa	200	100
Del Norte	200	100
El Dorado	200	100
Glenn	200	100
Humboldt	200	100
Imperial	200	100
Inyo	200	100
Kings	200	100
Lake	200	100
Lassen	200	100
Madera	200	100
Marin	200	100
Mariposa	200	100
Mendocino	200	100
Modoc	200	100
Mono	200	100
Napa	200	100
Nevada	200	100
Plumas	200	100
San Benito	200	100
Shasta	200	100
Sierra	200	100
Siskiyou	200	100
Solano	200	100
Sonoma	200	100
Sutter	200	100
Tehama	200	100
Trinity	200	100
Tuolumne	200	100
Yolo*	200	100
Yuba	200	100

Joint Committee on Legislation – Special Session
Thursday, March 14, 2013 ▪ 11:30 p.m. to 1:00 p.m.

Recommendations for Streamlining and Improving the State's Subsidized Child Care and Development System

- Support restoration of funding for subsidized child care and development services

- Simplify family fees –
  - Eliminate fees for part-day preschool (but restore funding that was cut) – Assembly Member *Bonilla proposes to include in trailer bill language*
  - Suggest streamlining and aligning to federal poverty level as standard, but re-bench or index to CPI
    - Define poverty/examine fee schedule (State Median Income (SMI) compared to Federal Poverty Level (FPL)) – what would make sense in Los Angeles County?

- Collapse income rankings

- Annual certification of eligibility – regulation change
  - Supports continuity for the child and family
  - Lacks unified support – may mean family no longer eligible retains spot when other income eligible families are waiting for services
  - Streamline how recertification is conducted – categories?

- Attendance reports
  - correct errors
  - timely payments
  - lots of details

- Consolidate contracts – for all center based operations
  - Minimize producing multiple plans and reports
  - One contract for center-based operations

**SB 192 (Liu) – rewrite of child development section of Education Code for child development

- One of issues of bill setting is priorities by API of school area – problematic. May draw funding into neighborhoods already saturated with programs. Retain current structure for allocating funds

- Address transitions across three stages of CalWORKs Child Care –
  - Trustline regulations – transition from Stage 1 to Stage 2
  - Funding imbalances and shortfalls
  - Stage 3 – what happened to families

- Electronic recordkeeping
    - No requirement in Education Code or Title 5 that agencies retain records in paper form
    - Audits and Investigations of CDE has verbally required agencies to maintain paper records
    - Seeking flexibility to keep records in form that works for agency
    - Five year rule to keep records in funding terms and conditions, not five years from when audit closed
    - Current bill by Assembly Member Bonilla (AB 274) – assumes intent is for all programs, not just AP programs – needs amending *(bill was amended as of 3/19/13)*

Department is making progress on streamlining, but not ultimately resulting in cost savings.

**Bigger issue – retaining subsidized child care and development services in CDE
- Offer of raising issues to Roundtable members
- How bring to the attention of the Board of Supervisors given priority of focus on Medicaid expansion

A Review of and Recommendations for:
AB 273 (Rendon), *California Partnership for Infants and Toddlers Act of 2013*

Current Context

The reimbursement rate for Infants and toddlers, while above the standard reimbursement rate (SRR) of 34.38/per day is not sufficient to cover all costs associated with providing full-time care and early learning experiences for this age group. The ratio required by Title V (1 qualified adult for every 3 children) results in many more staff positions than are required for a preschool classroom (ratio of 1:8). Los Angeles County contractors report using 100% of the SRR for staffing costs which include wages, benefits, payroll taxes, etc.. Rent, facility maintenance, materials, supplies, insurance, staff training, and general administration, are **not** covered by the current SRR for infants/toddlers. **Contractors have reported as much as $150/wk per child as the funding gap between SRR and actual costs.**

This situation is dealt with by contractors committed to serving infants in various ways:
- fundraise to support the additional costs
- spread the operating costs across other contracts
- balance all costs by having a much larger preschool program

Exacerbating this situation is the fact that there has been no COLA for the past 5 years even as costs for supplies, insurance, rent, etc. have increased. Several contractors in Los Angeles County have eliminated or decreased their infant spaces as state budget reductions reduced all CDE contracts. The additional costs for providing an infant/toddler program could no longer be sustained.

At the same time, contractors report the largest waiting list for their programs is for infant and toddler care. Based on the Los Angeles County Child Care and Development Needs Assessment, only 1 in five children under the age of 3 will be able to access some form of subsidized care. Even fewer will find space in a Title V regulated center or Family Child Care Home Education Network.

AB 273 Proposal

This bill would enact the *California Partnership for Infants and Toddlers Act of 2013* which would utilize federal funds received by the California First 5 Commission and appropriated to the Superintendent of Public Instruction. The superintendent would be required to use the funds as supplemental grants to qualifying general child care and development contractors and establish standards to ensure quality in the provision of services to infants and toddlers.

The funds authorized by this act will be used to offer enrolled children and families with **support services**, including, but not limited to, health and nutrition, home visitation, early childhood mental health, family engagement, and supplemental early learning services. The amount of the supplement shall not be less than $2500 per child per year. The act does not provide specific definitions of these services; but does allow contractors the flexibility to tailor which support services to offer based on the unique needs of their families.

The model for this program enhancement is the federal Early Head Start (EHS) model. The requirement to establish standards of quality will be based on the EHS program and other “evidenced based” services provided to infants and toddlers.

Positive Aspects

By building on current infrastructure with general child care contracts serving low-income working families, the bill acknowledges the value of these programs and avoids the pitfall of creating yet another contract type thus increasing administrative time and costs.

Additional financial support would be welcome to sustain infant/toddlers programs given the situation described above.

Efforts to ensure improved quality in all infant/toddler care settings is needed, given the critical growth period of the earliest years and the vulnerability of children at this age.

The additional funding is described as a supplement to current contract reimbursement. This may indicate that the additional funding is not subject to the rules requiring contracts to earn their funding based on the Child Days of Enrollment (CDE’s). Being assured of the additional funding regardless of the CDEs would allow program to plan and implement quality improvements more effectively.

Concerns with the Proposed Legislation

The funding supplement of $2500 is insufficient to meet the current funding gap let alone cover costs of additional supports.

The legislation allows the Superintendent (CDE) to set the quality standards based on EHS standards. EHS standards may overlap Title V standards to some extent, but would in the end add another layer of regulations to those currently used by Title V contractors. This will increase administration and contract monitoring both at the program level and at the CDE level.

While home visitation is among the list of potential supports, it is definitely emphasized in the current description of the legislation. The population currently served in CDE-funded infant/toddler programs is a population of families where parents work, are attending school or job training. Unlike EHS families where there are many stay at home parents, it is much less likely that CDE-funded program families will be available for home visitations, except during evening or weekend hours.

Recommendations

That the establishment of quality standards take into consideration the current range of services and supports currently provided through Title V programs which includes: *

1. Provision of appropriate infant nutrition including formula
2. Nutrition education for parents
3. Family engagement activities;
   - Resource libraries
   - Presentations
   - Take home materials
   - Family events
4. General health, dental, and hearing screenings
5. Developmental screenings and referrals
6. Early mental health consultations
7. Inclusive practices and collaboration with regional centers
8. PITC training for staff

   ** Not every program provides all of the above*

That the Infant/Toddler program develop into a conduit for support services rather than the direct provider and purchaser of services.

