



Legislative Platform 2023-24

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PROGRAM ISSUE AREAS (listed alphabetically)

Access to Health Services

Platform: Support measures that enhance counties' and communities' abilities to deliver services through their hospitals and clinics. Favor proposals that would provide for the continued expansion of both county and community Federally Qualified Health Clinics (FQHCs). Support efforts to maximize the telehealth flexibilities in the delivery of services.

Brief Background: Public hospitals and clinics provide services to all patients in California, regardless of their insurance status or ability to pay. Counties are required to serve the medically indigent under Welfare & Institutions Code Section 17000.

Some counties operate Federally Qualified Health Centers (FQHC) or FQHC "look-alikes" that provide primary health care to Medi-Cal patients as well as many underserved, underinsured or non-insured Californians.

Telehealth, or the delivery of health care services through electronic information technology, is an effective means to ensure patients, regardless of physical location, can access safe and cost-effective health care. California enacted telehealth flexibilities provided during the COVID-19 pandemic.

Adolescent & Family Health Services

Platform: Support programs to reduce inequities in maternal, infant, and child health and support programs designed to maximize the health and quality of life for all families in California. Support efforts to integrate trauma informed practices into both newly proposed or existing programs and services provided to families and adolescents. Support policies and programs to reduce teen and unplanned pregnancy and assist with family planning.

Brief Background: Local health departments are responsible for the administration of a variety of programs designed to address the health needs of infants, mothers, fathers, children, adolescents, and their families. These programs include the California Home Visiting Program, Black Infant Health, breastfeeding support, Women, Infants & Children (WIC), childhood lead poisoning prevention, teen pregnancy prevention, family planning services, children's health initiatives, and newborn screening. In California, there are still stark inequities in maternal and infant health outcomes. In 2018, the infant mortality rate of babies born to Black mothers was 10.8 compared to 4.6 for babies born to White mothers. For years 2011-2019, the eight-year average for maternal mortality rates (maternal deaths per 100,000 live births) for Black women in California was 49.7 compared to 11.5 for all other women.

Animal Care and Control

Platform: Support policies that enhance the ability of county animal controllers to provide cost effective and humane animal control services.

Brief Background: Each year almost one million unwanted and abandoned cats and dogs are born in California. Local governments spend more than \$250 million each year to intake and care for those animals and ultimately euthanize approximately one third. Encouraging the spaying and neutering of cats and dogs is a reasonable, proven effective, and necessary means to greatly reduce the number of unwanted animals in California. Furthermore, local governments are responsible for the surveillance, prevention, and control of animal rabies in California. This is achieved through local companion animal vaccinations and licensing programs, stray animal control, animal bite reporting, investigation, and animal isolation along with public education.

California Children's Services Program

Platform: Support strategies to streamline funding and program complexities of the California Children's Services (CCS) program in order to meet the demands of the complex medical care and treatment needs for children in California with certain physically disabling conditions. Monitor the CCS program and seek protections against increased county program costs. Oppose any efforts to require counties to provide funding for the CCS program beyond their Maintenance of Effort (MOE). Explore opportunities to "realign" county share of cost for CCS back to the state. Ensure CCS pilot project implementation strategies do not destabilize the current CCS program. Ensure counties retain sufficient resources to meet their CCS

responsibilities, including those remaining under the Whole Child Model (WCM) and any new responsibilities resulting from statewide initiatives and/or policy changes.

Brief Background: The California Children’s Services (CCS) program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under the age of 21 with CCS-eligible medical conditions. The CCS program is administered as a partnership between county health departments and the California Department of Health Care Services.

In 2016, SB 586 (Chapter 625, Statutes of 2016) was enacted, which transitions the care coordination and service authorization functions for Medi-Cal beneficiaries from the county (or state for dependent counties) to the managed care plan in 21 County Organized Health System (COHS) counties. Counties will continue to assume these functions for non-Medi-Cal CCS beneficiaries. Further, counties will continue to make initial and periodic financial, residential and medical eligibility determinations for all CCS beneficiaries. The Medical Therapy Program will also remain the county’s responsibility. The non-COHS counties remain carved out of managed care until 2022 and until an evaluation of the WCM has been completed.

