



LEGISLATION COMMITTEE

March 9, 2020

***NOTE CHANGE* 1:30 P.M.**

651 Pine Street, Room 101, Martinez

Supervisor Karen Mitchoff, Chair
Supervisor Diane Burgis, Vice Chair

Agenda Items:	Items may be taken out of order based on the business of the day and preference of the Committee
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1. Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).
3. **RECEIVE and APPROVE the Record of Action for the February 10, 2020 meeting of the Legislation Committee, with any necessary corrections.**
4. **RECEIVE the report on the State Budget and State Legislation of interest and provide direction to staff and advocates, as needed.**
5. **DIRECT staff on the contractor procurement process for the federal advocacy contract beginning July 1, 2020.**
6. **CONSIDER recommending to the Board of Supervisors a position of "Support" on H.R. 5823, the "State and Local Cybersecurity Improvement Act," as recommended by the Chief Assistant County Administrator, Tim Ewell.**
7. **CONSIDER the recommendations of the Contra Costa County Mental Health Commission related to the Mental Health Services Act (MHSA) funds and the Institutions for Mental Disease (IMD) federal policy, and provide direction to staff.**
8. The next meeting is currently scheduled for April 6, 2020 at 11:00 a.m. (*Note time change.*)
9. Adjourn

The Legislation Committee will provide reasonable accommodations for persons with disabilities planning to attend Legislation Committee meetings. Contact the staff person listed below at least 72 hours before the meeting.

Any disclosable public records related to an open session item on a regular meeting agenda and

distributed by the County to a majority of members of the Legislation Committee less than 96 hours prior to that meeting are available for public inspection at 651 Pine Street, 10th floor, during normal business hours.

Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

For Additional Information Contact:

Lara DeLaney, Committee Staff

Phone (925) 335-1097

lara.delaney@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE

3.

Meeting Date: 03/09/2020
Subject: Record of Action for Legislation Committee Meeting
Submitted For: LEGISLATION COMMITTEE,
Department: County Administrator
Referral No.: 2020-06
Referral Name: Record of Action
Presenter: L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:

County Ordinance (Better Government Ordinance 95-6, Article 25-205, [d]) requires that each County Body keep a record of its meetings. Though the record need not be verbatim, it must accurately reflect the agenda and the decisions made in the meeting.

Referral Update:

Attached is the Draft Record of Action. (Attachment A)

Any handouts or printed copies of testimony distributed at the meeting will also be attached to this meeting record.

Recommendation(s)/Next Step(s):

RECEIVE and APPROVE the Record of Action.

Attachments

Attachment A: Draft Record of Action

DRAFT



LEGISLATION COMMITTEE

RECORD OF ACTION FOR
February 10, 2020

Supervisor Karen Mitchoff, Chair
Supervisor Diane Burgis, Vice Chair

Present: Karen Mitchoff, Chair
Diane Burgis, Vice Chair

Staff Present: Lara DeLaney, Sr. Deputy County Administrator; Erika Jenssen, Deputy Director, Contra Costa Health Services

Attendees: Alvaro Fuentes; Mariana Moore; Dr. William Walker; Mary Ann Buggs; Roxanne Carrillo-Garza; Rebecca Rosen; James Gross, Michelle Rubalcava; Paul Schlesinger of Alcalde & Fay

1. Introductions

Chair Mitchoff convened the meeting. Vice Chair Burgis and attendees present introduced themselves. The County's state and federal legislative advocates were on the conference line.

2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).

No public comment was offered.

3. RECEIVE and APPROVE the Record of Action.

The Record of Action was approved as presented.

AYE: Chair Karen Mitchoff
Vice Chair Diane Burgis

4. RECEIVE the report on the Contra Costa CARES program and funding proposal. CONSIDER recommending that the Board of Supervisors support the proposal at its February 25, 2020 meeting and AMEND the adopted 2020 State Legislative Platform to include the state budget appropriation request as an additional component of the advocacy work program for 2020.

Dr. William Walker, legislative consultant to Contra Costa Health Services, provided a report to the Committee about the Contra Costa CARES program. Attendees of the meeting provided comment, supporting an amendment to the County's adopted 2020 State Platform to add a state budget request for the Contra Costa CARES program. The Committee directed staff to send this item to the Board of Supervisors with a recommendation to support at the next possible meeting.

AYE: Chair Karen Mitchoff
Vice Chair Diane Burgis

5. RECEIVE the report on the State Budget and Legislation of interest and provide direction to staff, as needed.

The Committee received the report on the State Budget and key state legislative issues from the County's state legislative advocates, Jim Gross and Michelle Rubalcava from Nielsen Merksamer. They covered the Governor's focus on housing and ending homelessness. Supervisor Burgis emphasized the need to tie additional housing needs with transportation and jobs, as East County in particular looks to job development.

AYE: Chair Karen Mitchoff
Vice Chair Diane Burgis

6. RECEIVE the report on federal legislation of interest to the County and provide direction to staff as needed.

The County's federal legislative advocate, Paul Schlesinger, was on the conference line with his associates Perrin Badini and Anne Cullather, and provided the federal update. He also discussed the appropriation request forms that our congressional delegation was issuing and our need to prioritize our federal program appropriation needs. The Committee indicated that programs that provided for health services, housing assistance, and food assistance should be prioritized.

AYE: Chair Karen Mitchoff
Vice Chair Diane Burgis

7. The next meeting is currently scheduled for March 9, 2020 at 1:30 p.m. (*Note time change)

Chair Mitchoff adjourned the meeting at 1:35 p.m.

8. Adjourn

Contra Costa County

February 10, 2020

LEGISLATION COMMITTEE

SIGN-IN SHEET

Signing in is voluntary. You may attend this meeting without signing in.

Name	Representing	Phone
Alyson Frost	Clinic Consortium	510 253-6230
Marianne Moore	Ensuring Opportunity	510 234-1200 x311
Bill Walker		—
Mary Ann Buss VS	FOOD BANK OF CONTRA COSTA & SOLANO	925-791-1965
ANNA DOTH		
ROXANNE CAMILLO-BARZA	Healthcare Richmond	(510) 680-3133
Rebecca Rosen	Hospital Council	(925) 746-1550
Erika Jensen	CHS	925 957 5403



Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE

4.

Meeting Date: 03/09/2020
Subject: State Budget and Legislation of Interest to Contra Costa County
Submitted For: LEGISLATION COMMITTEE,
Department: County Administrator
Referral No.: 2020-09
Referral Name: State Budget and Legislative Update
Presenter: L. DeLaney and Nielsen Merksamer Team **Contact:** L. DeLaney, 925-335-1097

Referral History:

The Legislation Committee regularly receives updates from staff and the County's legislative advocates on State Budget and legislation of interest to the County.

Referral Update:

Coronavirus

On March 4, 2020, Governor Gavin Newsom announced a declaration of a [state of emergency](#) to make additional resources available to address the global COVID-19 outbreak. Joined by Health and Human Services Agency Secretary Dr. Mark Ghaly, Director of the Department of Public Health and State Public Health Officer Dr. Sonia Angell, and Director of the Office of Emergency Services Mark Ghilarducci, the Governor noted the proclamation comes after the number of positive California cases has increased and the tragic first official COVID-19 death earlier in the day.

"The State of California is deploying every level of government to help identify cases and slow the spread of this coronavirus," said Governor Newsom. "This emergency proclamation will help the state further prepare our communities and our health care system in the event it spreads more broadly."

As of the writing of this report:

- 53 Californians are confirmed as having coronavirus.
- 9,400 people in 49 counties are being monitored.
- Attorney General Xavier Becerra warned against price gouging on products such as hand sanitizer that could be used to fend off coronavirus.
- The cost of COVID-19 tests will be covered by health insurance and Medi-Cal, Newsom announced.

On the Federal side, the Senate cleared an \$8.3 billion emergency funding bill to combat the coronavirus on a 96-1 vote on March 5, sending the measure for the President's signature. The bill, H.R. 6074 will provide almost \$6.5 billion to the Department of Health and Human Services, nearly \$1.3 billion to the State Department, and \$20 billion to the Small Business Administration.

Contra Costa Health Services provides up-to-date information about coronavirus at its website: <http://cchealth.org/coronavirus>. See [Attachment A](#) for more information.

March 3, 2020 Primary Election

In other important state news, the March 3, 2020 primary election ("Super Tuesday") was conducted in California. The latest statewide election results include:

- Bernie Sanders: 1.57 million votes, 33.8%.
- Joe Biden: 784,341, 25.1%
- Proposition 13 school bond, 44.6% for it and 55.4% against.
- Outstanding votes: millions. (*Contra Costa County had 112,000 ballots remaining as of March 4, 2020.*)

From Politico's Jeremy B. White: "Super Tuesday polls have long since closed, but a coming wave of uncounted ballots is poised to reshape California results from the presidential contest through legislative races.

America's most populous state has sought to augment turnout by dramatically expanding the number of mail ballots to more than 16 million, allowing Election Day voter registration and accepting ballots that arrive up to three days after Election Day.

That means that there are likely millions of votes left to be tallied. While history suggests the late-arriving ballots will skew left, the fact that many Democratic primary voters may have waited to vote until the last possible moment in a fluid presidential primary injects extra uncertainty."

At the local level, transportation measures all failed at the ballot across the Bay Area region, with Contra Costa's Measure J failing to muster even a majority let alone the 66.7% required to pass. For more information on this subject:

The fate of Contra Costa County's elected representatives after March 3 also remains uncertain for several. Though County District II Supervisor Candace Andersen (uncontested) and County District III Supervisor Diane Burgis succeeded in their e-election bids, District V Supervisor Federal Glover is awaiting final results to learn whether he won outright in the Primary or heads to a General Election run-off in November.

At the State level, Senate District 3 representative, Bill Dodd, was uncontested. Senate District 7 incumbent Steve Glazer appears to be heading to the November General Election against Republican challenger Julie Mobley. Senate District 9 incumbent Nancy Skinner was uncontested in her re-election bid. On the Assembly side, District 11 representative Jim Frazier was also uncontested for his re-election bid. District 14 representative Tim Grayson prevailed in his re-election, as did District 15 representative Buffy Wicks, and District 16's Rebecca Bauer-Kahan.

On the Federal level, Contra Costa County's congressional delegation of Representatives Mark DeSaulnier, Jerry McNerney, Eric Swalwell, and Mike Thompson, all succeeded in their re-election efforts.

All Contra Costa County election results are available at:

<https://www.cocovote.us/election-results-march-3-2020/>

Homelessness

Regarding the critical issue of the fight against homelessness, a press release on March 4 announced "a historic funding request to combat homelessness throughout California." AB 3300 is intended to provide an appropriation to "dramatically reduce homelessness." The press release indicates that Assembly Member Bonta, Assembly Member Wicks and other Northern California leaders will be hosting a press conference to announce AB 3300 at 10:00 a.m. on Friday, March 6, 2020.

Senate and Assembly Examine Role of Local Development Impact Fees on Housing Crisis

On February 26, 2020, the Senate Governance and Finance Committee, Senate Housing Committee, Assembly Local Government Committee, and Assembly Housing and Community Development Committee convened for a joint informational hearing to examine local development impact fees and the role they play in housing development and affordability. Titled "[The Price of Civilization: Benefits and Costs of Impact Fees on Housing in California](#)," the hearing featured nearly three hours of testimony from local and regional government agencies, housing developers, and legal and housing finance experts. While the committee members and panelists agreed that the rise of and the reliance on development impact fees are a direct result of Proposition 13 and the subsequent decline in property tax revenue that previously supported overall community development, infrastructure, and local government services, the members wrestled with what role fees should continue to play in light of the affordable housing and homelessness crisis.

There are a few legislators that believe – even while recognizing the value the infrastructure and other benefits local fees provide – that more housing would be developed and housing prices would come down if local fees were capped or eliminated. Of the legislators with this perspective, some believe those fees should be back-filled by the state in order to continue to provide local infrastructure improvements to support development. Others were unconvinced that capping or eliminating fees would actually result in more housing or more affordable housing.