That the legislation consider including participation in a local Quality Rating and Improvement System (QRIS) for qualifying contractors. Participation in the QRIS involves the program in a continuing process of quality improvement, provides standards reflective of best and evidenced-based practices, and builds on the standards of Title V. Funding should be provided to enable programs to address quality improvement issues as identified through QRIS.

That the funding per child per year reflect real costs in meeting current standards and in expanding supports. In 2007, the Child Care Planning Committee of Los Angeles County developed a cost assessment of programs meeting the three highest steps of the Los Angeles County QRIS (Steps to Excellence Program- STEP). The composite cost chart is attached. It indicates that funding to meet various levels of standards ranges from about $70 to $82 per day per infant/toddler. Current infant reimbursement is $58.45. $2500 per year per child would raise this to about $68/day.

In addition, current EHS contractors are funded at about XXXXX per year, which usually does not include full day, full year child care and early learning.

SB 192: Child care: Early Learning and School Support Resources

Senator Carol Liu, 25th District

As Amended April 3, 2013

SUMMARY

SB 192 (Liu) declares the intent of the State of California to develop a high quality early learning system to serve all children age birth-to-13. The bill amends the Ed Code beginning with Section 8200 to:

- Change outdated references from "child care and development" to "early learning and educational support;"
- Prioritize expansion funds for low performing areas and programs that serve children birth to 3rd grade while continuing to serve children to age 13;
- Streamline contracting processes for Title 5 programs;
- Update the definition of migrant agricultural worker family; and
- Provide families with consumer information that will enable parents to make informed decisions regarding high-quality early learning and support services to promote school readiness and success.

BACKGROUND

The California State Preschool Program (CSPP) was created by AB 2759 (Jones) in 2008 to provide both full-day and part-day services that prepare 3- and 4-year-old children for kindergarten. The program consolidated five former child development programs for preschool-aged children to create the largest state-funded preschool program in the nation. AB 2759 provided the flexibility for CSPP providers to transfer funding between contract types and enable contractors to provide the seamless delivery of services for children from birth to kindergarten entry.

In 2008, SB 1629 (Steinberg) established the Early Learning Quality Improvement System Advisory Committee. Recommendations from the committee's report helped create the foundation for California to receive a $52.6 million four-year federal grant through the Race to the Top-Early Learning Challenge.

The grant was established to improve the quality of early learning programs and close the achievement gap for vulnerable young children. In California, the funds are being used to develop local Quality Rating and Improvement Systems that will promote access to high-quality early learning programs so that children thrive in their early learning settings and succeed in kindergarten and beyond.

Early Learning and child care services were codified in 1976. The code has not been substantially updated to eliminate outdated programs, definitions, or practices. As the code continues to grow, and as California continues its work on the Early Learning Race to the Top Challenge Grant, modernization is needed.

Areas of particular focus are:

- Placing an emphasis on high-quality early learning opportunities and promoting parent choice;
- Improving efficiency by eliminating duplicative paperwork; and
- Updating definitions to more accurately reflect current trends and practices.

SOLUTION

This bill expands upon the funding flexibility of AB 2759 to provide contractors with continued flexibility and local control in order to serve families based on individual community needs.

It articulates the intent of the Legislature to establish a high-quality early education system and directs the Department of Education to maintain a database of resources to be distributed to parents each year upon their recertification. It also streamlines Title V contracts alleviating some of the administrative burden faced by providers.

Additionally, SB 192 updates the definition of "migrant family" to more accurately reflect current agricultural practices ensuring that qualified families have access to early learning opportunities.

SUPPORT

Superintendent of Public Instruction (sponsor)

OPPOSITION

None on file

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Assemblymember Tom Ammiano, 17th Assembly District

AB 1152 – California School Age Families Education Program (Cal-SAFE)

IN BRIEF

The Cal-SAFE (California School Aged Families Education) Program offers a comprehensive, integrated, community-linked, school-based program that improves the educational experiences for expectant and parenting students. The program is designed to improve educational advancement, increase the availability of support services, and provide child care and development services for the children of enrolled students. AB 1152 would secure the current funding in the Cal-SAFE program so that student parents and their children continue to receive these essential services to ensure the student parent graduates and the children of the student parent are school ready.

THE ISSUE

The 2013-14 California Governor's Proposed Budget proposes to eliminate the Cal-SAFE Program and to redirect Cal-SAFE funds to implement a new school district funding formula. Pregnant and parenting teens and their children are a uniquely identified student population and cannot adequately be served by the existing K-12 system because it does not take into account specific issues such as access to quality child care, support services aimed at student parents, prevention services, prenatal self-care, meal supplements, or parenting and life skills education. All of these mentioned services are necessary to increase the possibility of graduation of the student parent and enhanced school readiness of their children.

THE SOLUTION

AB 1152 would remove the Cal-SAFE program from the list of categorical education programs for which funding may be used for any educational purpose and retain the current funding level of $46 million annually for the Cal-SAFE program. AB 1152 keeps Cal-SAFE out of any future proposed changes to categorical programs and operates as the model specified in statutory and regulatory language that has produced amazing results. AB 1152 requires that funding not used by local education agencies to operate Cal-SAFE Programs go back to the Cal-SAFE Program budget line item for establishing new Cal-SAFE programs or expansions.

BACKGROUND

The Cal-SAFE Program was established by Senate Bill 1064 (Chapter 1078, Statutes of 1998) and began serving expectant and parenting students and their children during the 2000–01 school year. Since its implementation in 2000, the Cal-SAFE Program has enrolled over 120,342 expectant and parenting students, along with over 78,000 of their young children. Over the 12 years, 164 agencies in 44 counties have provided a wide range of academic and support services for at least one academic year.

From 2000 to 2009, agencies that received Cal-SAFE Program funds operated under specific requirements regarding program services and procedures. However, in February 2009, Cal-SAFE and many other categorical programs were placed into a block grant (Tier 3), allowing local educational agencies flexibility with regard to use of funds and program requirements through June 30, 2013. Furthermore, funding amounts were frozen at 2008 levels. Recently, the 2011 Education Trailer Bill extended categorical flexibility to 2015.

According to The California School Aged Families Education (Cal-SAFE) Program 12-Year Evaluation: 2000-12, after eight years of growth in the number of students served, the change to Tier 3 status brought a dramatic drop in the number of expectant or parenting students served. From the peak of 13,270 enrolled students during the 2007-08 school year, the number of students served has dropped 47% to an estimated 6,865 students receiving services during the 2011-12 school year.

A report submitted May 2010 to the California Legislature indicated substantive progress on the program goals established by the Legislature. Key outcomes of that report included:

- Over 73% of the students left the Cal-SAFE Program having successfully completed their high school education. This graduation rate for teen mothers far exceeds the 38% graduation rate for teen mothers overall in the United States cited by Perper, Peterson, and Manlove in their 2010 report titled *Diploma*

Attainment Among Teen Mothers. The overall graduation rates for all students in California is 76%.

- Only 8% of the babies born while their parents were enrolled in the program represented repeat births. This percentage falls considerably below the 20% repeat birth rate in 2004 for the nation.