However, AB 2724 (Chapter 73, Statutes of 2022) expands managed care plans under the WCM program to also include an Alternate Health Care Service Plan (AHCS) contracted with DHCS. This expansion would start as early as January 1, 2024. Further, DHCS is developing and implementing a compliance, monitoring, and oversight program for CCS. Counties will be required to enter into a Memorandum of Understanding (MOU) with DHCS and abide by monitoring protocols for the CCS program.

Chronic Disease Prevention and Wellness Promotion

Platform: Support a varied policy agenda and funding for the prevention of chronic disease and promotion of wellness. Seek to improve nutrition, obesity, and fitness education programs as well as health literacy in California’s population. Support efforts to increase access to healthy foods , and reduce food insecurity.

Brief Background: Chronic diseases in California, such as heart disease, cancer, lung disease, stroke, diabetes and asthma, continue to plague our communities in ever larger numbers, particularly in low-income communities and communities of color. In addition, 30.5% of children in California are considered overweight or obese. Children who are overweight increase their risk for type 2 diabetes mellitus, asthma, and orthopedic problems. They are also more likely to have risk factors for cardiovascular disease. Weight problems are complex with many causes including a person’s diet and physical activity level; however, other aspects of everyday environment also can influence them. These may include a lack of recreation facilities, unsafe communities, or lack of access to low-cost fresh fruits and vegetables. Furthermore, adverse childhood experiences (ACEs), including child abuse and family dysfunction, are linked to leading causes of adult morbidity and mortality. Finally, the growing number of people experiencing food shortages, insecurity and hunger concurrent with the reduction in social assistance programs, has gradually become recognized as a public health concern.

Climate Change

Platform: Support efforts and funding to develop climate change mitigation and resiliency strategies to help protect against and address potential impacts on health.

Brief Background:

Climate change is a complex phenomenon and can impact health in various ways, such as increased respiratory and cardiovascular disease, injuries and premature deaths related to extreme weather events. Extreme weather events resulting from climate change can drive changes in the prevalence and geographical distribution of food- and water-borne illnesses and other infectious diseases. It further threatens health and mental health, particularly for disadvantaged communities most vulnerable to the effects of climate change.

Communicable Disease Control

Platform: Support increased, and flexible state and federal funding and resources directed at building the capacity and infrastructure of local public health departments to combat and control communicable diseases. Oppose efforts to reduce state and federal funding streams. Support efforts to expand disease surveillance capacity. Support efforts to monitor and combat public health dis/misinformation.

Brief Background: The control of infectious disease, through immunizations, surveillance, disease investigation, laboratory testing, and response activities has long been a fundamental and statutorily

required responsibility assigned to local government public health agencies. However, resources to support these essential activities have been insufficient for years.

Dental Health Education and Services

Platform: Favor proposals to expand access to dental health services for low-income Californians. Support efforts to increase Medi-Cal dental reimbursement levels to encourage qualified dentists to participate in providing care to low-income children. Support water fluoridation efforts. Encourage dental health education program expansions including adequate funding.

Brief Background: Untreated dental problems result in days missed at school or work and increased susceptibility to other more damaging health problems such as ear and sinus infections or heart disease. In 2016, voters approved Proposition 56, which increased California's tobacco tax by \$2.00 per pack. This initiative included an annual appropriation for dental care services and can be used to develop or expand local oral health programs to educate, prevent, and provide linkages to treatment programs.

Emergency Medical Services (EMS)

Platform: Maintain existing laws and regulations governing the role of counties in the oversight of pre-hospital emergency medical services including but not limited to medical first response ambulance services. Support legislation or regulatory reform that would enhance county authority and increase funding for such oversight. Oppose any efforts to decrease county authority to oversee the emergency medical services system and to reduce the mandated roles of the local EMS agency in planning, implementing, evaluating and regulating EMS systems. Oppose any efforts to limit the authority of the local Emergency Medical Services Medical Director over pre-hospital patient care including disciplinary actions over licensed or certified personnel. Support legislation that will enhance the provision of emergency and/or trauma services and increased funding for the various components of emergency and trauma care systems, including operations, equipment, infrastructure, ancillary services, public health interventions, and physician reimbursements.

