

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



ITEM
2.2
(ID # 7075)

MEETING DATE:

Tuesday, May 22, 2018

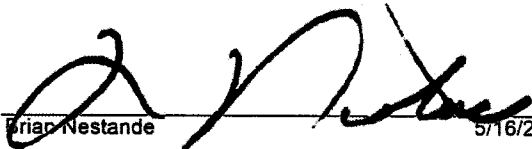
FROM : EXECUTIVE OFFICE:

SUBJECT: EXECUTIVE OFFICE: Letters Sent to Riverside County's Legislative Delegation and
Pertinent Parties from April 28, 2018 - May 14, 2018, All Districts. [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Receive and file the Legislative letters sent from April 28, 2018 - May 14, 2018.

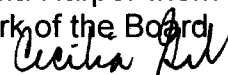
ACTION: Consent


Brian Nestande 5/16/2018

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Jeffries, seconded by Supervisor Perez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is received and filed as recommended.

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley
Nays: None
Absent: None
Date: May 22, 2018
xc: EO

Kecia Harper-Ihem
Clerk of the Board
By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$0	\$0	\$0	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS:			Budget Adjustment:	No
			For Fiscal Year:	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

As per Board Policy A-27, the purpose of Riverside County's Legislative Program is to secure legislation that benefits the county and its residents, and to oppose/amend legislation that might adversely affect the County. Recognizing the need for consistency in conveying official positions on legislative matters, the county has instituted a coordinated process involving interaction between the Board of Supervisors, the County Executive Office, County agencies/departments, and the County's legislative advocates in Sacramento and Washington, D.C.

The Executive Office shall include a copy of the written correspondence that is not based on a specific Board vote as a consent item on the next Board agenda.

Summary

Since the last meeting of the Riverside County Board of Supervisors, the following letters were delivered to our legislative delegation and all pertinent parties in order to voice Riverside County's Support/Opposition:

Legislation/Policy: Mental & Behavioral Health Care for Riverside County

Position: Support

Recipient: The Honorable Anthony Portantino, Chair

Summary: Riverside County specifically has been designated as a "severe shortage area," with only 5.29 psychiatrists per 100,000 people and only 2.12 child psychiatrists per 100,000 youth. This provider shortage, coupled with a severe funding shortfall for mental health services, creates significant challenges in managing homelessness, prevention and rehabilitation of the justice-system involved population, and other efforts to ensure our communities are healthy and safe. Investment in programs to assist in the recruitment and retention of trained mental health professionals and to provide outreach to underserved communities will assist the County in tackling this crisis.

Legislation/Policy: SB 1004 Weiner: Mental Health Services Act

Position: Oppose Unless Amended

Recipient: The Honorable Scott Weiner

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

Summary: The County is concerned that the narrow areas of focus contained in SB 1004 does not adequately reflect the very real needs for prevention and early intervention of other vulnerable residents in California communities. As currently written, SB 1004 will result in the elimination of local PEI programming currently targeting communities of color, LGBT people, veterans, foster youth, adults and older adults. Riverside County has developed culturally and community specific interventions, including the use of promotores, to target underserved communities.

Riverside is concerned that SB 1004 is narrowly crafted and that such culturally competent prevention and early programs would not survive under the way the bill is crafted. Riverside County opposes the narrow focus imposed by the current version of SB 1004, which includes only three specific areas of focus for PEI funding. The County requests that the bill be amended to include broader categories of PEI programming.

Legislation/Policy: AB 2821 Mayes: Integrated & Comprehensive Health & Human Services System

Position: Sponsor

Recipient: Assembly Member Gonzalez Fletcher:

Summary: The County of Riverside is sponsoring this measure as part of comprehensive project to review and reorganize health and human services operations. Existing law authorizes the Counties of Placer, Humboldt, Mendocino, Alameda and San Diego to implement a program for the funding and delivery of services and benefits through an integrated and comprehensive county health and human services system, subject to certain limitations. AB 2821 would authorize the County of Riverside, upon approval of the County Board of Supervisors, to operate an integrated and comprehensive health and human services system. The authority provided in Welfare and Institutions Code 18991.4 would give the County of Riverside the ability greater flexibility to move funds between the Protective Services Subaccount and the Behavioral Health Subaccount of 2011 Realignment.

Legislation/Policy: Request to Increase Funding to Address Senior Hunger

Position: Support

Recipient: Assembly Member Arambula

Summary: Request to Assembly Budget Subcommittee #1 to augment existing senior nutrition programs with an additional \$17 million to lead the way in aggressively combating senior hunger throughout California. These additional funds would provide for an extra two million meals per year, and would serve over 12,500 more vulnerable older Californians.