- Only 7.07% of children born while their parents were enrolled in the Cal-SAFE Program weighed less than 2,500 grams at birth (the definition of low birth weight). This percentage is lower than the national low birth weight rate of 13.4% for mothers under 15, and 10% for mothers aged fifteen to nineteen.

- Almost 60% of the children of Cal-SAFE students attended a child care center funded by the Cal-SAFE Program and received services based on assessed developmental needs. 95% of the children enrolled in Cal-SAFE sponsored child care were up-to-date on their immunizations. This substantially exceeds the immunization rates for children 19 to 35 months nationally (82%) and in California (81%).

The Cal-SAFE Program serves both female and male students, with over 90% of the Cal-SAFE students being female. The cost savings of preserving the Cal-SAFE Program can be found not only in education, but also in public health, social services, public safety, and health care. In 2008, the annual costs to taxpayers from births to teen mothers in California were estimated to be $1.7 billion for all related services.

<u>Statistics on Teen Mothers</u>

- Poor and low income teens make up 40% of the adolescent population but account for 83% of teens who give birth.
- An estimated 50% to 60% of parenting teens have been sexually abused, twice the national rate for never-pregnant teens.
- Adolescents who become teen mothers tend to exhibit poorer psychological functioning, lower levels of educational attainment and high school completion, and less stable employment than those with similar background who postpone childbirth.
- 70% of teen mothers drop out of high school, making pregnancy the primary reason young women drop out early.

<u>Statistics on Teen Fathers</u>

- Fathers to children of teen mothers, tend to start with low educational attainment and low incomes, and to live in low-income communities. As a result of early parenthood, these fathers are likely to work and earn more initially, but they tend to achieve less education and lower earnings over time than their non-parenting peers.
- Only one out of every five teen mothers receives any financial support from their child's father.

<u>Statistics on Children Born to Teen Mothers</u>

- Preschool children of teen mothers tend to show some delay of cognitive development as well as more behavior problems and more aggressive behavior than children of older mothers, while adolescent children of teen mothers experience high rates of grade failure, delinquency, and early sexual activity.
- Children of parents with low educational attainment, occupation, and income are more likely to have sex at an early age, not use contraception consistently, and become pregnant or cause a pregnancy.

SUPPORT

Horizons Cal-SAFE Program, Stockton
9 Current Cal-SAFE students
6 Individuals

FOR MORE INFORMATION

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ASSEMBLY BILL 1187 (Mansoor)
Child Care Funding

CURRENT LAW

- Existing federal law establishes the social security Act Section 470, Title IV-E for foster care payments including child care expenditures. However these child care funds must be matched with a 50% non-federal match.
- Existing state laws, the Child Care and Development Services Act, provides child care to low-income working families and gives priority enrollment to children who are receiving protective services, or children who are at risk of being neglected or abused.
-Existing state law also establishes the After School Education & Safety Program.
-Existing state law requires that "only county funds" may be used as the non-federal match to title IV-E child care.

THIS BILL...

Amends Sections 11410 (c) and Section 15200.5 of the Welfare and Institutions Code to allow California Department of Education Child Development Division non-Maintenance of Effort (MOE) State General Funds only to be used to provide the non-federal share for federal Title IV-E funding for child care assistance to working Foster Parents and Relative Caregivers. No other State General funds are allowed to be utilized for this purpose.

Directs the California Department of Social Services to amend the California Title IV-E Plan to allow only non-MOE California Department of Education Child Development General Fund to be utilized as the nonfederal match for Title IV-E Child Care for children receiving protective services, foster children, and children at-risk of abuse and neglect. using Child Development Division and After School Education & Safety funds only.

The bill would make conforming changes to the law relating to the payment of the nonfederal share of these costs.

SUPPORT

-

OPPOSITION

- None

FOR MORE INFORMATION

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SB 528 – YEE

YOUNG PARENTS IN FOSTER CARE

BACKGROUND

Young parents in the foster care system face both the challenges of being in foster care as well as the challenges of being a young, usually single, parent. Studies of both groups have found that they will experience higher than average rates of poverty, unemployment and low educational attainment. While this has long been the case, the issue of parenting youth in foster care has become more pressing with the implementation of extended foster care in California.

Research from the University of Chicago suggests that extending foster care to age 21 will roughly *double* the incidence of parenting youth in foster care. Given this, it is important that California's foster care system adapt itself to meet the real needs of parenting youth and their children. Doing so provides an important opportunity both to better serve parenting foster youth and meet the needs of their children in their first, most critical years of life.

BILL SUMMARY

Ensures access to child care by prioritizing foster youth who are parents for subsidized child care. Parenting and pregnant youth are 200% are more likely to drop out of high school than to graduate from high school, leaving them without the means to achieve economic stability. One key reason for this is a lack of reliable, affordable child care.

Directs the Department of Social Services to collect data on parenting and pregnant youth. Currently, the number of youth in foster care who have children in California, either as custodial or non-custodial parents, is unknown. Knowing this information is necessary to understand the breadth of this issue and to develop appropriate policies to address it. The proposed legislation would require the statewide collection of this information.

Expands access to pregnant and parenting teen (PPT) conferences. The needs of parenting teens in foster care are extensive and require resources to be drawn from a range of sources within the child welfare system as well as from other benefit systems.

This approach has been implemented in Los Angeles and includes a comprehensive check-list of issues to be addressed. It is voluntary and led by a facilitator with special training on working with a teen parent. It is also attended by a resource specialist, who is an independent advocate for the parenting youth.

Provides age appropriate reproductive health education. As California's system has expanded to serve older youth, the need to discuss reproductive health has become even more urgent. Currently, there is a lack of clarity about who is responsible for educating youth in foster care about reproductive health, which has resulted in higher than average rates of unintended pregnancy and sexually transmitted diseases among youth in foster care.

For female foster youth who have been pregnant, 30 percent will experience a second pregnancy while in foster care. The proposed legislation would require that all youth in foster care have access to age-appropriate information about reproductive health.

SUPPORT

John Burton Foundation (Sponsor)
The Alliance for Children's Rights (Sponsor)
Children's Law Center (Sponsor)
Public Council (Sponsor)
Aspiranet
Bay Area Youth Centers
Family Care Networks, INC
First Place for Youth
Gavilan College, EOPS
Optimist Youth Homes and Family Services

OPPOSITION

CLASP: Policy Solutions That Work for Low-Income People (http://www.clasp.org/)
Strengthening Children, Youth and Families (http://www.clasp.org/advocacy_areas?type=strengthening_children_youth_and_families)

Sequestration, Budgets, and Continuing Resolutions: The Story Continues

By **Stephanie Schmit (http://www.clasp.org/about/staff?id=0056)**

Recently, Congress passed a continuing resolution (CR) to fund the work of the federal government through the remainder of fiscal year 2013 (FY13). The CR contained small increases for both child care ($50 million) and Head Start ($33.5 million). For child care, it is estimated that the additional funds will serve 9,000 children and help to lessen the blow of the estimated sequestration cuts still in place. However, for Head Start most additional funds are for activities related to the designation renewal systems, also known as re-competition, and will not fund many additional slots.

Unfortunately, the CR did not eliminate sequestration.Therefore, harmful cuts from the sequestration will continue to affect children and families across the country as Head Start and child care programs cut their 2013 budgets by about 5 percent by reducing the number of children served, cutting back schedules, and making many other difficult choices.