Brief Background: In 1980, California enacted major legislation to promote the development, accessibility and provision of a statewide system for Emergency Medical Services. Health and Safety Code Division 2.5 became effective January 1, 1981. The intent of the law is to provide efficient and effective pre-hospital emergency medical care throughout California's 58 counties. In addition to addressing EMS staff and training, communications, transportation, hospital and critical care centers, public information/education, and disaster response, the law emphasizes medical control system organization and effectiveness.

Counties should retain responsibility for local medical control and operational authority to reduce system fragmentation, to ensure system financial viability, and to assure that all county residents have access to emergency medical services, even in remote areas of the county. Changing the system to a jurisdiction-by-jurisdiction operation would greatly fragment and threaten the integrity of a system that is currently designed to assure for uniformity of high quality and equity of service level and cost to all citizens regardless of their jurisdiction. A fragmented system would be wrought with a high degree of variability in quality, cost, and services level, and would likely also increase overall system cost due to the loss of efficiency that currently exists in today's uniform, integrated and coordinated system.

Environmental Health

Platform: Support legislation and funding that promotes safe and healthy living and working environments for all California residents. Support scientifically proven and best practice efforts that prevent or reduce community exposure to toxins and other environmental contaminants that impact human health. Support efforts to protect and ensure the quality and safety of California's food and water supply and food safety for consumers.

Brief Background: The improvements in technology which allow identification of small concentrations of environmental contaminants combined with increasing public concern about adverse health impacts have given rise to an extraordinary quantity of state and federal law and regulation on environmental issues. Local environmental health departments, whether a separate local agency or integrated into local public health departments, enforce these laws on behalf of Californians. This may include air quality, water quality, restaurant inspections, hazardous materials and hazardous waste management, land use, liquid and solid waste, and vector control.

During the early 20th century, contaminated food, milk, and water caused many foodborne infections, which led to the passage of the federal Pure Food and Drug Act. California Retail Food code (Health & Safety Code §113700-114437) provides health requirements for food facilities including, new food facilities such as cottage food operations (CFOs), microenterprise home kitchens operations (MEHKO), and mobile food operations to ensure food is safe and handled properly. With the concern of drought in California ever present, efforts to conserve the water supply have increased. The development of alternative water sources promotes efficient use of available water.

First Five (Proposition 10)

Platform: Support the efforts of local First Five commissions to enhance the health and early growth experiences of California's children. Oppose any efforts to reduce funding to county-based programs on the assumption that local First Five commissions will fill the revenue gap created by the withdrawal of state funds (i.e. supplantation). Oppose any restrictions on the decision-making authority of the county First Five commissions and Boards of Supervisors as set forth in the text of Prop 10. Oppose any attempts to repeal Prop 10 via legislation or state-wide ballot initiative.

Brief Background: Proposition 10, the California Children and Families Act of 1998, created the California Children and Families Program, now known as First Five, to promote, support and improve the early development of children from the prenatal stage to five years of age.

Health Coverage/Health Care Reform

Platform: Advocate for sufficient resources provided to local jurisdictions to respond to changes in the health care landscape at the federal and state levels. Support efforts to ensure all eligible residents are enrolled in Medi-Cal or Covered California in an efficient and timely manner and can retain continuous coverage that minimizes burdens on the beneficiary. Advocate for adequate coverage, access to care, affordability, prevention, adequate provider rates, maximization of federal financial participation, streamlining and evaluation components in Medi-Cal and Covered California.