Local agencies are doing proactive, innovative things to help reduce the impact fees have on development ranging from:

- Regional uniform fee programs that help eliminate the “first-in” problem.
- Assessing fees by square feet rather than unit, which can be a disincentive to build smaller units, and
- Deferral programs to help reduce borrower costs for developers.
- Riverside County testified that development has flourished in their region, not despite fees, but because the fees provided the infrastructure necessary to accommodate growth in an orderly fashion.
- The “soft costs” of development that include design costs, process costs, financing, and fees can range from 20% to 30% of a project’s cost. With land costs ranging from 5% to 15% of a project’s costs, that means the single largest cost of housing is labor and materials or “hard costs” and these are much more difficult to influence yet could reduce the cost of housing much more substantially if addressed.
- Panelists had a number of recommendations for the committee members to contemplate, including:
- Conducting a feasibility analysis for specified (although not yet defined) housing projects to determine whether a locality’s fees impact the viability of a project that could then allow the agency to better assess the trade-offs of fees on a specific project;
- Reducing fees in areas where the housing market is sluggish but growth is desired; back-filling any lost revenue or somehow providing predictable state funding for local infrastructure; and
- Better aligning state resources (such as cap-and-trade grants, the infill infrastructure grant program, etc.) with the allocation of regional housing needs.

While the hearing was robust and meaningful, questions remained unanswered. Would capping or eliminating fees translate into costs savings for renters and homeowners? What guarantees can the Legislature offer should it mandate reduced fees on local governments so that prices would come down? With at least 10 bills on local fees having been introduced, there will be more opportunity to ask these questions in the coming months of the legislative session.

CalAIM Updates

The Administration announced last week that the Administration’s proposal to restructure the Medi-Cal program will once again be referred to as CalAIM. The restructure proposal was unveiled in October and dubbed California Advancing and Innovating Medi-Cal (CalAIM). In January, the Governor renamed it Medi-Cal Healthier California for All. On February 25, the Administration announced that the name for the program redesign is officially back to CalAIM.

The Department of Health Care Services (DHCS) wrapped up the stakeholder meetings on CalAIM at the end of February. Various parts of

their CalAIM will require approvals through a 1915b waiver, an 1115 waiver, state plan amendments, and plan contracts (and presumably legislation); DHCS staff will be developing a “cheat sheet” regarding which CalAIM component requires which type(s) of approval. DHCS anticipates posting final revised proposals that reflect stakeholder engagement at the end of March or early April. There will be a 30-day public comment period in May. DHCS plans to submit the elements of CalAIM requiring federal approvals (the 1115 waiver and 1915b waiver) to CMS in June of this year.

The following provides additional updates about various elements of the CalAIM proposal:

- **Enhanced Care Management (ECM).** DHCS will offer a phased approach to give plans without Whole Person Care and Health Homes Programs experience additional time to prepare for the transition to enhanced care management. The implementation date for plans in counties with Whole Person Care pilots and/or Health Homes Programs is January 1, 2021; plans in counties without WPC or HHP will have until July 1, 2021 to implement but may implement earlier. Additionally, at the February 26 Senate informational hearing, DHCS also was very clear that their ECM proposal will require high-touch case management “outside four walls, in the community.” Dr. Brad Gilbert acknowledged that each of populations that the enhanced care management benefit will target will require different work, perhaps with different partners. He noted, in particular, community entities and counties. Dr. Gilbert also commented that he is not expecting managed care plans to build ECM models out themselves, but to partner with CBOs, counties, public hospital systems, as well as providers in the community. It’s worth noting that Senator Pan also expressed some concerns with rate setting for new services, as well as how complicated the proposal is, and the time required to build out services.
- **Population Health Management.** DHCS has determined that managed care plans should have additional time to design and implement their Population Health Management Strategies, delaying the effective date to January 1, 2022.
- **Technical Assistance.** DHCS has scheduled a series of CalAIM Regional Meetings to provide technical assistance to health plans, counties, and community-based organizations as they prepare to implement the enhanced care management benefit and in lieu of services. Health plans, lead entities for WPC, county behavioral health agencies, county public health agencies, and Tribal Health Programs will be invited to attend the meeting in their region. DHCS will be sending formal invitations to these meetings, which are not open to the public.
- **Updated Dual Eligible Special Needs Plans (D-SNP) Policy Proposal.** The CalAIM webpage has been updated, based upon stakeholder feedback, with a revised memo entitled, [Expanding Access to Integrated Care for Dual Eligible Californians](#). This memo outlines the Department’s transition plan for dual eligibles and the Coordinated Care Initiative.

The LAO released a comprehensive [analysis](#) of CalAIM late last week, which generally urged caution – suggesting that the Legislature consider slowing down the timeline. While Newsom's plan has great promise, it carries financial risk and great uncertainty — particularly regarding whether Medi-Cal managed care plans are prepared for the changes. The LAO acknowledged that certain changes reliant on federal waivers may need to start next year but said "some elements of the proposal could be postponed or implemented in phases." The LAO also raised concerns about cost increases in Medi-Cal and suggested that California could face "significantly higher costs" in future years than the Newsom administration has projected. However, the LAO noted that CalAIM could simplify administration of the \$104 billion program and improve mental health and substance abuse services across California.

[Attachment B](#) is the Master List of Bills of Interest to the County, as of March 5, 2020.

Recommendation(s)/Next Step(s):

RECEIVE the report and provide direction, as needed.

Attachments

[Attachment A](#)

[Attachment B](#)

ANNA M. ROTH, RN, MS, MPH
HEALTH SERVICES DIRECTOR

CHRIS FARNITANO, MD
HEALTH OFFICER



OFFICE OF
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March 2, 2020

Dear Contra Costa County colleagues and community,

We are increasingly concerned about the spread of COVID-19 across the U.S, and in the coming days, we expect to see additional cases of COVID-19 here in Contra Costa County. Our focus is shifting from actions to contain COVID-19 to preparing for a sustained response, including consideration of future measures to limit and slow the spread of the disease in our community.

The COVID-19 outbreak has the potential to turn into a pandemic, which means a simultaneous, worldwide occurrence of an infectious disease. Locally, we may face difficulty obtaining some goods and services, public events may be cancelled, and our ability to travel might be restricted. Although this is a difficult message to share, it is important to recognize how difficult the times ahead may be. **Now is the time for individuals and families, neighborhoods, community organizations, businesses, schools and all sectors to take steps to be prepared.**

Here are some ideas to help get prepared and prevent spread of disease now:

- Businesses and community organizations should review their continuity of operations plans and consider how they will operate if a significant number of employees are unable to work.
- Businesses and schools should review their sick leave policies and actively encourage employees and students/staff to stay home if they are sick. Do not require a doctor's note on return to work/school as healthcare facilities may be severely impacted.
- Medical facilities and health providers should review their surge plans in case they are called upon to handle more patients than usual at one time.
- Stock up on the essentials in case of shortages and if you need to stay home.
- Make sure your earthquake kit is up to date and ready to go – it is full of vital supplies you can use for any emergency.
- If you can, obtain a two-month supply for your medications or consider using a mail order pharmacy.
- Think about how to care for loved ones at home if they or you get sick, including how to prevent other family members from becoming infected.
- Wash your hands! Frequent handwashing is easy, under your control and has no significant downsides.
- Don't touch your face, eyes, nose, or mouth with unwashed hands.
- Stay home from school or work when you are sick.



- Cough into the crook of your arm or into a tissue.
- Use a barrier, such as a paper towel or tissue, to touch commonly touched surfaces, such as bathroom door handles and elevator buttons.
- Bump elbows or bow instead of shaking hands.
- Regularly clean frequently touched surfaces.
- Get vaccinated against the flu if you haven't already.

In the near future we may need to take action to slow the spread of COVID-19 which will help to limit the number of people who become ill, protect our health care systems from being overwhelmed and give time to develop a vaccine and treatments. This is accomplished by instituting practices that increase social distancing which means staying at least 6 feet away from other people so that the virus cannot be transmitted. We are not asking for implementation of the actions below at this time, and will carefully consider the public health benefits and the community impact, but actions may include:

- Canceling events and avoiding gatherings of large groups of people
- Working from home or teleworking
- Temporarily closing schools and childcare facilities

This situation is changing rapidly, and we know many people in the community are feeling fear and anxiety. At this uncertain time, we believe the best thing Contra Costa residents can do to reduce their own risk is to stay informed, and take steps to be prepared to prevent the spread of disease now and in the future.

Contra Costa Health Services will keep you updated with information and health advice as the situation changes on our website cchealth.org/coronavirus and social media.



Anna Roth, RN, MSN, MPH
Health Services Director
Contra Costa Health Services



Chris Farnitano, MD
Health Officer
Contra Costa Health Services



**2020 Master List of Bills of Interest
To Contra Costa County
March 5, 2020**

AB 22	<p>AUTHOR: Burke [D] TITLE: Housing: Children and Families FISCAL COMMITTEE: yes URGENCY CLAUSE: no INTRODUCED: 12/03/2018 LAST AMEND: 01/16/2020 DISPOSITION: Failed LOCATION: ASSEMBLY SUMMARY:</p> <p>Declares that it is the policy of the state that every child and family has the right to safe, decent, and affordable housing. Requires the policy to consider homelessness prevention, emergency accommodations, and permanent housing. Requires all relevant state agencies and departments to consider that policy when establishing policies, regulations, and grant criteria pertinent to advancing the components of Housing First.</p> <p>STATUS: 02/03/2020 In ASSEMBLY. Died pursuant to Art. IV, Sec. 10(c) of the Constitution.</p>
AB 46	<p>AUTHOR: Carrillo [D] TITLE: Individuals With Mental Illness: Change of Term FISCAL COMMITTEE: no URGENCY CLAUSE: no INTRODUCED: 12/03/2018 ENACTED: 06/26/2019 DISPOSITION: Enacted LOCATION: Chaptered CHAPTER: 2019-09 SUMMARY:</p> <p>States the intent of the Legislature to enact legislation to replace derogatory terms with more culturally sensitive terms when referring to individuals with mental illness.</p> <p>STATUS: 06/26/2019 Signed by GOVERNOR. 06/26/2019 Chaptered by Secretary of State. Chapter No. 2019-09</p>
AB 563	<p>AUTHOR: Quirk-Silva [D] TITLE: Mental Health: Funding FISCAL COMMITTEE: yes URGENCY CLAUSE: no INTRODUCED: 02/13/2019 LAST AMEND: 04/22/2019 DISPOSITION: Failed LOCATION: ASSEMBLY SUMMARY:</p> <p>Appropriates a certain amount from the General Fund to the State Department of Health Care Services to distribute to the North Orange County Public Safety Task Force for the development of a two year pilot program. Requires 1/2 of the moneys to be distributed on a specified date, and 1/2 to be distributed on a specified date, and would require the moneys to be used to provide a range of programs, services, and activities designed to assist individuals and families experiencing mental health crises.</p> <p>STATUS: 02/03/2020 In ASSEMBLY. Died pursuant to Art. IV, Sec. 10(c) of the Constitution.</p>

AB 732 **AUTHOR:** Bonta [D]
TITLE: County Jails: Prisons: Incarcerated Pregnant Persons
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/19/2019
LAST AMEND: 01/23/2020
DISPOSITION: Pending
LOCATION: SENATE
SUMMARY:
Requires an incarcerated person in a county jail or the state prison who is identified as possibly pregnant or capable of becoming pregnant during an intake health examination, or at any time during incarceration, to be offered a test upon intake or request. Provides an incarcerated person in a local detention facility with the right to summon a physician, nurse practitioner, certified nurse midwife, or physician assistant. Provides for the use of menstrual hygiene products.
STATUS:
01/27/2020 In ASSEMBLY. Read second time. To third reading.
01/27/2020 In ASSEMBLY. Assembly Rule 63 suspended.
01/27/2020 In ASSEMBLY. Read third time. Passed ASSEMBLY. *****To SENATE. (63-0)
Commentary:
Watch

AB 953 **AUTHOR:** Ting [D]
TITLE: Land Use: Accessory Dwelling Units
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/21/2019
LAST AMEND: 01/06/2020
DISPOSITION: Pending
LOCATION: SENATE
SUMMARY:
Deems a permit application for the creation of an accessory dwelling unit or junior accessory dwelling unit approved if the local agency has not acted upon the completed application within 60 days. Requires ministerial approval of an application for a building permit within a residential or mixed-use zone to create one accessory dwelling unit and one junior accessory dwelling unit per lot with a proposed or existing single-family dwelling if certain requirements are met.
STATUS:
01/30/2020 In ASSEMBLY. Read third time. Passed ASSEMBLY. *****To SENATE. (76-0)
Commentary:
Send to DCD

AB 1121 **AUTHOR:** Bauer-Kahan [D]
TITLE: Firearms: Prohibited Persons
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/21/2019
LAST AMEND: 03/19/2019
DISPOSITION: Failed
LOCATION: ASSEMBLY
SUMMARY:
Prohibits a person who is granted this pretrial diversion based on a mental health disorder from owning or possessing a firearm, or other dangerous or deadly weapon.
STATUS:
02/03/2020 In ASSEMBLY. Died pursuant to Art. IV, Sec. 10(c) of the Constitution.
02/03/2020 From Committee: Filed with the Chief Clerk pursuant to Joint Rule 56.