The Office of Management and Budget (OMB) has released an **official report (http://www.whitehouse.gov/sites/default/files/omb/assets/legislative_reports/fy13ombjcsequestrationreport.pdf)** outlining the amount of funding cut from each program due to sequestration, and while programs will be impacted at different times and in different ways, there is no doubt that the shock will be tremendous. Like many non-defense discretionary programs, cuts to child care and early education programs resulting from sequestration will have detrimental effects on children and families.

Official reports about sequestration outline a $115 million cut to the Child Care and Development Block (CCDBG) which funds child care subsidies, along with a $400 million reduction for Head Start. Estimates show that this will translate into **30,000 fewer children being served by the child care subsidy program and 70,000 fewer children being served through Head Start (http://www.nwlc.org/what-federal-budget-sequestration-will-mean-child-care-and-head-start)**.

The Office of Head Start has issued a **Program Instruction (PI) (http://eclkc.ohs.acf.hhs.gov/hslc/standards/PIs/2013/resour_pri_001_030113.html)** document that broadly outlines what the sequestration cuts will mean for grantees. The PI advises programs to begin planning to operate with a smaller budget immediately and to keep the following principles in mind when doing so:

- *The first priority for all programs is to maintain a high quality of service provided to children and families and to ensure their health and safety.*
- *It is critical to minimize disruptions to currently enrolled children for this program year.*
- *We expect enrollment reductions, as well as workforce reductions, particularly in the upcoming program year.*

Head Start funding is complicated since program years and subsequent funding commence at various times throughout the year. The National Head Start Association has developed a **"Frequently Asked Questions"** (http://www.nhsa.org/files/static_page_files/4B17D5B0-1D09-3519-ADF2596FBA091A8B/SequestrationFAQ-FINAL.pdf) page to help explain how this will all work and what this means for Head Start programs and the children and families who attend them.

The Office of Child Care has not yet released any guidance on implementing CCDBG sequestration cuts.

Congress still has options to avert the devastating effects of sequestration through a "grand bargain"--a bipartisan agreement that reduces the federal deficit by raising revenue and cutting spending--or in the FY 2014 budget. We must ensure that members of Congress keep children at the forefront of their minds when making decisions, otherwise, children will lose access to important early education programs, their parents and teachers may lose their jobs, and many people will lose access to necessary benefits. In a recovering economy, this is something we simply cannot have.

County of Los Angeles Child Care Planning Committee and Policy Roundtable for Child Care
Joint Committee on Legislation

LEGISLATION BEING CONSIDERED BY THE CALIFORNIA STATE LEGISLATURE - 2013

Level of Interest	Bill Number (Author)	Brief Description	Sponsor	Contact	County Position	Support	Oppose	Status (As of 4/9/13)
California Assembly Bills								
Watch	AB 41 (Buchanan)	*Expresses legislative intent to enact legislation to create the Kindergarten-University Public Education Facilities Bond Act of 2014, if approved by the voters, as a state general obligation bond act that would provide funds to school districts, county superintendents of schools, county boards of education, CA Community Colleges, CA State University, and University of CA, including Hastings College of the Law, to construct and modernize education facilities.*						Introduced: 12/7/12 Amended: 3/14/13 Amended: 4/1/13 Committee on Education
New	AB 241 (Ammiano)	Would regulate the wages, hours and working conditions of domestic work employees, including child care providers. Would require domestic work employers to secure payment of workers' compensation.		Curtis Notsinneh 916.319.2017				Introduced: 2/6/13 Amended: 3/19/13 Committee on Labor and Employment Hearing: 4/24/13
	AB 260 (Gordon)	Authorizes County of San Mateo and City and County of San Francisco to make permanent individualized county subsidy plans developed as pilot projects and due to sunset July 1, 2014.		Ellen Hou 916.319.2024		Urban Counties Caucus		Introduced: 2/7/13 Committee on Human Services Hearing: 4/16/13

Level of Interest	Bill Number (Author)	Brief Description	Sponsor	Contact	County Position	Support	Oppose	Status (As of 4/9/13)
1	AB 273 (Rendon)	Would enact the CA Partnership for Infants and Toddlers Act of 2013 and require the SPI by 3/1/14 to apply to the CA Children and Families Commission for funding from *moneys* received by the Commission *pursuant to the California Children and Families Program*. Funds to be used to make supplemental grants of $2,500 *annually* per child available to qualifying general child care and development infant and toddler contracting agencies to provide enrolled children and families an array of support services.	Preschool California, California Child Development Administrators Association, ZERO TO THREE	Stacy Reardon 916.319.2063				Introduced: 2/7/13 Amended: 3/19/13 Amended: 4/8/13 Committee on Education
1	AB 274 (Bonilla)	*Would require child care providers receiving payment under the Alternative Payment (AP) program to submit a monthly attendance record for each enrolled children signed by the parent or guardian and the provider certifying needs and hours of care provided. Monthly attendance records as well as other records may be maintained in the original format or electronically. As of 1/1/15, payments to AP contractors may be made via direct deposit at the financial institution of the contractor's choice.*		Katie McCoy 916.319.2014				Introduced: 2/11/13 Amended: 3/19/13 Committee on Human Services Hearing: 4/16/13

Level of Interest	Bill Number (Author)	Brief Description	Sponsor	Contact	County Position	Support	Oppose	Status (As of 4/9/13)
2	AB 290 (Alejo)	Would require director or teacher of child development center or family child care home to receive at least one hour of childhood nutrition training as part of the preventive health practices course(s). Content to include age-appropriate meal patterns based on the most current Dietary Guidelines for Americans. Training also to include information about eligibility, enrollment, and reimbursement for participating in the US Department of Agriculture's Child and Adult Care Food Program. Would become effective for licenses issued on or after 1/1/2015.	California Food Policy Advocates	Erika Bustamante 916.319.2030		AFSCME, AFL-CIO, Bay Area Family Child Care Providers' Support Group, CA Federation of Teachers, CA Pan-Ethnic Health Network (CPEHN), CA WIC Association, Child Care Food Program Roundtable. Children and Families Commission - First 5 San Bernardino, Choices for Children, Community Child Care Council (RC's) of Alameda County, First 5 Fresno County, State Public Affairs Committee (SPAC)		Introduced: 2/11/13 Committee on Appropriations
1	AB 364 (Calderon)	Would require the CA Department of Social Services (CDSS) to conduct unannounced visits to licensed community care facilities, *inclusive of residential care facilities for the elderly*, no less than once every two years (an increase from the current once every five years).		Courtney Jensen 916.319.2057		CA Police Chiefs Association, CA Food Policy Advocates (CFPA), County Welfare Directors Association of CA (CWDA), LeadingAge CA		Introduced: 2/14/13 Amended: 4/1/13 Committee on Appropriations
	AB 391 (Wieckowski)	~~Would make technical, non-substantive changes to the law regarding denying, suspending or revoking a license.~~ *Amended to address pupil instruction/personal finance for grades 7-12.*		Dharia McGrew 916.319.2025				Introduced: 2/15/13 Amended: 3/14/13
3	AB 547 (Salas)	Would add career exploration to list of possible activities that may satisfy the academic assistance element of the 21st Century Community High School After School and Enrichment for Teens program. The strength of this element would be amongst criteria for selecting participating grantees.	Superintendent of Public Instruction (SPI)	Marisol Jimenez 916.319.2032		Bay Area Community Resources, CA School-Age Consortium, Children Now, Partnership for Children and Youth, Pro-Youth/HEART, THINK Together		Introduced: 2/20/13 Committee on Appropriations