Advocate for programs and funding, at the state and federal level, that encourage greater coordination of physical and behavioral health services and social services to the overlapping beneficiaries. Support state efforts to secure or renew federal waivers that provide funding and flexibility to pilot or continue innovative practices aimed at improving the health and well-being of Californians. Oppose efforts to shift health care financing costs to local health departments. Promote the role in local health departments and the benefits of public health data and expertise in the design and implementation of new initiatives impacting the Medi-Cal program.

Background: Medicaid is a joint state/federal healthcare program for eligible low-income individuals. California's Medicaid program, Medi-Cal, is administered by the California Department of Health Care Services (DHCS). In March 2010, the Affordable Care Act (ACA) was signed into law that for the first time in the United States put in place comprehensive health care reform and provided a tremendous opportunity to provide health care to all Californians.

Under the ACA, California has expanded Medi-Cal eligibility to all adults up to 138% FPL. California expanded Medi-Cal to children and adults regardless of immigration status. California has also become the first state to provide state-subsidized health care insurance to all undocumented immigrants beginning in 2024.

California has transformed the Medi-Cal delivery system through multiple Section 1115 waivers. The most recent delivery system transformation effort is known as the California Advancing and Innovating Medi-Cal (CalAIM), which is intended to move the Medi-Cal program towards a population health approach that emphasizes prevention and treating the whole person.

Health Equity

Platform: Seek to reduce health disparities and inequities by working to eliminate barriers to good health and supporting the equitable distribution of resources necessary for health for California's diverse population. Support efforts to educate and partner with other sectors, to inform planning and policy changes that positively impact the social determinants of health, which influence the health status of communities. Ensure that a health equity lens is applied to policy to identify and address unintended consequences and

any potential effects on vulnerable populations. Support efforts to understand the health impacts of discrimination and bias.

Brief Background: Health disparities and inequities result from numerous interactions between community environments, social factors and economic conditions. These social determinants of health are the conditions in the environments in which people are born, live, work, play, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks, and increasing evidence documents the role of racism, discrimination and bias particularly based on race, in determining health, social, and economic outcomes. In California, communities of color and rural populations have a well-documented higher incidence of chronic diseases, higher mortality rates, and poorer health outcomes. Low-income residents, regardless of race, often lack access to regular medical care and lack adequate health insurance coverage, if they have any at all. They are also more likely to experience food insecurity, insufficient access to social supports, such as lack of housing, quality educational opportunities and secure community environments, that can lead to involvement in the criminal justice system. Local health departments have begun to emphasize programs to reduce these disparities; however, resources, staff, and community outreach must be increased in order to be effective. Local health departments nationwide have also started to issue declarations of racism as a public health issue, an important first step to advance racial equity and justice.

Health Information Technology

Platform: Monitor and advise the statewide development of a health information technology, data exchange, and modernization of public health information technology initiatives. Support proposals to provide funding to local health departments and health systems to support infrastructure and the staff development necessary to support the meaningful use of health information data and particularly the use of health information to advance understanding and improvement in population health strategies. Ensure any state HIT legislation is consistent with federal statute and regulatory requirements. Support efforts to allow bi-directional information sharing across county systems as well as with external partners in order to improve system efficiency.

Brief Background: Since 2010, California has been engaged in building HIE capacity amongst various health care delivery system partners.

In 2021, Governor Newsom signed AB 133 (Chapter 143, Statutes of 2021), which enacted Health and Safety Code §130290 to build a Health and Human Services Data Exchange Framework that will advance and govern the exchange of electronic health information across the state. The new law also mandates a broad spectrum of health care organizations – and encourages county health, public health, and social services - to execute the Framework’s data sharing agreement by January 2023, and exchange or provide access to health information with other mandated organizations by January 31, 2024.

Health Realignment

Platform: Advocate for maintaining sufficient health realignment funding to ensure that counties have the resources to meet their obligations to fulfill their statutory public health and indigent health care mandates.

Brief Background: In 1991, the Legislature shifted significant fiscal and programmatic responsibility for key health and human services programs from the state to counties, which is now referred to as 1991 Realignment. Local health departments are provided 1991 Health Realignment to fund indigent health care responsibilities under Welfare and Institutions Code Section 17000, and public health services.