AB 1126	<p>AUTHOR: O'Donnell [D] TITLE: Mental Health Services Oversight and Accountability FISCAL COMMITTEE: yes URGENCY CLAUSE: no INTRODUCED: 02/21/2019 LAST AMEND: 04/01/2019 DISPOSITION: Failed LOCATION: ASSEMBLY SUMMARY: Requires the Mental Health Services Oversight and Accountability Commission to establish technical assistance centers and clearinghouses to support counties in addressing mental health issues of statewide concern, with a focus on school mental health and reducing unemployment and criminal justice involvement due to untreated mental health issues. Requires the Commission to develop transparency and accountability strategies. STATUS: 02/03/2020 In ASSEMBLY. Died pursuant to Art. IV, Sec. 10(c) of the Constitution.</p>
AB 1182	<p>AUTHOR: Carrillo [D] TITLE: Post-Release Supervision Of Offenders FISCAL COMMITTEE: yes URGENCY CLAUSE: no INTRODUCED: 02/21/2019 LAST AMEND: 04/22/2019 DISPOSITION: Failed LOCATION: ASSEMBLY SUMMARY: Requires persons who have been scored as low or moderate risk to be released if they have been on parole for a certain number of days and have not committed any new offenses. STATUS: 02/03/2020 In ASSEMBLY. Died pursuant to Art. IV, Sec. 10(c) of the Constitution.</p>
AB 1216	<p>AUTHOR: Bauer-Kahan [D] TITLE: Solid Waste: Illegal Dumping FISCAL COMMITTEE: yes URGENCY CLAUSE: no INTRODUCED: 02/21/2019 LAST AMEND: 03/26/2019 DISPOSITION: Failed LOCATION: ASSEMBLY SUMMARY: Authorizes the counties of Alameda and Contra Costa to establish a pilot program to employ 2 law enforcement officers, one from each county, solely for the purpose of enforcing dumping laws in those counties. STATUS: 02/03/2020 In ASSEMBLY. Died pursuant to Art. IV, Sec. 10(c) of the Constitution.</p>
AB 1275	<p>AUTHOR: Santiago [D] TITLE: Mental Health Services: County Pilot Program FISCAL COMMITTEE: yes URGENCY CLAUSE: no INTRODUCED: 02/21/2019 LAST AMEND: 05/16/2019 DISPOSITION: Pending FILE: A-51 LOCATION: Senate Inactive File</p>

SUMMARY:

Requires the State Department of Health Care Services to establish a 3-year pilot project to include the County of Los Angeles and up to 9 additional counties in which each participating county would be required to establish an outreach team, comprised of county employees, to provide outreach services to individuals with a history of mental illness or substance use disorders who are unable to provide for urgently needed medical care and who are homeless or at risk of experiencing homelessness.

STATUS:

09/14/2019 In SENATE. From third reading. To Inactive File.

AB 1405

AUTHOR: Gloria [D]
TITLE: Permanent Supportive Housing for Parolees
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/22/2019
LAST AMEND: 04/29/2019
DISPOSITION: Failed
LOCATION: ASSEMBLY
SUMMARY:

Requires the Department of Corrections and Rehabilitation to enter into contracts with contractors who provide short-term housing to parolees through an adult day reporting center or through the department's Specialized Treatment for Optimized Programming to provide permanent housing for individuals exiting prison who are at risk of homelessness and to parolees experiencing homelessness.

STATUS:

02/03/2020 In ASSEMBLY. Died pursuant to Art. IV, Sec. 10(c) of the Constitution.

AB 1450

AUTHOR: Lackey [R]
TITLE: Child Abuse Central Index
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/22/2019
LAST AMEND: 01/06/2020
DISPOSITION: Pending
LOCATION: SENATE
SUMMARY:

Authorizes a police or sheriff's department to which a report of suspected child abuse or severe neglect is made on or after January 1, 2021, or that is investigating an open case for which a report of suspected child abuse or severe neglect was made on or before January 1, 2021, to forward to the Department of Justice a report in writing of its investigation of known or suspected child abuse or severe neglect that is determined to be substantiated.

STATUS:

01/27/2020 In ASSEMBLY. Read third time. Passed ASSEMBLY. *****To SENATE. (74-0)

Commentary:

Send by AL

AB 1525

AUTHOR: Jones-Sawyer [D]
TITLE: Cannabis: Financial Institutions
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/22/2019
LAST AMEND: 01/16/2020
DISPOSITION: Pending
LOCATION: SENATE
SUMMARY:

Provides that an entity, that receives deposits, extends credit, conducts fund transfers, transports cash or financial instruments on behalf of a financial institution, or provides other financial services, including public accounting, for a person licensed to engage in commercial cannabis activity does not commit a crime under any state law.

STATUS:

01/27/2020 In ASSEMBLY. Read third time. Passed ASSEMBLY. *****To SENATE. (68-1)

Commentary:

CSAC supports

AB 1844

AUTHOR: Chu [D]
TITLE: Paid Sick Leave: Behavioral Health Conditions
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/06/2020
DISPOSITION: Pending
LOCATION: Assembly Labor and Employment Committee
SUMMARY:

Relates to prescribed sick leave. Expands purposes to also include diagnosis, care, or treatment of an existing behavioral health condition of, or preventive care for, an employee or an employee's family member.

STATUS:

01/17/2020 To ASSEMBLY Committee on LABOR AND EMPLOYMENT.

Commentary:

Sent by AL

AB 1853

AUTHOR: Frazier [D]
TITLE: Health Care: Medical Goods: Reuse and Redistribution
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/07/2020
DISPOSITION: Pending
COMMITTEE: Assembly Aging and Long-Term Care Committee
HEARING: 03/31/2020 3:00 pm
SUMMARY:

Requires the Department of Aging, upon appropriation by the Legislature, to establish a comprehensive 3-year pilot program in the Counties of Contra Costa, Napa, and Solano to facilitate the reuse and redistribution of durable medical equipment and other home health supplies. Requires the department to contract in each county with a local nonprofit agency to oversee the program.

STATUS:

01/30/2020 To ASSEMBLY Committees on AGING & LONG TERM CARE and HEALTH.

Commentary:

Sent by Andrew Langley

AB 1907

AUTHOR: Santiago [D]
TITLE: California Environmental Quality Act: Shelters
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/08/2020
DISPOSITION: Pending
LOCATION: Assembly Natural Resources Committee
SUMMARY:

Exempts from environmental review under the California Environmental Quality Act certain activities approved by or carried out by a public agency in furtherance of providing emergency shelters, supportive housing, or affordable housing. Requires a lead agency that determines to carry

out or approve an activity that is within this CEQA exemption to file a notice of exemption.

STATUS:

01/30/2020 To ASSEMBLY Committees on NATURAL RESOURCES and HOUSING AND COMMUNITY DEVELOPMENT.

Commentary:

<https://www.latimes.com/california/story/2020-01-08/affordable-housing-homeless-shelter-bill-bypass-environmental-law-ceqa>

AB 1908

AUTHOR: Chen [R]
TITLE: Transportation: Homeless Encampment and Litter Program
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/08/2020
DISPOSITION: Pending
LOCATION: Assembly Transportation Committee
SUMMARY:

Requires the Department of Transportation, within its maintenance program, to establish a Homeless Encampment and Litter Program to provide timely abatement and cleanup of homeless encampments on Department property and expedited and coordinated access to housing and supportive services. Requires the Department to coordinate with homeless service provider agencies and to establish homeless adult and family multidisciplinary personnel teams.

STATUS:

02/27/2020 To ASSEMBLY Committees on TRANSPORTATION and HUMAN SERVICES.

Commentary:

Send to PW & Deidra

AB 1910

AUTHOR: Bauer-Kahan [D]
TITLE: Firearms: Prohibited Persons
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/08/2020
DISPOSITION: Pending
LOCATION: Assembly Public Safety Committee
SUMMARY:

Prohibits a person who is granted pretrial diversion from criminal prosecution for certain offenses, based on a mental health disorder, from owning or possessing a firearm.

STATUS:

01/17/2020 To ASSEMBLY Committee on PUBLIC SAFETY.

AB 1920

AUTHOR: Boerner Horvath [D]
TITLE: Climate Change: Climate Adaptation Center
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
INTRODUCED: 01/13/2020
DISPOSITION: Pending
LOCATION: ASSEMBLY
SUMMARY:

Declares the intent of the Legislature to enact subsequent legislation that would establish the Climate Adaptation Center and Regional Support Network to provide technical support and information to local governments on adapting to climate change impacts, including, but not limited to, sea level rise.

STATUS:

01/13/2020 INTRODUCED.

AB 1921

AUTHOR: Diep [R]
TITLE: Unlawful Entry of a Vehicle

FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/13/2020
DISPOSITION: Pending
LOCATION: Assembly Public Safety Committee
SUMMARY:
 Makes forcibly entering a vehicle with the intent to commit a theft therein a crime punishable by imprisonment in a county jail.
STATUS:
 01/23/2020 To ASSEMBLY Committee on PUBLIC SAFETY.
Commentary:
 Send by AL

AB 1924

AUTHOR: Grayson [D]
TITLE: Housing Development: Fees
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/14/2020
DISPOSITION: Pending
LOCATION: Assembly Local Government Committee
SUMMARY:
 Requires that a fee levied or imposed on a housing development project by a local agency be proportionate to the square footage of the proposed unit or units.
STATUS:
 01/23/2020 To ASSEMBLY Committees on LOCAL GOVERNMENT and HOUSING AND COMMUNITY DEVELOPMENT.
Commentary:
 Send to DCD

AB 1938

AUTHOR: Eggman [D]
TITLE: Mental Health Services Act: Inpatient Treatment Funding
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
INTRODUCED: 01/16/2020
DISPOSITION: Pending
LOCATION: Assembly Health Committee
SUMMARY:
 Specifies, to the extent Mental Health Services Act funds are otherwise available for use, that those funds may be used to provide inpatient treatment, including involuntary treatment of a patient who is a danger to self or others or gravely disabled, in specified settings, including an acute psychiatric hospital, an institution for mental disease, and a mental health rehabilitation center.
STATUS:
 01/23/2020 To ASSEMBLY Committee on HEALTH.
Commentary:
 Watch

AB 1946

AUTHOR: Santiago [D]
TITLE: Mental Health Services: Involuntary Detention
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
INTRODUCED: 01/17/2020
DISPOSITION: Pending
LOCATION: ASSEMBLY
SUMMARY:
 States the intent of the Legislature to enact legislation to reform the Lanterman-Petris-Short Act, including expanding the definition of gravely disabled to add a condition in which a person is unable

to provide for their own medical treatment as a result of a mental health disorder, and emphasizing the necessity to create policies that prioritize living safely in communities.

STATUS:

01/17/2020 INTRODUCED.

Commentary:

Watch

AB 1948

AUTHOR: Bonta [D]
TITLE: Taxation: Cannabis
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/17/2020
DISPOSITION: Pending
COMMITTEE: Assembly Revenue and Taxation Committee
HEARING: 03/09/2020 2:30 pm
SUMMARY:

Reduces the excise tax rate on the purchase of cannabis and cannabis products from 15% to 11% on and after the operative date of this bill until July 1, 2023, at which time the excise tax rate would revert back to 15%. Suspends the imposition of the cultivation tax on and after the operative date of this bill until July 1, 2023.