Level of Interest	Bill Number (Author)	Brief Description	Sponsor	Contact	County Position	Support	Oppose	Status (As of 4/9/13)
3	AB 626 (Skinner & Lowenthal)	Would require After School Education and Safety (ASES) programs meals as well as snacks served to students conform to specified nutrition standards. Would allow food service expenses to be charged directly to the cafeteria account funds. Would specify food and beverages that may be sold to pupils before and after school.	California Department of Education	Tony Bui 916.319.2015				Introduced: 2/20/13 Committee on Education Hearing: 4/17/13
1	AB 641 (Rendon)	*Would authorize family child care providers to choose a provider organization to act as their exclusive representative on matters relating to benefits, grievances, payment procedures relating to child care subsidy programs, and more. Would also establish a Family Child Care Parent Advisory Committee to advise and make recommendations to the Governor and the provider organization.*	SEIU, AFSCME	Bill Wong 916.319.2063		California Labor Federation, AFL-CIO		Introduced: 2/20/13 Amended: 3/19/13 Committee on Labor and Employment Hearing: 4/10/13
Watch	AB 646 (Cooley)	Would express intent of Legislature to affirm the employer-education partnership model of a regional P-20 council as a desired structure in CA to help align preschool, K-12, community college, 4-year college, and graduate and professional education programs and funding to advance strategic educational and economic outcomes.	NextEd	Brendan Repicky 916.319.2008				Introduced: 2/21/13 Committee on Education
	AB 760 (Dickenson)	Would re-fund the Early Mental Health Intervention (EMHI) that provides mental health services to children in kindergarten up to third grade via a tax on ammunition. *Amendments to findings and declarations.*	Children Now					Introduced: 2/21/13 Amended: 3/19/13 Committee on Revenue and Taxation Hearing: 4/15/13

Level of Interest	Bill Number (Author)	Brief Description	Sponsor	Contact	County Position	Support	Oppose	Status (As of 4/9/13)
1	AB 812 (Mitchell)	Would amend existing sections of the Education Code relating to contracts between the California Department of Education (CDE) and its contractors for child care and development services. Amendments would strengthen the regulations regarding termination and suspension and appeals.	California Department of Education	Elise Gyore 916.319.2054				Introduced: 2/21/13 Committee on Human Services Hearing: 4/30/13
	AB 835 (Muratsuchi)	Would allow the Department of Housing and Community Development, with agreement from the borrower, to amend the terms of a loan to certain entities for the purchase, development, construction, expansion, or improvement of child care and development facilities or microenterprise loans made available to small or large family child care homes or licensed child care and development facilities serving up to 35 children.	Harbor City/Harbor Gateway Boys and Girls Club	Brett Williams 916.319.2066				Amended: 3/14/13 Committee on Human Services Hearing: 4/30/13
3	AB 1016 (Quirk-Silva)	Would require the Commission on Teacher Credentialing to issue a foreign language teaching credential for the sole purpose of providing foreign language instruction as part of an after school program voluntarily maintained by the school district. Would allow a high school pupil to demonstrate proficiency in one or more languages other than English, for purposes of the State Seal of Biliteracy award, by successfully completing four years of foreign language instruction from the credentialed person as part of the after school program.		Gina Frisby 916.319.2065				Introduced: 2/22/13 Committee on Education

Level of Interest	Bill Number (Author)	Brief Description	Sponsor	Contact	County Position	Support	Oppose	Status (As of 4/9/13)
1	AB 1152 (Ammiano)	Would exempt the California School Age Families Education Program (Cal-SAFE) from any new education financing proposal that would eliminate categorical education programs beginning with the 2013-14 fiscal year and all subsequent fiscal years. Funding from school districts, charter schools and county offices of education selecting not to maintain or re-establish Cal-SAFE programs shall be restricted to expanding existing or establishing new Cal-SAFE programs.	California Child Development Administrators Association	Wendy Hill 916.319.2017				Introduced: 2/22/13 Committee on Education Hearing: 4/17/13
3	AB 1178 (Bocanegra)	Would establish the CA Promise Neighborhood Initiative to develop a system of 40 CA promise neighborhoods throughout the state to support children's development from cradle to career. Would specify services to be provided to the participating neighborhoods. CDE to designate 40 CA promise neighborhoods by January 1, 2016, selecting from applications that meet eligibility criteria and demonstrate that they will create a comprehensive, integrated continuum of solutions for community revitalization.						Introduced: 2/22/13 Committee on Education
1	AB 1187 (Mansoor)	Would require the CDSS to amend its foster care state plan to authorize the use of designated state child care and development funds administered by the CDE and ASES funds, in addition to county funds, as the nonfederal match for specified child care for children receiving child protective services, foster children, and children at risk of abuse and neglect.		Saulo Londono 916.319.2074	916.319.2074			Introduced: 2/22/13 Committee on Human Services Hearing: 4/30/13

Level of Interest	Bill Number (Author)	Brief Description	Sponsor	Contact	County Position	Support	Oppose	Status (As of 4/9/13)
Watch	ACA 2 (Nestande & Olsen)	Assembly Constitutional Amendment resolution pertaining to the required apportionments of state aid to school districts, county offices of education, charter schools, and community college districts.						Introduced: 12/18/12 Committee on Education
New	AJR 16 (Bonilla)	Would urge Congress to enact President Obama's budget proposal to increase funding for preschool and early learning. In addition, would urge the SPI to prepare a plan for making CA competitive for future increases in federal funding to preschool and early learning programs.	Early Edge CA (formerly Preschool CA)	Katie McCoy 916.319.2014				Introduced: 4/1/13 Committee on Education
California Senate Bills								
Spot bill	SB 154 (Berryhill)	Would make technical, non-substantive changes to the law regarding licensing of community care facilities.						Introduced: 1/31/13 Committee on Rules
1	SB 192 (Liu)	*Would recast the Child Care and Development Services Act as the Early Learning and Educational Support Act, and would establish as its intent for providing a comprehensive early learning and educational support system that promotes access to safe, high quality early learning and educational support programs. The bill would prioritize expansion funds to programs operating direct classroom services located in attendance areas of elementary schools ranked in deciles 1 to 3 of the Academic Performance Index (API) and require that the Child Care Resource and Referral (R&Rs) provide families with consumer education to help them make informed choices regarding early learning and support services.*	SPI	Darcel Sanders 916.651.4025				Introduced: 2/7/13 Amended: 3/12/13 Amended: 4/3/13 Committee on Rules