Since 1991, there have been several policy changes to 1991 Realignment, including AB 85 (Chapter 24, Statutes of 2013), which diverted from Health Realignment to offset state General Fund costs for CalWORKs, under the rationale that counties no longer need the funds for indigent care with the implementation of the ACA. In addition, the FY 2017-18 Budget Act, redirected health and mental health Vehicle License Fee Growth to Social Services to fund IHSS costs for 5 years (100% for three years and 50% for two years) and Sales Tax Growth from health and mental health to Social Services in FY 2016-17. In light of the economic recession due to the COVID-19 pandemic in 2020, counties were successful in securing up to \$1 billion in Realignment backfill to ensure the continuity of critical services, including public health and indigent care services.

Injury Prevention

Platform: Support efforts to prevent injuries to California residents.

Brief Background: According to the most recent data collected by the California Department of Public Health, in 2020 unintentional injuries, such as being passengers in vehicles, poisonings, or drownings, are the highest cause of death among children from 0-9 years of age. Local health departments provide some injury prevention programs to their communities, including fall prevention programs, child passenger safety programs, youth & gang violence prevention, and intimate partner/domestic violence programs; however, resources are scarce.

Violence adversely impact Californians, particularly those in disadvantaged communities at disproportionate rates. Local health departments are leading efforts to address the disproportionate effects of injury and violence in communities of need and high burden through building safe communities, using data-informed approaches, pursuing trauma-informed care, and working with key partners to implement violence prevention strategies. Prevention efforts may include reducing risk factors, such as social isolation and lack of economic opportunities, and promoting or increasing protective factors, such as access to mental health and substance use disorder services.

Jail and Community Corrections Services

Platform: Support efforts to make and retain state or federal financial participation available in the funding of medical facilities and medical care for inmates in county correctional facilities that were realigned to counties on October 1, 2011. Ensure sufficient county funding is provided for ongoing or new responsibilities for coordinating medical care as a result of new state initiatives.

Brief Background: Counties have a substantial financial commitment for jail medical services to individuals in custody in county jails.

The 2010 Budget Act, AB 1628 (Chapter 729, Statutes of 2010) authorized the state to draw down federal financial participation to the extent available for acute inpatient hospital services provided off the grounds of the jail for stays longer than 24 hours.

As part of the CalAIM Initiative, the California Justice-Involved Populations initiative seeks to address poor health outcomes among justice-involved adults and children by establishing Medi-Cal enrollment processes, providing targeted Medi-Cal services to incarcerated individuals immediately prior to their release, and ensuring continuity of coverage and services after incarceration. Local health jurisdictions, particularly those responsible for jail medical services, may realize an expanded role in the delivery of CalAIM-related services to this population of focus.

Medi-Cal Administrative Activities/Targeted Case Management (MAA/TCM)

Platform: Oppose proposals from the Centers for Medicare and Medicaid Services (CMS), Congress, State Administration, or the Legislature to deny, reduce, cap, or eliminate MAA/TCM reimbursement or to make claiming more administratively burdensome.

Brief Background: Counties provide Targeted Case Management (TCM) services to assist specific Medi-Cal eligible populations (including the severely mentally ill, women and children, or frail seniors) in accessing needed medical, social, educational, and other services.

The federal Centers for Medicare and Medicaid Services (CMS) and the Department of Health Care Services has added additional administrative requirements for the TCM claiming process, resulting in disallowance of county claims. County administrative costs are rising including increasing costs for State positions to administer the program.

The Medical Administrative Activities (MAA) program allows counties to receive federal reimbursement for providing certain qualified activities targeting and improving the availability and accessibility of Medi-Cal services to Medi-Cal eligible and potentially eligible individuals and their families. These services include Medi-Cal outreach, assisting individuals to apply for Medi-Cal, transporting Medi-Cal beneficiaries to non-emergency Medi-Cal covered services, and improving access to and the delivery of Medi-Cal covered services.