STATUS:

01/30/2020 To ASSEMBLY Committees on REVENUE AND TAXATION and BUSINESS AND PROFESSIONS.

Commentary:

Watch

AB 1950

AUTHOR: Kamlager-Dove [D]
TITLE: Probation: Length of Terms
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/17/2020
DISPOSITION: Pending
LOCATION: Assembly Public Safety Committee
SUMMARY:

Restricts the period of probation for a misdemeanor.

STATUS:

01/30/2020 To ASSEMBLY Committee on PUBLIC SAFETY.

Commentary:

Watch

AB 1954

AUTHOR: Cooley [D]
TITLE: Foster Care: Relative and Sibling Placement
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/17/2020
DISPOSITION: Pending
COMMITTEE: Assembly Human Services Committee
HEARING: 03/24/2020 1:30 pm
SUMMARY:

Extends the definition of relative, for purposes of disposition of a child who is a dependent of the juvenile court due to abuse or neglect, to include caregivers of minor siblings who are in a permanent plan of adoption, legal guardianship, or placement with a fit and willing relative. Deletes the provision prohibiting the consideration and investigation of a relative placement from being a cause for continuance of the dispositional hearing.

STATUS:

02/06/2020 To ASSEMBLY Committees on HUMAN SERVICES and JUDICIARY.

AB 1979 **AUTHOR:** Friedman [D]
TITLE: Foster Youth: Housing
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/23/2020
DISPOSITION: Pending
COMMITTEE: Assembly Human Services Committee
HEARING: 03/10/2020 1:15 pm
SUMMARY:
Requires a county placement agency to examine its ability to meet the emergency housing needs of nonminor dependents. Includes a transitional living setting approved by a county to support youth who are entering or reentering foster care or transitioning between placements, excluding a runaway and homeless youth shelter or adult homeless shelter, within the definition of a supervised independent living setting.
STATUS:
02/06/2020 To ASSEMBLY Committee on HUMAN SERVICES.
Commentary:
Watch

AB 2063 **AUTHOR:** Mullin [D]
TITLE: Property Taxation: Welfare Exemption: Housing
FISCAL COMMITTEE: yes
URGENCY CLAUSE: yes
INTRODUCED: 02/04/2020
DISPOSITION: Pending
COMMITTEE: Assembly Revenue and Taxation Committee
HEARING: 03/09/2020 2:30 pm
SUMMARY:
Decreases the percentage of occupants that are lower income households required to qualify for the property tax exemption. Increases the total exemption amount allowed to a taxpayer.
STATUS:
02/14/2020 To ASSEMBLY Committee on REVENUE AND TAXATION.

AB 2064 **AUTHOR:** Patterson [R]
TITLE: Emergency Preparedness: Access and Functional Needs
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/04/2020
LAST AMEND: 03/04/2020
DISPOSITION: Pending
LOCATION: Assembly Governmental Organization Committee
SUMMARY:
Requires the Office of Emergency Services, in the next update of the State Emergency Plan, to include best practices for local governments and nongovernmental entities to use to mobilize and evacuate people with access and functional needs. Requires the Office to develop and update annually a guidance document for local governments regarding the lessons learned about emergency and natural disaster preparedness.
STATUS:
03/04/2020 From ASSEMBLY Committee on GOVERNMENTAL ORGANIZATION
with author's amendments.
03/04/2020 In ASSEMBLY. Read second time and amended. Re-referred to Committee
on GOVERNMENTAL ORGANIZATION.

AB 2266 **AUTHOR:** Quirk-Silva [D]
TITLE: Mental Health Services Act: Use of Funds
FISCAL COMMITTEE: yes

URGENCY CLAUSE: no
INTRODUCED: 02/14/2020
DISPOSITION: Pending
LOCATION: Assembly Health Committee
SUMMARY:

Requires the Department of Health Care Services to establish a pilot program in up to 10 counties and authorizes funding from the Mental Health Services Act (MHSA) to be used by participating counties to treat a person with co-occurring mental health and substance abuse disorders when the person would be eligible for treatment of the mental health disorder pursuant to the MHSA.

STATUS:

02/24/2020 To ASSEMBLY Committee on HEALTH.

Commentary:

Mr. Twa on CSAC Working Group. Send updates.

AB 2289

AUTHOR: Nazarian [D]
TITLE: Mental Health Services Fund
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
INTRODUCED: 02/14/2020
DISPOSITION: Pending
LOCATION: ASSEMBLY
SUMMARY:

Makes technical, nonsubstantive changes relating to the Mental Health Services Fund.

STATUS:

02/14/2020 INTRODUCED.

Commentary:

Mr. Twa on CSAC Working Group. Send updates.

AB 2387

AUTHOR: Grayson [D]
TITLE: In Home Supportive Services: Needs Assessment
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
INTRODUCED: 02/18/2020
DISPOSITION: Pending
LOCATION: Assembly Human Services Committee
SUMMARY:

Relates to in home supportive services assessments. Authorizes counties to perform a needs assessment by telephone if certain conditions are met, including that the recipient has had at least one in person assessment since the initial program intake and the recipient has not changed their residence since the previous assessment.

STATUS:

02/24/2020 To ASSEMBLY Committee on HUMAN SERVICES.

Commentary:

Our sponsored bill
BOS: Support

ACR 98

AUTHOR: Wicks [D]
TITLE: Mental Health and Substance Use Treatment
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 06/04/2019
DISPOSITION: Pending
LOCATION: Senate Health Committee
SUMMARY:

Urges specified state departments and the Attorney General to use their authority to ensure that health care service plans and health insurers subject to their authority comply with the federal Paul

Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act.

STATUS:

09/05/2019 Re-referred to SENATE Committee on HEALTH.

Commentary:

CSAC supports

SB 45

AUTHOR: Allen [D]
TITLE: Wildfire Prevention, Drinking Water, Drought, and Flood
FISCAL COMMITTEE: yes
URGENCY CLAUSE: yes
INTRODUCED: 12/03/2018
LAST AMEND: 01/23/2020
DISPOSITION: Pending
LOCATION: ASSEMBLY
SUMMARY:

Enacts the Wildfire Prevention, Safe Drinking Water, Drought Preparation, and Flood Protection Bond Act, which, if approved by the voters, would authorize the issuance of bonds to the State General Obligation Bond Law to finance projects for a wildfire prevention, safe drinking water, drought preparation, and flood protection program.

STATUS:

01/29/2020 In SENATE. Read third time, urgency clause adopted. Passed SENATE. *****To ASSEMBLY. (29-6)

SB 50

AUTHOR: Wiener [D]
TITLE: Planning and Zoning: Housing Development
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 12/03/2018
LAST AMEND: 01/06/2020
DISPOSITION: Failed
LOCATION: SENATE
SUMMARY:

Requires a local agency to notify the development proponent in writing if the local agency determines that the development conflicts with any of the requirements provided for streamlined ministerial approval within 60 days of the submission of the development to the local agency. Authorizes a development proponent of a neighborhood multifamily project located on an eligible parcel to submit an application for a streamlined, ministerial approval process that is not subject to a conditional use permit.

STATUS:

01/30/2020 In SENATE. Read third time. Failed to pass SENATE. (18-15)

SB 54

AUTHOR: Allen [D]
TITLE: Solid Waste: Packaging and Products
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 12/11/2018
LAST AMEND: 09/10/2019
DISPOSITION: Pending
FILE: A-20
LOCATION: Assembly Inactive File
SUMMARY:

Amends the Alcoholic Beverage Control Act. Authorizes the Department of Alcoholic Beverage Control to suspend or revoke the certificate of compliance of an out of state vendor that fails to comply with the provisions of the State Circular Economy and Pollution Reduction Act.

STATUS:

01/23/2020 In ASSEMBLY. From third reading. To Inactive File.

SB 353 **AUTHOR:** Skinner [D]
TITLE: Criminal Record Data Sharing and Research
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/19/2019
DISPOSITION: Failed
LOCATION: SENATE
SUMMARY:
Specifies criminal court records, as defined, as part of criminal offender record information to be provided to the public agency or bona fide research body.
STATUS:
02/03/2020 In SENATE. Returned to Secretary of Senate pursuant to Joint Rule 56.

SB 596 **AUTHOR:** Stern [D]
TITLE: In Home Supportive Services
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/21/2019
LAST AMEND: 01/23/2020
DISPOSITION: Pending
LOCATION: ASSEMBLY
SUMMARY:
Requires a county human services agency to use existing materials to inform each applicant for benefits under the In Home Supportive Services program that the applicant may be eligible to receive that higher energy allowance and any advanced notifications that may be provided by a public utility, when the public utility plans to deenergize portions of the electrical distribution system or in an emergency.
STATUS:
01/29/2020 In SENATE. Read third time. Passed SENATE. *****To ASSEMBLY.
(38-0)
Commentary:
Watch

SB 640 **AUTHOR:** Moorlach [R]
TITLE: Mental Health Services: Gravely Disabled Persons
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
INTRODUCED: 02/22/2019
LAST AMEND: 01/06/2020
DISPOSITION: Failed
LOCATION: SENATE
SUMMARY:
Authorizes a county to instead use a definition of gravely disabled for these purposes that would read, in part, a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about, or providing for, the person's own basic personal needs for food, clothing, or shelter without significant supervision and assistance from another person and, as a result of being incapable of making these informed decisions, the person is at risk of substantial bodily harm.
STATUS:
02/03/2020 In SENATE. Returned to Secretary of Senate pursuant to Joint Rule 56.

SB 753 **AUTHOR:** Stern [D]
TITLE: Public Social Services: Emergency Notification
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no

INTRODUCED: 02/22/2019
LAST AMEND: 01/15/2020
DISPOSITION: Pending
LOCATION: ASSEMBLY
SUMMARY:

Permits elderly or disabled clients telephone numbers and email addresses to be disclosed. Specifically identifies a public safety power shut off as a public safety emergency. Requires a county social services agency that intends to disclose such information to notify elderly or disabled individuals receiving services of that fact and give the individual the option to opt out of having that information disclosed.

STATUS:

01/27/2020 In SENATE. Read third time. Passed SENATE. *****To ASSEMBLY.
(39-0)

Commentary:

EHSD recommends support, as amended.

SB 773

AUTHOR: Skinner [D]
TITLE: Land Use: Accessory Dwelling Units
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/22/2019
LAST AMEND: 01/06/2020
DISPOSITION: Pending
LOCATION: ASSEMBLY
SUMMARY:

Deems a permit application for the creation of an accessory dwelling unit or junior accessory dwelling unit approved if the local agency has not acted upon the completed application within 60 days.

STATUS:

01/27/2020 In SENATE. Read third time. Passed SENATE. *****To ASSEMBLY.
(39-0)

Commentary:

Send by AL

SB 776

AUTHOR: Skinner [D]
TITLE: College Admissions: Criminal History Inquiry
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/22/2019
LAST AMEND: 01/06/2020
DISPOSITION: Pending
LOCATION: ASSEMBLY
SUMMARY:

Prohibits a postsecondary educational institution in this state from inquiring about a prospective student's criminal history on an initial application form or at any time during the admissions process before the institution's final decision relative to the prospective student's application for admission.

STATUS:

01/27/2020 In SENATE. Read third time. Passed SENATE. *****To ASSEMBLY.
(30-6)

Commentary:

watch

SB 793

AUTHOR: Hill [D]
TITLE: Flavored Tobacco Products
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no

INTRODUCED: 01/06/2020
DISPOSITION: Pending
LOCATION: Senate Health Committee
SUMMARY:

Prohibits a tobacco retailer from selling, offering for sale, or possessing with the intent to sell or offer for sale, a flavored tobacco products. Makes a violation punishable as an infraction with specified penalties.

STATUS:

01/15/2020 To SENATE Committee on HEALTH.

Commentary:

Dan Peddycord preparing an LOS. Consistent with 2019 Platform, #94.

SB 852

AUTHOR: Pan [D]
TITLE: Health Care: Prescription Drugs
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
INTRODUCED: 01/13/2020
DISPOSITION: Pending
LOCATION: Senate Rules Committee
SUMMARY:

States the intent of the Legislature to introduce legislation to require the state to manufacture generic prescription drugs for the purposes of controlling prescription drug costs.