Level of Interest	Bill Number (Author)	Brief Description	Sponsor	Contact	County Position	Support	Oppose	Status (As of 4/9/13)
	SB 252 (Liu)	Would *authorize a pregnant woman to satisfy* welfare to work provisions of Cal-WORKs by participating in a *voluntary* maternal, infant and early childhood home visitation program or another home visiting program for low-income Californians approved by the U.S. DHHS, *subject to receipt of a federal waiver*. Applicants and recipients of CalWORKs to be provided with information about paid family leave benefits, *unemployment and pregnancy disability leave*. *Would require Employment Development Department to make certain training and information regarding paid family leave available to employees of the CDSS and county human services agencies.*	Western Center on Law and Poverty			American Association of University Women (AAUW) CA, AFSME, CFL-CIO, Asian Law Alliance, Breastfeed LA, CA Association of Food Banks, CA Black Health Network, CA Catholic Conference, CA WIC Association, Lutheran Office of Public Policy – CA, Sacramento Housing Alliance		Introduced: 2/12/13 Amended: 4/1/13 Committee on Human Services Hearing: 4/9/13
Watch	SB 301 (Liu)	Expresses intent of Legislature to enact legislation that would create the Kindergarten-University Public Education Facilities Bond Act of 2014 to authorize an unspecified sum of state general obligation funds to provide aid to school districts, county superintendents of schools, community colleges, the University of California, the Hastings School of Law, and the California State University to construct and modernize education facilities.						Introduced: 2/15/13 Committee on Rules

Level of Interest	Bill Number (Author)	Brief Description	Sponsor	Contact	County Position	Support	Oppose	Status (As of 4/9/13)
3	SB 443 (Walters)	Would include "organized resident camp" and "organized day camp" within the definition of "organized camp". Would require the camps to provide written verification of accreditation by the American Camp Association or the Boy Scouts of America or develop a written operating plan and file the plan with the local health officer at least 30 days prior to operation of the camp. Would require camps to have adequate staff to operate the program including a qualified program director present during operating hours of the camp.		Stacy Cervenka 916.651.4037				Introduced: 2/21/13 Committee on Health Hearing: 4/10/13
1	SB 464 (Jackson)	Would enact the Healthy Eating and Physical Activity Act and add it to the Child Care and Development Services Act. Would establish nutrition and physical activity standards for early childhood education, infant, and after school programs. Would express legislative intent to encourage all child care providers to implement educational programs that provide parents with physical activity and nutritional information relevant to the health of their children.	YMCA	Concepcion Tadeo 916.651.4019				Introduced: 2/21/13 Committee on Education Hearing: 4/17/13

Level of Interest	Bill Number (Author)	Brief Description	Sponsor	Contact	County Position	Support	Oppose	Status (As of 4/9/13)
1	SB 528 (Yee)	Would *amend Education Code by adding parenting foster youth under 21 years as an eligibility category for subsidized child development services and with a demonstrated need for the services.* Would require child welfare agencies, local education agencies, and R&Rs to make reasonable and coordinated efforts to ensure that minor and non-minor dependent parents who have not completed high school have access to school programs that provide onsite or coordinated child care and that minor parents are given priority for the services. Additional provisions proposed in the bill would ensure that 1) minors understand and are able to exercise their rights to reproductive health care and are provided with age appropriate and *medically accurate* information, 2) data is collected on pregnant and parenting minor and non-minor dependents and their children, and 3) minor and non-minor dependent parents have access to social workers or resource specialists trained in their needs and the available resources and that case plans are developed and updated through a team decision making process.	Children's Law Center of California, The John Burton Foundation, Public Counsel, Alliance for Children's Rights.	Alicia Lewis 916.651.4008		Advancement Proj, Aspiranet, Bay Area Youth Ctrs, CA Adolescent Health Collaborative, CA Alliance of Child & Family Svcs, CA Attorneys for Criminal Justice, CFT, CA Public Defenders Assoc., Children's Advocacy Inst, Citizens for Choice, Dependency Legal Group of San Diego, East Bay Children's Law Offices, Every Child Foundation, Family Care Networks, Feminist Majority, First Place for Youth, Five Acres, GUC Berkeley Home Start, Larkin Street Youth Svcs, Legal Svcs for Children, NCYL, Seneca Family Agencies, UCSF Research Director, Janet Malvin, Ph.D., WestCoast Children's Clinic, Youth & Family Progs, and more	CA ProLife Council	Introduced: 2/21/13 Amended: 4/1/13 Committee on Human Services Hearing: 4/9/13

Level of Interest	Bill Number (Author)	Brief Description	Sponsor	Contact	County Position	Support	Oppose	Status (As of 4/9/13)
New	SB 766 (Yee)	Would require staff of ancillary child care center to be: registered as a trustline provider. In addition, would require ancillary centers to comply with requirements relating to provider-child ratios, ensure the presence, at all times, of at least one provider who is 18 years or older, and ensure that at least one provider present at the center has received training in health and safety inclusive of pediatric first aid and cardiopulmonary resuscitation. (Ancillary centers are those that are ancillary to principal business activity (i.e. health club) and that provide day care services for the children of the clients or customers of the business.)		Sara Rogers 916.651.1524				Amended: 4/1/13 Committee on Rules
Watch	SCA 3 (Leno)	Constitutional amendment that would allow a school district, community college district or county office of education, to impose, extend or increase a parcel tax upon approval of 55% of voters voting on the proposition. Currently, approval of 2/3 of the voters is required.						Introduced: 12/3/12 Committee on Government & Finance Hearing: 5/8/13 Committee on Education
California Budget Bills (including Trailer Bills)								
	AB 73 (Blumenfield)	2013-14 Budget						Introduced: 1/10/13
	AB 74-113 (Committee on Budget)	Budget Act of 2013 spot bills – pending content						Introduced: 1/10/13
	SB 65 (Leno)	2013-14 Budget						Introduced: 1/10/13
	SB 66-105 (Committee on Budget and Fiscal Review)	Budget Act of 2013 spot bills – pending content						Introduced: 1/10/13

To obtain additional information about any State legislation, go to www.leginfo.ca.gov/bilinfo.htm; for Federal legislation, visit http://thomas.loc.gov. To access budget hearings on line, go to www.calchannel.com and click on appropriate link at right under "Live Webcast". For questions or comments regarding this document, contact Michele Sartell, staff with the Office of Child Care, by e-mail at msartell@ceo.lacounty.gov or call (213) 974-5187.

KEY TO LEVEL OF INTEREST ON BILLS:

1: Of potentially high interest to the Child Care Planning Committee and Policy Roundtable for Child Care.

2: Of moderate interest.

3: Of relatively low interest.

Watch: Of interest, however level of interest may change based on further information regarding author's or sponsor's intent and/or future amendments.

** Levels of interest are assigned by the Joint Committee on Legislation based on consistency with Policy Platform accepted by the Child Care Planning Committee and Policy Roundtable for Child Care and consistent with County Legislative Policy for the current year. Levels of interest *do not* indicate a pursuit of position. Joint Committee will continue to monitor all listed bills as proceed through legislative process. Levels of interest may change based on future amendments.