Public Health Emergency Preparedness

Platform: Support sustainable funding to local health departments for public health emergency preparedness. Oppose any funding reductions for Public Health Emergency Preparedness at the federal level. Oppose efforts to diminish or remove local government emergency response authority. Support efforts to appropriately fund and train local health care coalitions and other local partners about the medical mutual aid system including information on the use of the National Incident Management System (NIMS) and California's Standardized Emergency Management System (SEMS). Protect the integrity and adherence to California's medical mutual aid plan and the role of the medical health operational area coordinator program for directing, allocating, and distribution of scarce resources.

Brief Background: The anthrax attacks post-September 11 identified the need to increase preparedness efforts and local public health jurisdictions response capabilities for dealing with terrorism (including bioterrorism) at the local level. Funding for these activities is most appropriate from either federal or state sources to ensure consistency across the state. Increases in funding are needed to augment local programs to prepare for, and respond to, all forms of terrorism, natural disasters, and other related public health emergencies.

In California, the Governor's Office of Emergency Services (CalOES) organizes the state's operational areas (OAs) into six mutual aid regions to provide mutual aid support and a regional emergency response system to disasters. The OA is responsible for coordinating local response programs, for utilizing all available local resources, for instituting mutual aid requests with other counties within the local mutual aid region and for instituting and validating State resource requests. NIMS/SEMS provides a clear and consistent organizational structure for agencies involved in responding to emergencies. Often, many different agencies must work together effectively to protect lives, property, and the environment, during disasters including pandemics. SEMS facilitates priority setting, interagency cooperation, and the efficient flow of resources and information.

Public Health Infrastructure

Platform: Support legislation that would provide continued funding and support for core local public health services. Advocate for the distribution of federal funding to state and local health departments in order to maintain and build core public health infrastructure. Work with the Administration to ensure fair funding distributions from the State to local jurisdictions.

Brief Background: Public health infrastructure can be understood to be the capacities and resources that make the provision of essential public health services possible in a community. This includes an adequate and trained workforce to provide services, public health laboratories, communication and disease tracking systems, community involvement, partnerships and other components of contemporary public health practice. Public health capacities vary widely in California due to geography, population, and the availability of resources among other factors. As part of the 2022 Budget Act, CHEAC and the California Can't Wait Coalition successfully secured \$300 million General Fund ongoing to support state and local health department workforce and infrastructure.

Public Health Laboratories

Platform: Support legislation that increases state and local public health laboratory infrastructure, workforce, and technology to provide comprehensive and efficient public laboratory services at the local level. Support efforts to allocate funding to enact or support training programs for public health laboratory personnel.

Brief Background: Public health laboratories play a critical role in the control of infectious diseases, a core function of public health departments. Public health laboratories are essential in the management of COVID-19, West Nile Virus, tuberculosis, influenza, and food and waterborne illnesses, and public health labs are vital for public health emergency preparedness at the local and regional level.

There is a critical shortage of qualified public health laboratory directors and personnel in California. As current public health lab directors and personnel retire, local health departments are facing challenges finding qualified candidates. Efforts are needed to increase training for and pathways to adequately support and develop our laboratory workforce pipeline.

Public Health Workforce

Platform: Support development and retention of a skilled and diverse Public Health Workforce through both state and federal advocacy efforts. Support partnerships with universities and community colleges to develop viable public health workforce programs and incentives. Support efforts to protect the safety and privacy of public health workers from threats and harassment.

Brief Background: The current public health workforce is aging rapidly with many local health departments (LHDs) struggling to fill critical positions including public health laboratory directors, public health microbiologists, public health and medical nurses, and registered environmental health specialists (REHS) among others. In a 2021 report, the de Beaumont Foundation noted that State and local governmental public health departments needed an 80% increase in their workforce to provide a minimum set of public health services to the nation.

The 2022 Budget Act includes the Public Health Equity and Readiness Opportunity (HERO) Initiative which ensures \$75.6 million General Fund to support workforce pipeline programs.