STATUS:

01/31/2020 To SENATE Committee on RULES.

Commentary:

Watch

SB 855

AUTHOR: Wiener [D]
TITLE: Health Coverage: Mental Health or Substance Abuse
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/14/2020
DISPOSITION: Pending
LOCATION: Senate Health Committee
SUMMARY:

Requires a health care service plan contract or health insurance policy that provides hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of mental health and substance use disorders under the same terms and conditions applied to other medical conditions. Authorizes certain individuals or entities to pursue a civil action against a health care service plan or health insurer for a violation of these provisions.

STATUS:

01/31/2020 To SENATE Committees on HEALTH and JUDICIARY.

Commentary:

<https://www.sfchronicle.com/business/article/California-bills-would-make-insurers-cover-more-14975239.php>

SB 889

AUTHOR: Skinner [D]
TITLE: Juveniles
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
INTRODUCED: 01/24/2020
DISPOSITION: Pending
LOCATION: Senate Rules Committee
SUMMARY:

States legislative intent to raise the age limit on the state's youth justice system.

STATUS:
02/06/2020 To SENATE Committee on RULES.
Commentary:
Watch

SB 946 **AUTHOR:** Pan [D]
TITLE: Local Flood Protection Planning Act: Flood Plans
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
INTRODUCED: 02/10/2020
DISPOSITION: Pending
COMMITTEE: Senate Natural Resources and Water Committee
HEARING: 03/24/2020 9:30 am
SUMMARY:
Requires a local plan of flood protection to also include an identification of current and future weirs, bypasses, and other appurtenances.

STATUS:
02/20/2020 To SENATE Committee on NATURAL RESOURCES AND WATER.
Commentary:
Steve Cruz sent

SB 1349 **AUTHOR:** Glazer [D]
TITLE: State Responsibility Area Fire Prevention Fees
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/21/2020
DISPOSITION: Pending
LOCATION: SENATE
SUMMARY:
Changes the reference in the fire prevention fee provisions from the State Board of Equalization to the California Department of Tax and Fee Administration or the Office of Tax Appeals as appropriate.

STATUS:
02/21/2020 INTRODUCED.

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Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE

5.

Meeting Date: 03/09/2020
Subject: Federal Legislative Advocacy Services FY 2020-21
Submitted For: LEGISLATION COMMITTEE,
Department: County Administrator
Referral No.: 2020-07
Referral Name: Federal Legislative Advocacy Services
Presenter: L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:

Alcalde & Fay, minority-controlled/employee-owned firm, is the County's current federal representative. Paul Schlesinger, the County's point person at Alcalde & Fay, has established the County's presence in Washington, D.C. and developed excellent relationships with staff of our congressional delegation. The result has been a positive "return on investment" for the County for its appropriation and authorization requests.

In August 2018, pursuant to its contract solicitation policies, the Legislation Committee directed staff to undertake a procurement process early in 2019 for the state and federal advocacy services for the period FY 2019/20 through FY 2021/22. CAO staff issued a Request for Qualifications on March 27, 2019 for the federal legislative advocacy services, to which three firms responded, including the incumbent firm.

A County Selection Committee of five interviewed the firms, evaluated, rated and ranked the proposals, and recommended to the Legislation Committee on May 13, 2019 that the contract be awarded to a firm for which the Legislation Committee did not achieve consensus on the recommendation, and the recommendation was forwarded to the Board of Supervisors for consideration without Committee endorsement.

The Board of Supervisors considered the matter on June 11, 2019 and rejected the recommendation from the County Selection Committee, acting instead to extend the current contract with Alcalde & Fay through June 30, 2020. The Board of Supervisors further directed the Legislation Committee to develop performance measurements to be incorporated into a new or amended contract upon Board approval. The County Administrator's Office was directed to seek the input of County departments to prioritize federal legislative initiatives and inform the development of performance metrics for federal legislative advocacy.

Referral Update:

As the Alcalde & Fay federal advocacy services contract termination date of June 30, 2020 draws nearer, staff requests direction from the Legislation Committee on the process for developing a contract for service for the period beginning July 1, 2020.

The contractor solicitation (Request for Qualifications) undertaken in 2019 anticipated a contract award for a three-year period, with two single year options to renew to the successful responder.

The contract with Alcalde & Fay provides for a monthly retainer of \$8,458, plus expenses. The Service Plan for the contract is provided as Attachment A.

Alcalde & Fay continues to provide valuable information and advocacy efforts on behalf of Contra Costa County's federal legislative agenda. They routinely provide the County with relevant federal news and information, Federal Register entries, a weekly Grant Alert for Local Governments, appropriations requests support, consultation on advocacy and community engagement efforts, federal legislation summaries and fact sheets, Administration Budget Summaries, draft legislation support letters, notices of funding opportunities, and advocacy aligned with our adopted Federal Platform.

Recommendation(s)/Next Step(s):

DIRECT staff on the process for procuring federal advocacy services for the period beginning July 1, 2020.

Attachments

Attachment A: Service Plan

SERVICE PLAN OUTLINE
(Purchase of Services - Long Form)

Number F47636-11

Alcalde & Fay ("Contractor") shall perform the duties described below. The County Administrator or his designee shall administer this contract and will be the primary County contact for the Contractor.

SCOPE OF SERVICES

The services to be performed by Contractor include, but are not limited to, the following:

1. Establish Priorities. Assist the County in identifying its federal legislative and regulatory priorities for the upcoming year. Participate in at least one meeting prior to December 31, 2019, either in person or by video conference, to discuss priorities with key staff members from the following County departments:

- County Administrator's Office
- Conservation and Development
- Employment & Human Services
- Health Services
- Public Works

2. Develop Legislative Platform. After consultation with key County staff members, assist the County in developing a federal legislative platform to be adopted by the Board of Supervisors for the upcoming year. Work with County staff to ensure that the platform does the following:

- States the County's position on issues facing the County and serves as the foundation for the County to support or oppose various federal bills and policies including those that may facilitate or impede County objectives or projects.
- Addresses such issues as Energy, Water, Public Infrastructure, Public Safety and Public Health.

3. Develop Action Plan. Assist the County in developing an "action plan" for carrying out the County's legislative and regulatory priorities within the legislative platform in order to:

- Influence federal laws and policies as they relate to County priorities, programs and operations.
- Increase or protect, as applicable, funding for County priorities, programs and operations.

4. Advocate on Behalf of County. Represent the County's interests in discussions with members of Congress and/or their staff, as well as in discussions with federal agencies, commissions, committees and other bodies as appropriate. Participate in appropriate coalitions and working groups on behalf of the County. Arrange for meetings involving County officials in Washington, D.C., as requested by the County or as might otherwise further the County's objectives.

Apprise the County throughout the year on matters that arise which may be of interest to the County, and assist with the development and implementation of an action plan to address them, consistent with direction from the County.

Initials: 
Contractor


County Dept.

5. Reporting.

- Provide regular feedback to the County Administrator's Office and County staff related to matters of interest to the County, including:
 - Federal bills and laws
 - Congressional hearings, reports and testimony
 - Federal funding opportunities and availability
 - Federal regulations, guidelines, directives and other administrative policies, both proposed and adopted
 - Technical memoranda and reports impacting County operations
- Provide a quarterly report to the County Administrator's Office within 15 days of the end of each calendar quarter, identifying progress, setbacks, or resolutions related to matters known to be of interest to the County.
- Provide an annual report to the County Administrator's Office within 15 days of the end of the calendar year, summarizing Contractor's services and results.

6. Compliance.

- Comply with all federal laws regarding the activities of registered lobbyists in the performance of this contract.
- Prepare and file, on behalf of the County, any reports of lobbying activity required of the County by federal law or administrative requirements.

Initials: RL
Contractor

JS
County Dept.



Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE

6.

Meeting Date: 03/09/2020
Subject: H.R. 5823 State and Local Cybersecurity Improvement Act
Submitted For: LEGISLATION COMMITTEE,
Department: County Administrator
Referral No.: 2020-05
Referral Name: H.R. 5823 Cybersecurity Improvement Act
Presenter: Paul Schlesinger **Contact:** L. DeLaney, 925-335-1097

Referral History:

The Legislation Committee is the body that reviews and makes recommendations to the Board of Supervisors on state and federal bills of interest to Contra Costa County for which adopted policy is not established. The 2020 Adopted Federal Legislative Platform does not contain policy regarding cybersecurity though it is a critical concern to all County departments.

Referral Update:

The County's federal advocates from Alcade & Fay provided the following report:

[H.R. 5823](#), the State and Local Cybersecurity Improvement Act, was introduced by Congressman Cedric Richmond (D-LA-2) on February 10th, 2020. Congressman Richmond chairs the Homeland Security Subcommittee on Cybersecurity, Infrastructure Protection, and Innovation. Congressman Richmond was joined by a bipartisan group of fourteen original cosponsors, including the ranking Republicans on the full Committee and Subcommittee. There are no California Representatives currently co-sponsoring the legislation. Immediately after its introduction, on February 12, it was marked up and ordered reported from Committee.

The bill, if enacted, will establish a grant program at the Department of Homeland Security for States to address cybersecurity risks and cybersecurity threats to state and local information systems. According to the [press release](#), the specific features of the legislation are:

- Establishes a \$400 million DHS grant program that incentivizes States to increase their own cybersecurity funding.
- Requires DHS's Cybersecurity and Infrastructure Security Agency (CISA) develop a strategy to improve the cybersecurity of State, local, tribal, and territorial governments.
- Requires State, local, tribal, and territorial governments develop comprehensive Cybersecurity Plans to guide use of grant dollars.
- Establishes a State and Local Cybersecurity Resiliency Committee so State, local, tribal, and territorial governments can advise CISA on their cybersecurity needs.”

In the press release, Committee Chairman Bennie Thompson (D-MS-2), an original co-sponsor,

said, “For too long, our State and local governments have had to fend for themselves as foreign adversaries and cyber criminals have targeted their networks. The State and Local Cybersecurity Improvement Act will provide long overdue resources and support to State, local, Tribal, and territorial governments across the country whose cyber defenses are outmatched by sophisticated adversaries.”

Attachment A is a fact sheet on the bill, provided by the House Committee on Homeland Security.

Recommendation(s)/Next Step(s):

CONSIDER recommending to the Board of Supervisors a position of "Support" on H.R. 5823, the "State and Local Cybersecurity Improvement Act" and directing staff to send the item to the Board at the next available opportunity for their consideration on Consent.

Attachments

Attachment A: Fact Sheet HR 5823



COMMITTEE ON HOMELAND SECURITY

The “State and Local Cybersecurity Improvement Act” ***As Introduced by Rep. Richmond (D-LA), Rep. Katko (R-NY),*** ***Rep. Kilmer (D-WA), Rep. McCaul (R-TX), Rep. Ruppertsberger (D-MD),*** ***Chairman Thompson (D-MS), and Ranking Member Rogers (R-AL)***

The State and Local Cybersecurity Improvement Act would authorize a new Department of Homeland Security (DHS) grant program to address cybersecurity vulnerabilities on State and local government networks. State and local governments are rich targets for cyber adversaries and the frequency of attacks is accelerating.

In 2019, ransomware attacks crippled State and local agencies in Louisiana, the City of Baltimore, MD, 23 towns in Texas, a school district in Syracuse, and many other communities scattered across the country. Cities from Albany to Atlanta have been impacted— to the tune of nearly \$20 million, in some cases. The Federal government needs to redouble its efforts at partnering with State and local governments to build robust cybersecurity defenses. The *State and Local Cybersecurity Improvement Act* will improve the ability of State and local governments to detect and defend against cyber-attacks by authorizing dedicated resources and support.

The State and Local Cybersecurity Improvement Act:

- Establishes a \$400 million DHS grant program with a graduating cost-share that incentivizes States to increase funding for cybersecurity in their budgets;
- Requires the Cybersecurity and Infrastructure Security Agency (CISA) to develop a Strategy to Improve the Cybersecurity of State, Local, Tribal, and Territorial Governments to, among other things, identify Federal resources that could be made available to State and local governments for cybersecurity purposes and set baseline objectives for State and local cybersecurity efforts;
- Requires State, Tribal, and territorial governments to develop comprehensive Cybersecurity Plans to guide use of grant dollars;

As prepared by the Committee on Homeland Security Majority Staff

- Establishes a State and Local Cybersecurity Resiliency Committee comprised of representatives from State, local, Tribal, and territorial governments to advise and provide situational awareness to CISA regarding the cybersecurity needs of State, local, Tribal, and territorial governments; and
- Requires CISA to assess the feasibility of implementing a short-term rotational program for the detail of approved State, local, Tribal, and territorial government employees in cyber workforce positions at CISA.