KEY:

ACLU	American Civil Liberties Union	CCALA	Child Care Alliance of Los Angeles
AFSCME:	American Federation of State, County and Municipal Employees	CTC	Commission on Teacher Credentialing
CAPPA	California Alternative Payment Program Association	CWDA	County Welfare Directors' Association
CAEYC	California Association for the Education of Young Children	DDS	Department of Developmental Services
CAFB	California Association of Food Banks	DHS	Department of Health Services
CCCCA	California Child Care Coordinators Association	DMH	Department of Mental Health
CCRRN	California Child Care Resource and Referral Network	First 5	First 5 Commission of California
CCDAA:	California Child Development Administrators Association	HHSA	Health and Human Services Agency
CDA	California Dental Association	LCC	League of California Cities
CDE	California Department of Education	LAC CPSS	Los Angeles County Commission for Public Social Services
CDSS	California Department of Social Services	LACOE	Los Angeles County Office of Education
CFT	California Federation of Teachers	LAUSD	Los Angeles Unified School District
CHAC	California Hunger Action Coalition	MALDEF	Mexican American Legal Defense and Education Fund
CIWC	California Immigrant Welfare Collaborative	NASW	National Association of Social Workers
CSAC	California School-Age Consortium	NCYL	National Center for Youth Law
CSAC	California State Association of Counties	PG&E	Pacific Gas and Electric Company
CTA	California Teachers Association	SEIU	Service Employees International Union
CCLC	Child Care Law Center	TCI	The Children's Initiative
CDPI	Child Development Policy Institute	US DHHS	US Department of Health and Human Services

DEFINITIONS:[1]

Committee on Rules	Bills are assigned to a Committee for hearing from here.
First Reading	Each bill introduced must be read three times before final passage. The first reading of a bill occurs when it is introduced.
Held in Committee	Status of a bill that fails to receive sufficient affirmative votes to pass out of committee.
Inactive File	The portion of the Daily File containing legislation that is ready for floor consideration, but, for a variety of reasons, is dead or dormant. An author may move a bill to the inactive file, and move it off the inactive file at a later date. During the final weeks of the legislative session, measures may be moved there by the leadership as a method of encouraging authors to take up their bills promptly.
On File	A bill on the second or third reading file of the Assembly or Senate Daily File.
Second Reading	Each bill introduced must be read three times before final passage. Second reading occurs after a bill has been reported to the floor from committee.
Spot Bill	A bill that proposes nonsubstantive amendments to a code section in a particular subject; introduced to assure that a bill will be available, subsequent to the deadline to introduce bills, for revision by amendments that are germane to the subject of the bill.
Third Reading	Each bill introduced must be read three times before final passage. Third reading occurs when the measure is about to be taken up on the floor of either house for final passage.
Third Reading Analysis	A summary of a measure that is ready for floor consideration. Describes most recent amendments and contains information regarding how Members voted on the measure when it was heard in committee. Senate floor analyses also list support or opposition by interest groups and government agencies.
Third Reading File	That portion of the Daily File listing the bills that is ready to be taken up for final passage.
Urgency Measure	A bill affecting the public peace, health, or safety, containing an urgency clause, and requiring a two-thirds vote for passage. An urgency bill becomes effective immediately upon enactment.
Urgency Clause	Section of bill stating that bill will take effect immediately upon enactment. A vote on the urgency clause, requiring a two-thirds vote in each house, must precede a vote on bill.
Enrollment	Bill has passed both Houses, House of origin has concurred with amendments (as needed), and bill is now on its way to the Governor's desk.

[1] Definitions are taken from the official site for California legislative information, Your Legislature, Glossary of Legislative Terms at www.leginfo.ca.gov/guide.html#Appendix_B.

STATE LEGISLATIVE CALENDAR 2013 (Tentative)

Dec. 03, 2012	2013-14 Organizational Floor Sessions
Jan. 1, 2013	Statutes take effect (Art. IV, Sec. 8(c)).
Jan. 7, 2013	Legislature reconvenes (J.R. 51(a)(1)).
Jan. 10, 2013	Budget Bill must be submitted by Governor (Art. IV, Sec. 12(a)).
Jan. 21, 2013	Martin Luther King, Jr. Day observed.
Jan. 25, 2013	Last day to submit bill requests to the Office of Legislative Counsel.
Feb. 18, 2013	Presidents' Day observed.
Feb. 22, 2013	Last day for bills to be introduced (J.R. 61(a)(1), J.R. 54(a)).
Mar. 21, 2013	Spring Recess begins upon adjournment (J.R. 51(a)(2)).
Mar. 29, 2013	Cesar Chavez Day observed.
Apr. 1, 2013	Legislature reconvenes from Spring Recess (J.R. 51(a)(2)).
May 3, 2013	Last day for policy committees to meet and report to fiscal committees fiscal bills introduced in their house (J.R. 61(a)(2)).
May. 10, 2013	Last day for policy committees to meet and report to the floor nonfiscal bills introduced in their house (J.R. 61(a)(3)).
May. 17, 2013	Last day for policy committees to meet prior to June 3 (J.R. 61(a)(4)).
May. 24, 2013	Last day for fiscal committees to meet and report to the floor bills introduced in their house (J.R. 61(a)(5)). Last day for fiscal committees to meet prior to June 3 (J.R. 61(a)(6)).
May. 27, 2013	Memorial Day observed.
May. 28 - 31, 2013	Floor session only. No committee may meet for any purpose (J.R. 61(a)(7)). This deadline APPLIES TO ALL bills, constitutional amendments and bills which would go into immediate effect pursuant to Section 8 of Article IV of the Constitution (Art. IV, Sec. 8(c); J.R. 61(i)).
May 31, 2013	Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).
Jun. 3, 2013	Committee meetings may resume (J.R. 61(a)(9)).
Jun. 15, 2013	Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)(3)).
Jul. 4, 2013	Independence Day observed.
Jul. 12, 2013	Last day for policy committees to meet and report bills (J.R. 61(a)(10)). Summer recess begins at the end of this day's session, provided the Budget Bill has been passed (J.R. 51(a)(3)).
Aug. 5, 2013	Legislature reconvenes from Summer Recess (J.R. 51(a)(3)).
Aug. 30, 2013	Last day for fiscal committees to meet and report bills (J.R. 61(a)(11)).
Sep. 2, 2013	Labor Day observed.
Sep. 3 - 13, 2013	Floor session only. No committees, other than conference committees and Rules Committee, may meet for any purpose (J.R. 61(a)(12)). This deadline APPLIES TO ALL bills, constitutional amendments and bills which would go into immediate effect pursuant to Section 8 of Article IV of the Constitution (Art. IV, Sec. 8(c); J.R. 61(i)).
Sep. 6, 2013	Last day to amend bills on the floor (J.R. 61(a)(13)).
Sep. 13, 2013	Last day for any bill to be passed (J.R. 61(a)(14)). Interim Recess begins upon adjournment (J.R. 51(a)(4)).
Oct. 13, 2013	Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 13 and in the Governor's possession after Sept. 13 (Art. IV, Sec. 10(b)(1)).

2014

Jan. 1	Statutes take effect (Art. IV, Sec. 8(c)).
Jan. 6	Legislature reconvenes (J.R. 51 (a)(4)).

California Department of Education (http://www.cde.ca.gov/sp/cd/re/ccdfstplnhear1415.asp)
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Public Hearing for CCDF State Plan

Public Hearing

Child Care and Development Fund (CCDF) State Plan October 1, 2013, to September 30, 2015

Attention: All Parties Interested in California's Child Care and Development Services

Every two years, the federal government requires states, territories, and tribes that receive funds through the federal Child Care and Development Fund (CCDF) to prepare and submit a plan detailing how these funds will be allocated and expended. The California Department of Education (CDE) has been designated in state law to be the lead agency that is responsible for administering the CCDF in California and, therefore, is required to submit the CCDF State Plan.