Substance Use Disorder Prevention and Services

Platform: Support dedicated funding for substance use disorder prevention and treatment services. Enhance the ability of local health departments to reduce and prevent substance use disorder (SUD) related problems. Enhance the ability of local health departments to decrease SUD disparities in communities and populations at highest risk for SUD, including communities of color, rural communities, LGBTQ, homeless, or justice-involved populations. Support legislation that would make a range of SUD treatment services available to adolescents.

Support efforts to study the impacts of cannabis use and legalization on public health, particularly epidemiological surveillance of youth and adult cannabis use and the impacts of use on infant and youth brain development.

Brief Background: Substance use disorders are chronic health conditions that adversely impact individuals and communities across California. Opioid or opioid synthetics, such as fentanyl, prescription drug, and methamphetamine use, continue to impact California communities with estimates of up to 10% of the state's population suffering from the physical and mental health effects of substance use disorders. In addition, the demand for treatment far exceeds statewide treatment capacity. Increasingly, overdose data is indicating a rise in illicit opioid overdoses where fentanyl or fentanyl-contaminated heroin is detected.

Many communities are disproportionately impacted by the opioid crisis and overdose death rates. Furthermore, substance use disorders disproportionately affect certain groups, such as people who are justice-involved, communities of color, homeless, and LGBTQ, at higher rates compared to the general population. To decrease these disparities, specific funding and resources are required to support these communities. Evidence based, promising practices, and innovative primary prevention programs, integrating trauma-informed care and health equity lenses are needed at much higher levels than are currently available or funded. Parenting education, youth reliance programs and opportunities for youth to serve as leaders at their schools and in their neighborhoods are necessary.

While California legalized cannabis use in 2016 through voter approval of Proposition 64, there continues to be limited information about the impact of cannabis use, including the impacts on infant and youth development.

Tobacco Control

Platform: Continue to support efforts to prevent or reduce the use of tobacco and its accompanying health and economic impacts on the state and its residents. Support efforts to reduce secondhand smoke exposure in our communities. Support efforts to prevent youth access to all tobacco products, including electronic smoking devices and flavored tobacco products including menthol. Maintain local health department tobacco control capacity and infrastructure. Oppose efforts to exempt electronic nicotine delivery systems, such as e-cigarettes, from current tobacco control laws and regulations. Enforce and/or enact federal and state laws that aim to regulate the sales and marketing of smokeless tobacco products. Support efforts to mitigate community level harms for disproportionately impacted communities.

Brief Background: Each year, more than 40,000 Californians die due to tobacco-related illnesses. With tobacco use rates on the decline in the state, a renewed focus on prevention education and smoking cessation programs should be encouraged. The use of electronic smoking devices, and other smokeless tobacco products, has been on the rise throughout the country. In 2018, the Surgeon General issued an advisory on the alarming surge of electronic cigarette use amongst youth, increasing from 11.7 percent in 2017 to 20.8 percent in 2018. Furthermore, the safety of electronic smoking devices has not yet been fully demonstrated.

Vector Control

Platform: Support legislation that would increase funding for Vector-borne disease and vaccination research and Vector and mosquito control services which include but are not limited to: source reduction, surveillance and monitoring, education and outreach, biological control, and chemical control. Support legislation that would allow for mosquito and vector control considerations in environmental evaluation and ongoing management and maintenance of stormwater and other infrastructure projects. Support legislation that would grant state certified mosquito control personnel more authority to expeditiously access properties that are mosquito infested so intervention efforts can be initiated.

Brief Background: West Nile Virus continues to seriously impact the health of Californians. California is increasingly vulnerable to the introduction of vector-borne viruses of public and veterinary health concern. If an existing or novel virus is detected, it is critical that local and state agencies are prepared to respond in a concerted effort to protect people and animals from infection and disease.

Vital Statistics

Platform: Support efforts to ensure local health departments have the infrastructure necessary to both provide quality vital records services to their constituents and to ensure robust health data collected from vital records to appropriately monitor the health of their communities.