Today, State and local governments are not in the position to defend their networks against the cyberattacks from sophisticated foreign adversaries or cyber criminals. Stretched State and local budgets have not adequately funded cybersecurity. Despite the potential national security consequences of a cyberattack against a State or local government, the Federal government has been slow to act. Passage of ***the State and Local Cybersecurity Improvement Act*** is an important first step toward defending State and local networks.

The State and Local Cybersecurity Improvement Act requires both the Federal government and its State, Tribal, and territorial partners to develop strategies to bolster State and local cybersecurity capabilities and provides funding to ensure those strategies are implemented. Investing in cybersecurity before a cyberattack saves money, protects important data housed on State and local networks, and ensures State and local governments can continue to provide the important services Americans rely on.



Contra Costa County Board of Supervisors

Subcommittee Report

LEGISLATION COMMITTEE

7.

Meeting Date: 03/09/2020
Subject: Recommendations from the Contra Costa County Mental Health Commission
Submitted For: LEGISLATION COMMITTEE,
Department: County Administrator
Referral No.: 2020-08
Referral Name: MHC Recommendations
Presenter: L. DeLaney **Contact:** L. DeLaney, 925-335-1097

Referral History:

During the Contra Costa County Mental Health Commission meeting on February 5, 2020, two motions were passed for the Contra Costa County Board of Supervisors' Legislation Committee's consideration at its March meeting.

Referral Update:

The first motion relates to the use of Mental Health Services Act (MHSA) funds:

"We, the Contra Costa County Mental Health Commission, urge Contra Costa County Board of Supervisors and Behavioral Health Director to support our position regarding Mental Health Services Act (MHSA) programs and funding. We do not want the MHSA to be repurposed in any way from the original intent, purposes and funding requirements that were approved by Californians in 2004. Per the original intent services are to be consumer driven, family focused, based in the community, culturally and linguistically competent, and integrated with other appropriate health and social services. In addition, we want to emphasize that the requirement remain for the County's MHSA Three Year Program and Expenditure Plan and Annual Updates be developed with the active participation of local stakeholders in a community program planning process, and approved by the Contra Costa County Board of Supervisors."

Attachment A includes the MHSA Three Year Program and Expenditure Plan for FY 2020-23, Outline of Draft Plan, prepared by CC Health Services, the "MHSA Three Year Program and Expenditure Plan" prepared by the Contra Costa Behavioral Health Division, and a copy of an article from POLITICO Pro related to the Governor's plans to revamp MHSA.

The CSAC Board of Directors is interested in what changes to MHSA that could be made by the Governor and Legislature that would not trigger a ballot measure. Merely clarifying the language would only require a majority vote of the Legislature. Furthering the intent of MHSA would require a 2/3 vote of the Legislature (e.g., expanding the definition of Substance Abuse Disorder treatment), and substantial change (such as changing the percent of fund balance allowed to be retained) would require a ballot measure. CSAC expects their Working Group (of which the

County Administrator David Twa is a member) to be close to a final document for the CSAC Board to consider at an upcoming meeting.

The second motion relates to the Institutions for Mental Diseases (IMD) waiver:

"We, Contra Costa County Mental Health Commission, ask Contra Costa County Board of Supervisors to support permanent repeal of the Institute of Mental Diseases (IMD) Medi-Cal reimbursement exclusion as requested by the National Association of Attorney's General (NAAG) letter to federal congressional leadership." (Attachment B)

Since Medicaid's inception in 1965, federal policy has barred using federal Medicaid funds for care provided to most patients in mental health and substance use disorder residential and inpatient treatment facilities larger than 16 beds — known as "institutions for mental disease" (IMD). This federal policy is known as the IMD exclusion. In 2018, federal policy changed to allow states to seek a waiver of this rule if certain requirements are met. California's Department of Health Care Services plans to assess stakeholder interest in pursuing such a waiver, which could offer an opportunity to free up local funds to invest in other community services and supports that many communities say are sorely lacking. Such a waiver would require that communities develop and demonstrate a robust continuum of care so that patients could be "stepped down" to community-based care as their condition improves.

Recommendation(s)/Next Step(s):

CONSIDER the recommendations of the Contra Costa County Mental Health Commission and direct staff, as needed.

Attachments

Attachment A

Attachment B

Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for FY 2020-23

OUTLINE OF DRAFT PLAN

FY 20-23 Plan Summary

- The Three Year Plan proposes to set aside approximately \$67.8 million for fiscal years 2020-23 to fund 85 programs and plan elements. This proposes an additional \$13 million in budget authority authorized by the Board of Supervisors in June 2019.
- The \$13 million increase is requested to fund prioritized service needs determined by our Community Program Planning Process, to include significant additional dollars for supportive housing for persons with serious mental illness, and projected annual increases in the cost of doing business.
- This continues the Board approved strategy to spend down the County's MHSA unspent fund balance in order to prevent reversion to the State.
- It is anticipated that current total budget spending authority will not need to be reduced in order to fully fund MHSA programs and plan elements for the three year period.

Plan Outline Summary

- Executive Summary
- Table of Contents
- Vision
- Community Program Planning Process
- The Plan
- The Budget
- Evaluating the Plan
- Acknowledgements
- Appendices
 - Mental Health Service Maps
 - Program and Plan Element Profiles
 - Glossary
 - Certifications, Funding Summaries
 - Public Comment and Hearing
 - Board Resolution

Executive Summary

- Provides an overview of MHSA, MHSA values, statutory and regulatory requirements
- Highlights program updates and changes to the current Three Year Plan, to include the Community Program Planning Process
- Summarizes the overall budget increase, focus on supportive housing, and strategy to spend down the County's MHSA unspent fund balance
 - Approximately 41% of budget authority is now dedicated to assisting individuals get and keep housing that is integrated in the community
- Outlines where performance indicators and program outcomes are located in the plan

Vision

We intend to utilize MHSA funding to assist Contra Costa Behavioral Health Services in addressing three key areas:

- Improve access to community mental health and substance use disorder care that is culturally and linguistically responsive to the diverse communities that we serve.
- Partner with clients and their families to determine and provide the level and type of care needed, and coordinate for other needed resources.
- Work with our health, behavioral health and community partners as a team to provide multiple services coordinated to a successful resolution.

We need to continually challenge ourselves to improve our response to individuals and their families who need us the most, and may have the most difficult time accessing care.

Needs Assessment

Provides a quantitative assessment of behavioral health needs that complement the Community Program Planning Process.

- The County is proportionally serving all three regions. Asian/Pacific Islanders and children ages 0-5 are slightly underrepresented on our caseloads - all service rates exceed statewide averages.
- Expenditure data indicate significant services available at all levels of care, with an oversubscription of funds paying for locked facilities.
- Workforce analysis indicate a shortage of psychiatry time and clinicians who speak languages other than English.

Community Program Planning Process

- Describes the process
- Describes the Consolidated Planning and Advisory Workgroup and ongoing stakeholder participation
- Describes and summarizes results of the recently completed Community Program Planning Process and community forums for FY 2020-21
- Links prioritized needs to MHSA funded programs, projects and plan elements contained in the Three Year Plan

Community Program Planning Process

Prioritized Service Needs

FY 20-21:

1. More housing and homeless services
2. More support for family members and loved ones of consumers
3. Support for peer and family partner providers
4. Outreach to the underserved – provide care in my community,
5. Improved response to crisis and trauma
6. Connecting with the right service providers in your community
7. Better coordination of care
8. Children and youth in-patient and residential beds
9. Intervening early in psychosis
10. Getting to and from services
11. Serve those who need it the most
12. Care for homebound frail and elderly
13. Increased psychiatry time
14. Assistance with meaningful activity

FY 19-20:

- 1.
- 3.
- 11.
- 2.
- 4.
- 5.
- 6.
- 9.
- 8.
- 7.
- 10.
- 13.
- 12.
- 14.

The Plan

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)
- Workforce Education and Training (WET)
- Capital Facilities and Technology (CF/TN)

Each component leads with a short description of the component and categories within the component, and then lists and describes each program or plan element, cost allocated, and number to be served.

Community Services and Supports

\$47.6 million to fund programs and plan elements that provide services to approximately 2,000 individuals - children who are seriously emotionally disturbed, transition age youth (TAY), adults and older adults who are seriously mentally ill.

- Full Service Partnerships (FSPs) (\$31m):
 - 9 FSP Programs serving all age groups and all county regions – **NEW** ACT to fidelity with flexible supportive housing funds
 - Assisted Outpatient Treatment
 - FSP support staff at all children and adult clinics
 - 3 Wellness and Recovery Centers
 - Hope House (transitional residential center)
 - MHSA funded housing services (temporary, supported and permanent) - **NEW** – more funding for augmented board & care and housing supports
- General System Development (\$16.6m):
 - Children’s Wraparound and EPSDT expansion
 - Older Adult Program
 - Clinic support Staff – **NEW** – MH Specialists as case managers - adult
 - Clinic staff at PES, CCRMC, Miller Wellness Center, Concord Health Center
 - Administrative support and quality assurance staff

Prevention and Early Intervention (1)

\$10.6 million to fund 25 MHSA programs that provide prevention and early intervention services to approximately 33,000 individuals. All are designed to prevent mental illness from becoming severe and debilitating, and 1) creates access and linkage to mental health services, 2) reduces stigma and discrimination, and 3) provides outreach and engagement to underserved populations. **All programs are in the following 7 categories:**

1. Seven programs provide Outreach for Increasing Recognition of Early Signs of Mental Illness (\$2m) **NEW** – adding Early Childhood Mental Health Program
2. Five programs provide Prevention Services that reduce risk factors and increase protective factors (\$1.8m)

Prevention and Early Intervention (2)

3. The First Hope program provides Early Intervention Services for youth at risk of or who are experiencing early onset of psychosis or a first episode (\$3m)
4. Three programs provide Access and Linkage to Mental Health Services (\$.75m)
5. Six programs Improve Timely Access to Mental Health Services for Underserved Populations (\$1.7m)
6. The Office for Consumer Empowerment (OCE) provides leadership and staff support that addresses efforts to Reduce Stigma and Discrimination (\$.35m)
7. Contra Costa Crisis Center and County staff address Suicide Prevention (\$.8m) **NEW** – increased funding for county wide suicide prevention education and training
 - Administration and Evaluation (\$.2m)

Innovation

\$2.8 million in FY 2020-21 to fund new or different patterns of service that contribute to informing the mental health system of care as to best or promising practices that can be subsequently added or incorporated into the system.