Enclosed is a summary of California's proposed CCDF State Plan (Plan). The final Plan must be submitted to the federal government on July 1, 2013. This summary highlights the Plan's major provisions, activities and services. This proposed Plan is in compliance with current state law and regulations. If and when new laws are enacted, the Plan will be amended accordingly.

The complete final CCDF State Plan is available as of October 2013.

Individuals who do not have access to the Internet should be able to obtain access at most local public library branches throughout California.

This announcement includes the following:

- Description of the public hearing process
- Guidelines for public testimony, whether verbal or written
- Hearing and testimony time frames, and instructions for submitting written testimony
- Four-page summary of the Plan with a two-page listing of the Quality Improvement Plan budget

Public Hearing Process

As part of the State Plan preparation process, federal law requires the lead agency to convene a public hearing to provide an opportunity for the public to comment on the provision of child care services and quality improvement activities under the Plan before it is submitted to the federal government. In accordance with these requirements, the public hearing will take place as follows:

Monday, April 22, 2013
1:00 p.m. to 4:00 p.m.

California Department of Education
1430 N Street, Room 1101
Sacramento, CA 95814-5901

If you need directions to the public hearing, please contact Marguerite Ries, Consultant, Child Development Division, at 916-322-4883 or via e-mail at mries@cde.ca.gov.

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Guidelines For Public Testimony Whether Verbal or Written

The focus of the public hearings is exclusively on the draft State Plan and testimony, whether verbal or written, and must only address its contents. To assist in preparing testimony, the following guidance clarifies what is to be included.

The public hearing is:

- An opportunity for individuals and organizations to provide comments on specific items contained in the proposed Plan. Please reference the section number, heading, and page number in each comment.
- An opportunity to indicate support, opposition, suggested changes, additions, or deletions pertaining to specific items. Please offer constructive solutions in your statement.

The public hearing is not:

- A forum to recommend law or regulation changes. These comments should be addressed through the legislative process.
- A forum to discuss any of the proposals currently under discussion in the legislative process or to advocate for any specific proposed legislative bills. These comments should be saved for legislative hearings.
- A forum to discuss how funds are allocated by the State Legislature for child care and development programs. Those concerns should be addressed in legislative budget hearings.
- A forum to describe general problems or concerns about California's child care and development services delivery system. Those concerns should be addressed to the California Department of Education.

All comments or testimony, whether in writing or presented orally at the public hearing, must be related to specific items in the proposed Plan. Commenter's and testifiers must identify the section number, heading, and page number of the Plan upon which they are commenting. Testimony or comments that do not reference specific sections in the Plan may not be considered or reviewed.

Hearing and Testimony Timeframes

The public hearing will begin promptly at 1:00 p.m. Those persons wishing to testify will be asked to sign in upon arrival and will be called forward to testify in the order in which persons signed in. Each testifier will have four minutes to present. The public hearing will continue until 4:00 p.m. unless all persons wishing to testify have had an opportunity to do so, in which case, the hearing may be closed before 4:00 p.m.

Please bring **five** written copies of your testimony with you to the hearing.

How to Submit Written Testimony

In addition to testimony at the public hearings, written testimony will be accepted, and submitted by mail, fax, or e-mail. All written comments **must be received by 5:00 p.m. on June 1, 2013**.

By Mail: Written comments on the proposed State Plan should be addressed to:

State Plan Public Hearing Coordinator
Child Development Division
California Department of Education
1430 N Street, Suite 3410
Sacramento, CA 95814

By E-Mail: Please use the following e-mail address: stateplan@cde.ca.gov

By Fax: Please use the following fax number for written comments: 916-323-6853

The purpose of the Federal Child Care and Development Fund is to increase the availability, affordability, and quality of early care and education services. Your comments and suggestions will help ensure that the CCDF State Plan being proposed will fulfill this purpose.

If you have any questions about the CCDF State Plan public hearings, please contact Marguerite Ries, Consultant, Child Development Division, by phone at 916-322-4855, by fax at 916-323-4883, or by e-mail at mries@cde.ca.gov.

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Questions: Marguerite Ries | mries@cde.ca.gov | 916-322-4883

Last Reviewed: Thursday, March 28, 2013

PRESS RELEASE

COMMUNITY DEVELOPMENT COMMISSION OF THE COUNTY OF LOS ANGELES
700 W. Main Street, Alhambra, CA 91801

FOR IMMEDIATE RELEASE

Contact: Elisa Vásquez, (626) 586-1762, Elisa.Vasquez@lacdc.org

FIRST 5 LA COMMISSION LAUNCHES PROGRAM TO HELP FAMILIES WITH YOUNG CHILDREN MAINTAIN STABLE HOUSING

County Partners with First 5 LA Commission to Administer $7.5 Million to Serve 700 Families with Young Children Who are Homeless or At-Risk of Homelessness

Los Angeles, April 2, 2013 – The Children and Families Commission of Los Angeles County (First 5 LA Commission) and the Community Development Commission of the County of Los Angeles (CDC) are happy to celebrate the launch of the Rental Assistance and Services Fund Program which will provide rental assistance and supportive services to 700 families with children ages five and under who are homeless or at-risk of homelessness. To be eligible, families must have current or past interaction with the County's Department of Children and Family Services.

The First 5 LA Commission designated the CDC to act as technical advisor and program administrator. Following the release of the Notice of Funding Availability in July 2012, the First 5 LA Commission approved more than $7.5 million in funding awards for seven applicants to serve, on average, 350 families per year during the two-year program. The funded service providers include: Los Angeles House of Ruth, Beyond Shelter - Los Angeles, Upward Bound House - Santa Monica, YWCA of San Gabriel Valley – Covina, Special Service for Groups, Inc. - Los Angeles, Harbor Interfaith Services, Inc. - San Pedro, and St. Joseph Center – Venice.

The CDC will assist the First 5 LA Commission with the oversight of the program, and provide the necessary technical assistance to service providers. In addition to rental assistance, service providers will evaluate the needs of the families and guide parents through life skills training, money management, parenting skills training, health and nutrition education, as well as provide educational and recreational opportunities for the children.

CDC Executive Director Sean Rogan stated, "We are delighted to be able to assist the First 5 LA Commission administer this very important program that will provide rental assistance and services to enable families to keep their young children in stable housing while on the road to self-sufficiency."

The First 5 LA Commission oversees the Los Angeles County allocation of funds from Proposition 10, which added a 50-cent tax on tobacco products sold in California. Funds raised help pay for healthcare, education and child development programs for children from the prenatal stage to age five, and their families. The agency's mission is to increase the number of young children who are physically and emotionally healthy, safe, and ready to learn. "This is an opportunity for the First 5 LA Commission to make both an immediate and long-term impact on the needs of homeless families," said the agency's Executive Director Kim Belshé. "With this program, we are focusing on helping families with children prenatal to age five who have had involvement with the child welfare system and are struggling daily with homelessness in Los Angeles County." Additional information on the First 5 LA Commission's programs can be found at www.first5la.org.

For more information on the Rental Assistance and Services Fund Program, please contact Linda Jenkins, Manager at the CDC, at (626) 586-1765. All media may contact Elisa Vásquez, Public Information Officer for the CDC, at (626) 586-1762.

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