Brief Background: Vital records provide critical information for understanding public health and examining key health indicators. Local health departments in California register all births and deaths within their jurisdictions, and issue birth and death certificates to their residents. Vital statistics also allow local health departments to use locally collected data to understand the overall health of the communities they serve and to target programs and services to those most disproportionately impacted by bad health outcomes.

ADMINISTRATIVE ISSUE AREAS

Local Health Department Administration and Simplification

Platform: Advocate for and support a simplified process of contracting with the California Department of Public Health and other state agencies to allow local health departments to develop a system for the delivery of comprehensive and coordinated public health services to their communities. And:

- Support legislative proposals, policies, and regulations that recognize the differences that exist amongst local health departments and resist any externally imposed systems that ignore statewide differences or that erode local determination.
- Ensure that legislation and regulation be considered from a county health system perspective, recognizing program and population interaction and overlap.
- Discourage complex administrative requirements or request for proposal (RFP) processes in favor of basic plan submission, subventions, or contractual obligations.
- Ensure local health departments are given maximum flexibility as to how they implement or achieve the objective set by legislation; focus should be on performance expectations, not organizational structure, personnel, process, or procedure.
- Encourage funding consolidation (e.g., block grants) over categorical funding for target populations or problems to promote practical implementation.
- Avoid creating new and independent governance and administrative structures at the local level to create or implement new social/health programs. Program initiatives can be better planned, organized, staffed, directed, and controlled by existing governmental structures that understand the historical, legal, and policy context of California local government. Counties meet these standards best. They bring a regional and population-based perspective to programs which equip them to adapt to the needs

of ethnically and culturally diverse constituents. Governmental programs should be accountable to the public through elected representatives, which is a function the Board of Supervisors is already equipped to provide, and which is widely recognized by the public.

- Ensure local health department flexibility to conduct virtual services.
- Support efforts to evaluate and assess local public health department capacities and infrastructure.

Brief Background: California's county and three city health departments have a basic legal responsibility to protect the public health of all state residents. In addition, on behalf of the state, local health departments administer a myriad of state and federal categorical public health programs. Each of these critical programs is part of the overall mission for California's local health departments.

Most of these public health programs have historically been developed and organized around categorical funding streams and target populations, rather than on core public health functions and sound principles. The result is a maze of contracts and administrative requirements. Each public health program has its own reporting, training, and staffing – with little consistency in program or administrative requirements.

CHEAC has been working collaboratively with the California Department of Public Health for a number of years on various ways to simplify public health funding and claiming, including the development of a uniform indirect cost rate for all CDPH programs.

Mandates

Platform:

- Oppose new mandates without specified, stable, and adequate funding commitments.
- When new mandates are accompanied with new or expanded funding, ensure those mandates are limited to funds available and/or allocated; avoid vague references to responsibilities or open-ended obligations.
- Ensure that if state subvention funds are reduced or redirected, whether through legislative or administrative action, state mandates or obligations should be similarly and correspondingly reduced.
- Seek to add language to tie existing mandates, standards, or requirements to the available funds or allocations.
- Ensure that funding increases for ongoing mandates is adequate.

Brief Background: The fiscal constraints being faced by most governments demand that all federal, state, and local budgets be viewed together as a single public budget bound by voter preferences and resource limits. It is impossible and inappropriate to shift costs from one government's budget to another without overall adjustments in the revenues and priorities of the total public budget.

Public Health Funding

Platform:

- Protect and optimize funding for county/city health services.
- Avoid the creation of "winners and losers" among the counties when evaluating the allocation/subvention of funds or state benefits, formula development and adjustments to existing allowances. Seek processes, concepts, or funding allocations that are equitable and fair so that county consensus is possible – both short term and long term.
- Advocate for the timely distribution of funding to local health departments.
- Oppose efforts to reduce or eliminate public health infrastructure funding.

Brief Background: California's local health departments are mandated to provide a broad array of core public health services to their communities, and they provide these services through a variety of funding sources, including Health Realignment, county general funds, and state and federal categorical program funding.