- **Coaching to Wellness**. (\$.2m) Adding peer wellness coaches to the adult clinics
- **Partners in Aging**. (\$.2m) Support for frail, homebound older adults
- **Overcoming Transportation Barriers**. (\$.1m) Assisting consumers overcome transportation barriers to accessing services
- **CORE** (\$1.4m) Multi-disciplinary intensive care treatment team to serve youth with mental health and substance use disorders
- **CBSST** (\$.5) Bringing cognitive behavioral social skills training to clients living in augmented board and care facilities
- Administration and Project Evaluation (.4m)

Workforce Education and Training

\$3 million annually from Contra Costa's MHSAs unspent funds to recruit, support and retain a diverse, qualified paid and volunteer workforce. The five WET categories are:

1. **Workforce Staffing Support.** (\$1.4m) Funds the county operated senior peer counseling program, NAMI's family volunteer support network, and WET administrative staff
2. **Training and Technical Assistance.** (\$.4 m) Funds Mental Health First Aid, Crisis Intervention Training, NAMI Basics/Faith Net/de Familia a Familia and various county and contract staff trainings
3. **Mental Health Career Pathway Programs.** (\$.4m) Funds the college accredited SPIRIT course where approximately 50+ individuals yearly are trained as peer providers and family partners
4. **Internship Programs.** (\$.5m) Provides approximately 75 graduate level clinical intern placements in county and contract operated community mental health programs to increase workforce diversity
NEW – more funding to recruit interns with multiple language proficiencies
5. **Financial Incentive Programs.** (\$.3m) Establishes a locally administered loan repayment program to address workforce shortages and support upward mobility of community support workers/peer/family specialists

Capital Facilities and Information Technology

This component enables counties to utilize MHPA funds on a one-time basis for major infrastructure costs necessary to implement mental health services and supports, and to generally improve support to the County's behavioral health system. For FY 20-21:

- Capital Facilities
 - **NEW** - \$3.2m to renovate two county owned buildings at the Oak Grove site for supportive housing and FSP services to transition age youth
 - **NEW** - \$.3m to re-purpose two county owned buildings at Sherman Drive site for Short Term Residential Program for high acuity children ages 8-15
- Information Technology
 - **NEW** - \$.5m to build data management capacity into the County's electronic health record and ShareCare systems for better behavioral health decision-making and communication with stakeholders

The Budget

- Provides estimated available funds, revenues, expenditures and projected fund balances by component for Fiscal Years 20-23
- Projected revenues include state MHSA Trust Fund distribution and interest earned
- The County currently maintains a prudent reserve of \$7.5 million to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. It is projected that an additional \$4.4 million can be transferred to the Prudent Reserve during the Three Year Plan
- A collective increase in budget authority for 20-23 proposes an increase in the cost of doing business, and is subject to Board of Supervisor approval
- It is projected that the requested budget enables the County to fund all proposed programs while maintaining sufficient funding reserves

Evaluating the Plan

- Describes a program and fiscal review process with written report to determine whether MHSA funded programs:
 - Meet the letter and intent of MHSA
 - Support the needs, priorities and strategies identified in the community program planning process
 - Meet agreed upon outcomes and objectives
 - Are cost effective
- Includes a quarterly MHSA financial report to enable ongoing fiscal accountability.

Acknowledgements

A thank you to individuals who shared their stories, provided input, and who are working to make the system better.

Appendix A - Mental Health Service Maps

Provides six one page pictorials of all Contra Costa Mental Health's services broken down by the following:

- East County adult, older adult and transitional age youth
- East County Children's
- Central County adult, older adult and transitional age youth
- Central County Children's
- West County adult, older adult and transitional age youth
- West County Children's

Appendix B - Program Profiles

Provides a profile of each MHSA funded program according to the following outline:

- Organization contact information
- Brief organization description
- Title(s) and brief description(s) of MHSA funded program
 - Total MHSA funds allocated
 - FY 18-19 outcomes
- Contains an alphabetized Program Profile Table of Contents

Appendix C - Glossary

Provides an alphabetical listing and definition of terms and acronyms used in the document.

Appendix D – Certifications

Appendix E - Funding Summaries

- County Behavioral/Mental Health Director Certification
- County Fiscal Accountability Certification
- MHSOAC required funding summaries

Appendix F - Public Comment, Hearing

Appendix G – Board Resolution

- Will include evidence of Public Comment period and Hearing, and summary of public comments.
- Mental Health Commission’s review of draft plan and recommendations.
- Contra Costa Behavioral Health Service’s response to public comments and Mental Health Commission recommendations.
- Board of Supervisor Resolution

Timeline

- **MAR** - DRAFT Three Year Plan shared with CPAW/MHC for input, posted for 30 day comment period
- **APR** - Mental Health Commission (MHC) hosts Public Hearing on Three Year Plan
- **MAY** - Public Comment, Hearing and MHC recommendations addressed - Three Year Plan submitted to County Administrator for inclusion on Board of Supervisors' (BOS) agenda
- **JUN** - BOS considers Three Year Plan

Your Input Is Most Welcome!

Point of Contact:

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CONTRA COSTA
BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

MHSA Three Year Program and Expenditure Plan

Proposed New Programming and
Budget for FY 2020-23

1

Supportive Housing

- Provide Full Service Partnerships (FSPs) with flexible housing funds
- Maximize No Place Like Home participation to increase inventory of permanent supportive housing units
- Increase on site permanent supportive housing services and supports
- Retain and recruit additional augmented board and care beds

2

2

Assertive Community Treatment

Add multi-disciplinary adult and transition age youth FSP staffing to enable provision of Assertive Community Treatment (ACT) to fidelity.

3

3

Short Term Residential Treatment

Provide Capital Facility funds to enable existing STRTP facility to serve the highest acuity children within the County rather than out of county placement.

4

4

Early Childhood

Provide outreach, education and linkage to treatment for families with very young children experiencing serious emotional disorders.

5

5

Suicide Prevention

Field staff to provide countywide suicide prevention education and training.

6

6

Mental Health Career Pathway Program

- Financially support County and contract peer and family support providers with lived experience via the MHSAs Loan Repayment Program to pursue higher education leading to career advancement in the behavioral health field and retention in the workforce.
- Add County Mental Health Specialist positions to augment case management capacity in the adult mental health clinics.

7

7

Internship Program

Add funding to the MHSAs graduate level internship program to increase the capacity of Behavioral Health to provide treatment providers who are proficient in languages other than English.

8

8

Capital Facilities

Re-purpose the Oak Grove site to house and treat transition age youth.

9

9

Information Technology

Build Behavioral Health electronic data management capacity to enable better analysis, decision-making, communication and oversight of services.

10

10

Proposed FY 20-23 Budget

- Increase FY 19-20 budget from \$54.8m to \$62m annually for FY 20-23.
- Annual increased budget of \$7.2m to be used for new and additional services, one time capital facility and information technology projects, and increase in cost of doing business.
- With projected \$53.8m in annual MHPA revenue plus interest, leaves an annual estimated \$8.2m reduction in unspent funds.

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Fund Ledger

Estimated fund balance as of July 1, 2020	51.6m
Estimated revenue for FY 20-21	+ <u>53.8m</u>
Revenue available for FY 20-21	105.4m
Proposed budget for FY 20-21	- <u>62.0m</u>
Estimated fund balance as of July 1, 2021	43.4m
Estimated revenue for FY 21-22	+ <u>53.8m</u>
Revenue available for FY 21-22	97.2m
Proposed budget for FY 21-22	- <u>62.0m</u>
Estimated fund balance as of July 1, 2022	35.2m
Estimated revenue for FY 22-23	+ <u>53.8m</u>
Revenue available for FY 22-23	89.0m
Proposed budget for FY 22-23	- <u>62.0m</u>
Estimated fund balance as of July 1, 2023	27.0m ¹²

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Assumptions

- Projected revenue from State MHSAs Trust Fund remains flat for the next three years.
- Legislative initiatives do not compromise MHSAs funds under County control.
- Annual cost of doing business allowance remains at 3%.
- Any emerging capital facility projects or new services will be addressed via upcoming annual Three Year Plan Updates, and will impact the MHSAs unspent fund balance.

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Point of Contact

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**All comments, questions, input and guidance
are most welcome!**

14

14



Here's how Newsom plans to revamp California's landmark mental health law

By Angela Hart

02/25/2020 08:01 AM EST

SACRAMENTO — Homelessness has become the state's defining crisis of the moment, to the point of being "a disgrace," as Gov. Gavin Newsom describes it.

It is lost on no one that increasing numbers of people are living on the streets despite years of economic growth in California, many of whom have mental health disorders and have turned to open-air drug use. Now, Newsom sees refocusing the state's nearly 16-year-old tax on those who have prospered most as one strategy to address the emergency.

Newsom believes the Mental Health Services Act, funded by a 1 percent tax on income above \$1 million, should more directly address the needs of the chronically homeless, at-risk youth and those involved in the criminal justice system. And he said he wants to expand the services it pays for, "specifically addiction treatment." The "millionaire's tax" generates more than \$2 billion annually.

"We are going to lean aggressively into this reform," Newsom told POLITICO last week in Yountville.

While state lawmakers, mental health leaders and advocates for homeless people praised the governor for redoubling his efforts on the issue, the governor's approach has sparked concern among counties and behavioral health directors who currently decide how the money can be most effective. For years, they have focused on the most serious mental health cases after decades of state and federal disinvestment. Newsom said counties will continue receiving their mental health money, but they fear it could be redirected.

"It makes us nervous," said Michelle Doty Cabrera, executive director of the County Behavioral Health Directors Association. "Right now, MHSA is really important to a broader population with mental illness, and we don't want to create a fail-first system where these funds are taken away from prevention and services for people who are successful in their recovery."

Newsom said last week that his MHSA revamp is so broad that he may ask voters to rewrite the law, as [POLITICO reported first](#).

"That's my goal — to get this on the ballot and to reform this initiative," he said. His advisers say however, no decision has been made.

The governor is pressing for major changes that could include asking for more money and restructuring how funds are spent.

Before Newsom said Thursday that he's thinking of a ballot measure, the law's architect, Darrell Steinberg, said he backs the governor's vision but that the state should try to avoid going to the voters again. Steinberg, now Sacramento mayor and a co-chair of Newsom's homelessness task force, wrote Proposition 63 in his earlier days as a state legislator. He also founded a mental health institute that's been working for the past year on restructuring the 2004 voter-approved initiative.

"I think our first preference should not be to go back to the ballot," Steinberg said. But, he said, changing how the state spends the money could require it.

Here's a look at major changes Newsom is pressing for:

Give counties more flexibility on spending decisions: A Newsom top priority is removing restrictions on how counties are allowed to spend their mental health money.

The law says about 80 percent of Mental Health Services Act money must go toward community-based treatment programs and services for people with serious mental illness, while 20 percent must be spent on prevention and early intervention. Counties are allowed to use 5 percent of each of those pots on untested innovation programs.

"As written, its resources too often don't reach the people who need it the most," Newsom said in his State of the State address this week.

Allow greater use of money for substance use disorders: Newsom said currently the law prohibits the use of MHSA money for treatment of substance use disorders. But experts say the line isn't clear, and counties across the state already spend parts of their allocation on drug and alcohol treatment for people with underlying mental health conditions.

Tom Insel, Newsom's chief mental health adviser, who is helping to craft changes, said it makes no sense to prevent use of MHSA money to help people with substance addictions.

"When someone shows up with a meth-induced psychosis, it looks exactly like a serious mental illness, so we can't distinguish those two most of the time," Insel said. "The problems are so overlapping." Roughly 50 percent of people with a serious mental illness have a co-occurring substance use disorder, according to the Newsom administration.

Experts also point out that since the law was created, the Diagnostic and Statistical Manual of Mental Disorders has evolved. Revisions now clarify that substance use disorder is itself a mental illness. However, because that wasn't the case in 2004, focusing money more intensely on addiction could require voter approval.

Legislation introduced this month, CA AB2265 (19R) by Assemblywoman Sharon Quirk-Silva (D-Fullerton) also would allow counties to use MHSA money for co-occurring substance use and mental health disorders.

Steinberg resisted any suggestion that the money be used for substance use disorders alone. "The criteria for use of that money must remain on people living with serious or persistent mental illness," he said. "The idea is not to take Prop. 63 money and use it as a broader homelessness fund."

Spend more money on vulnerable populations: Newsom wants to direct more money to help chronically homeless people, at-risk youth and those involved in the criminal justice system. But he could face challenges if money is siphoned away from existing programs serving people with serious mental illness.

③

Steinberg acknowledged the concern, saying, "it goes like this: If you make MHSA more focused on outcomes and the most serious consequences of untreated mental illness, which I believe we must do, what happens to all the programs now that are working?"

He said changes need "to be done in such a way that we are not undercutting any of the existing effective practices and programs."

Newsom indicated last week that he's eyeing MHSA revenue growth fueled by a stronger economy as a way to fund "more targeted purposes," such as intensive services for vulnerable populations. Annual revenue shot up to \$2.4 billion this year, up from \$254 million in its first year, according to the Mental Health Services Oversight & Accountability Commission.

Newsom may also have to secure voter approval to focus money on those involved in the criminal justice system. Last year, he signed a bill, [CA SB389 \(19R\)](#), allowing counties to use MHSA money for parolees. A bill this year by Sen. Tom Umberg (D-Santa Ana) would allow money to be used for those in county jail, but experts say changes could require voter approval.

Newsom advisers are recommending money go toward criminal justice diversion and re-entry programs, which they believe would not require an initiative.

Compel counties to spend their money: Newsom and Steinberg are pushing to lower the maximum amount of money counties are allowed to stash away. Current law says they're allowed to set aside a maximum of 33 percent from their largest programs bucket into reserves, but Newsom says that should be lowered drastically.

Those involved in negotiations have suggested that 20 percent could be a more appropriate level, but the governor told POLITICO last week that he hasn't settled on a preference. He just wants it to be lower.

"Reserves that high, when you're talking about hundreds of millions of dollars — billions of dollars — in this moment of crisis, that just seems to me rather absurd," Newsom said. "We want to make sure those dollars are being spent."

He also called out \$160 million [counties have above the 33 percent reserve](#). He said if it isn't spent before June 30, the state will redirect it to other counties.

Los Angeles County has the most, with \$44 million above its allowable reserve threshold, according to data published this week by the Department of Health Care Services. Orange County has \$26 million, followed by Alameda County at \$22 million.

[State guidance says](#) counties have until June 30 to transfer those funds out of reserves and back into treatment or prevention programs, according to the Department of Health Care Services.

"We've talked to our plans and they have every intention to transfer the funds as required by June 30 and spend that money," Cabrera said.



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August 5, 2019

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
H-232, The Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
S-230, The Capitol
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
H-204, The Capitol
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
U.S. Senate
S-221, The Capitol
Washington, DC 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell,
and Minority Leader Schumer,

The undersigned attorneys general share your concern about the impact of the opioid epidemic on our country. As President Trump has recognized in the National Drug Control Strategy he released earlier this year, the opioid crisis has resulted in more American deaths in just two years than in the course of the entire Vietnam War. In 2017, there were more than 70,200 drug overdose deaths in the United States. More than 47,500 of these deaths involved an opioid, and more than half of these deaths involved a synthetic opioid such as illicit fentanyl or one of its analogues.

The impact of the epidemic has been so pervasive and so severe that life expectancy in the United States has declined for three years in a row for the first time since the influenza pandemic of 1918. The epidemic has contributed to a rise in Hepatitis C and heart valve infections (endocarditis), a rise in the number and rate of hospitalizations associated with drug withdrawal in newborns, and other significant and costly health impacts.

This loss of life and these major health consequences are matched by significant and continuing costs imposed on our criminal justice and social service systems. And the economic cost of the opioid crisis exceeded \$500 billion in 2015 – equal to 2.8 percent of the U.S. Gross Domestic Product (GDP) that year – according to the White House Council of Economic Advisers.

We all understand that effective treatment is key to saving lives and helping to stop this epidemic. In particular, research shows that Medication-Assisted Treatment (MAT) – the use of medications, in combination with counseling and behavioral therapies – is a highly effective approach to the treatment of opioid use disorders.

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Unfortunately, there are three significant barriers to treating opioid use disorder that we cannot change at the state level and that must be tackled at the federal level. We share these barriers below in the hope that we can work together to remove them and allow more providers to offer treatment for opioid use disorder and other substance use disorders.

- 1. Replace the cumbersome, out-of-date, privacy rules contained in 42 CFR Part 2 with the effective and more familiar privacy rules contained in the Health Insurance Portability and Accountability Act (HIPAA).**

42 CFR Part 2 sets forth strict requirements for the use and disclosure of patients' substance use disorder treatment records. The complexities of complying with 42 CFR Part 2 often prevent general practice providers from even attempting to treat patients with substance use disorders through the use of medication-assisted treatment (MAT), because – while providers are familiar with how to comply with the privacy requirements of HIPAA – they may be intimidated by the requirements of 42 CFR Part 2.

This regulatory scheme also sets up a strange situation in which office-based MAT providers do not have to follow the specialized requirements of 42 CFR Part 2 unless they advertise to the public that they provide MAT. So, in an era when we are trying to promote access to MAT, we are encouraging office-based MAT providers to keep secret the fact that they provide this life-saving service so they can avoid the cumbersome 42 CFR Part 2 rules.

These privacy rules were created more than 40 years ago in a time of intense stigma surrounding substance use disorder treatment. They were created to assure patients that they would not face adverse legal or civil consequences when seeking treatment by protecting confidentiality of substance use disorder patient records. Unfortunately, they now serve to perpetuate that stigma, as the principle underlying these rules is that substance use disorder treatment is shameful and records of it should be withheld from other treatment providers in ways that we do not withhold records of treatment of other chronic diseases. While maintaining confidentiality is imperative to encouraging individuals to seek and obtain treatment, the inability to share records among providers can burden coordination of care, potentially resulting in harm to the patient.

To be effective in fighting the opioid epidemic, we must treat substance use disorder as the chronic disease that it is—and that means aligning the rules regarding disclosure of substance use disorder treatment records with the protections against unwanted disclosure of patient records already contained in HIPAA, particularly as it relates to disclosure of substance abuse treatment information to authorized providers.

In seeking needed changes in 42 CFR Part 2, we are joined by Democratic and Republican lawmakers in both houses of Congress. In the House, the Overdose Prevention and Patient Safety Act (OPPS Act) (H.R. 2062) was introduced by Reps. Markwayne Mullin (R-OK) and Earl Blumenauer (D-OR); and in the Senate, the Protecting Jessica Grubb's Legacy Act (Legacy Act) (S. 1012) was introduced by Sens. Joe Manchin (D-WV) and Shelley Moore Capito (R-WV). Both bills will align Part 2 with HIPAA for the purposes of health care treatment, and both are supported by the Partnership to Amend 42 CFR Part 2, a growing coalition of more than

40 national health care organizations that includes the American Hospital Association, the American Psychiatric Association, and the American Society of Addiction Medicine.

2. Pass H.R. 2482, the Mainstreaming Addiction Treatment (MAT) Act, and eliminate unnecessary burdens on buprenorphine prescribing imposed by the Drug Addiction Treatment Act of 2000 (DATA 2000).

DATA 2000 was a step forward in substance use disorder treatment because it allowed the treatment of opioid use disorder in an office-based setting. However, it created a cumbersome bureaucratic system whereby providers who wish to prescribe buprenorphine in an office-based setting must prove to the Substance Abuse and Mental Health Services Administration (SAMHSA) that they have taken special trainings and then apply to the Drug Enforcement Administration (DEA) for a special DEA “X” number to indicate when buprenorphine is being prescribed to treat substance use disorder.

This is the only drug on the market for which prescribers have to prove they have received specialized training in order to prescribe the drug. This requirement was put in place well before the rapid rise in opioid use disorder and opioid overdose deaths that have become a national crisis. Just as opioid use disorder and opioid overdose deaths have risen dramatically in recent years, so the need for MAT with buprenorphine has risen just as dramatically. Because the need for MAT is far out-pacing the availability of such treatment, it is time to reconsider the DATA 2000 regulatory framework and other barriers that stand in the way of expanded use of buprenorphine to treat opioid use disorder and help prevent opioid overdose deaths.

The fact is that, as a partial agonist, buprenorphine is a safer drug than opioid agonists such as oxycodone and fentanyl that are readily prescribed without any requirements for training or specialized DEA numbers. So, doctors need not prove any special training to prescribe more addictive opioid pain killers but must follow complicated bureaucratic steps to prescribe a less addictive opioid (buprenorphine) for substance use disorder treatment.

Buprenorphine should not be singled out from all other drugs because it is a treatment for substance use disorder. Providers should be trained to prescribe buprenorphine the same way they are trained to prescribe other drugs – in medical schools, nurse practitioner schools, medical residencies, and continuing medical education. The stigma-based policy is endangering lives by suppressing access to treatment and should be changed.

In our effort to eliminate this antiquated policy that restricts a healthcare provider’s ability to prescribe buprenorphine, we are joined by a coalition of 22 states, led by the New York State Department of Health, seeking exactly this change.

H.R. 2482, the Mainstreaming Addiction Treatment (MAT) Act, would address this issue by eliminating the redundant and outdated requirement that practitioners apply for a separate waiver through the DEA to prescribe buprenorphine for the treatment of substance use disorder. We urge Congress to pass – and President Trump to sign – the MAT Act or similar legislation as expeditiously as possible.

3. Fully repeal the Medicaid Institutions for Mental Diseases (IMD) exclusion.

The Institutions for Mental Diseases (IMD) exclusion generally prohibits state Medicaid programs from receiving federal reimbursement for adults between 21 and 65 receiving mental health or substance use disorder treatment in a residential treatment facility with more than 16 beds.

This arcane federal policy, while well intentioned at its inception to encourage treatment in community-based settings, has proven to detrimentally limit states' ability to provide the full continuum of clinically appropriate care for Medicaid enrollees with a substance use disorder. We join the National Governor's Association and a wide range of health care and public health groups in calling on the Administration to continue working with states to expedite approval of IMD waivers, while also recognizing the need for a permanent, statutory solution to resolve this issue for all states.

The recently-enacted Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act took a step in the right direction, but it did not go far enough. The SUPPORT Act partly eliminates the IMD exclusion for a five-year period by allowing states to cover IMD services to people with at least one substance use disorder for up to 30 days over a 12-month period under certain circumstances. Congress needs to go further, by fully repealing the IMD exclusion.

We applaud the federal government for its recent constructive steps to address the opioid epidemic through both legislative and executive action, but we all know that there is more work to be done. By making the changes recommended, Congress would make effective treatment for opioid use disorders more widely and readily available so that we can save more lives and help turn the tide on this crisis.

Thank you for your consideration.

Sincerely,



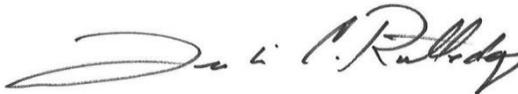
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North Carolina Attorney General



Mike Hunter
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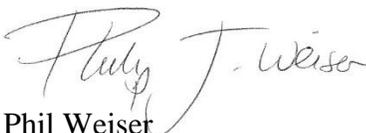
Kevin G. Clarkson
Alaska Attorney General



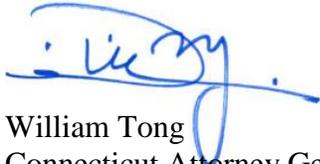
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William Tong
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Clare E. Connors
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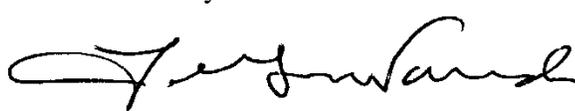
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Kathleen Jennings
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Lawrence Wasden
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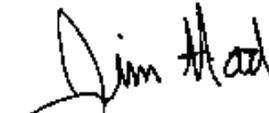
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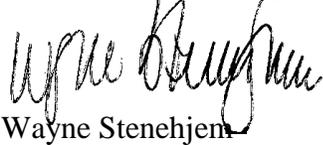
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New Hampshire Attorney General



Hector Balderas
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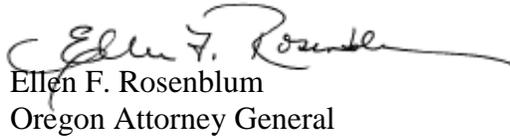
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Ellen F. Rosenblum
Oregon Attorney General



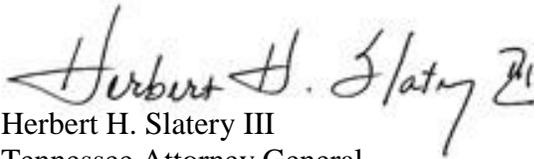
Josh Shapiro
Pennsylvania Attorney General



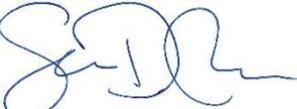
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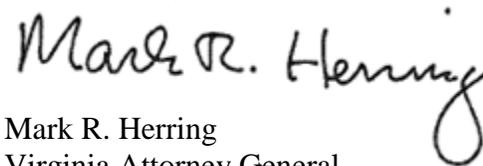
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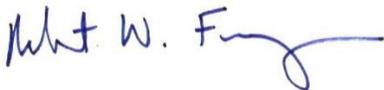
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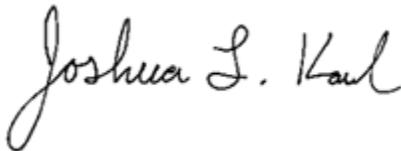
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