Legislation/Policy: AB 2598

Position: Support

Recipient: Assembly Member Quirk

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

Summary: AB 2598 would increase fees that may be assessed for violations of local building and safety codes, with the fine schedule growing incrementally for multiple violations within specified timeframes. Under current law, the current administrative fine and penalty structure can, in certain circumstances, be insufficient to deter building and safety code violations.

Legislation/Policy: Child Support Funding Proposal

Position: Support

Recipient: Chairs Mitchell, Ting, Pan & Arambula:

Summary: The Key components of the revised 2-Phase Proposal:

Phase 1:

The proposed allocation has changed from the initial proposal and would now be a ratio based on cases per Full Time Equivalent (FTE) position to determine each Local Child Support Agency's LCSEA's allocation. This would be consistent with the intent of Family Code Section 17306(b)(2) which requires the State Department of Child Support Services (DCSS) to establish caseworker-to-case staffing ratios. The request also now is reduced to a maximum new expenditure in year 3 of \$38.8 million GF. The roll-out would be:

- \$17.9 million of State General Fund (SGF) dollars in FY 2018/19 (which would total \$52.8 million after Federal Financial Participation (FFP) is added);
- \$28.4 million of SGF dollars in FY 2019/20 (\$83.6 after FFP);
- \$38.8 million of SGF dollars in FY 2020/21 (\$114.3 after FFP).

Phase 2:

- The State Department and LCSAs working together over the 2018-2019 budget year to develop additional program improvements, examining issues such as:
- opportunities to improve operational efficiencies in the program;
- possible additional refinements to the new allocation methodology

ATTACHMENTS:

- Behavioral Health & Mental Health Proposal Letter
- SB1004 Weiner Letter
- SB1004 Weiner Bill
- AB 2821 Integrated Mental Health Bill
- Office on Aging Budget Request Letter
- AB 2598 Quirk Bill



COUNTY OF RIVERSIDE

Board of Supervisors

District 1	Kevin Jeffries 951-955-1010
District 2	John F. Tavaglione 951-955-1020
District 3 <i>Chairman</i>	Chuck Washington 951-955-1030
District 4	V. Manuel Perez 951-955-1040
District 5	Marion Ashley 951-955-1050

May 8, 2018

The Honorable Bill Quirk
California State Assembly
State Capitol, Room 2163
Sacramento CA 95814

**RE: AB 2598 (Quirk) – Vacant and Blighted Property Violations
As amended April 16, 2018
Per County Platform – SUPPORT**

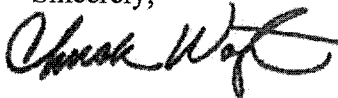
Dear Assembly Member Quirk:

On behalf of the Riverside County Board of Supervisors, I write in support of AB 2598, your measure that give local governments new tools to address the vacant or blighted properties.

Specifically, AB 2598 would increase fees that may be assessed for violations of local building and safety codes, with the fine schedule growing incrementally for multiple violations within specified timeframes. Under current law, the current administrative fine and penalty structure can, in certain circumstances, be insufficient to deter building and safety code violations. Your measure recognizes that the existing fine structure has remained unchanged for nearly 20 years. The proposed increases contemplated in AB 2598 represent a modest change that would assist local governments with code enforcement efforts.

For these reasons, the County of Riverside is pleased to support your measure. If you have any questions about the County's position, please do not hesitate to contact Deputy County Executive Officer, Brian Nestande at (951) 955-1110 or bnestande@rivco.org.

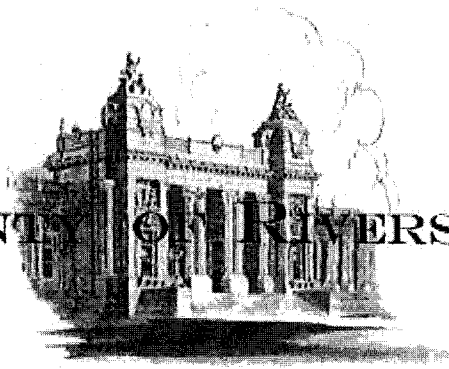
Sincerely,



Chuck Washington
Chairman, Riverside County Board of Supervisors

cc: Riverside County Delegation

COUNTY OF RIVERSIDE



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May 2, 2018

The Honorable Lorena Gonzalez Fletcher
Member, California State Assembly
State Capitol, Room 2114
Sacramento, California 95814

**Re: AB 2821 (Mayes): Integrated and comprehensive health and human services system:
County of Riverside - As Amended 3/22/2018
Awaiting hearing in Assembly Appropriations Committee
Per Legislative Platform: SPONSOR**

Dear Assembly Member Gonzalez Fletcher:

On behalf of the Riverside County Board of Supervisors, I am writing in support of Assembly Member Mayes' Assembly Bill 2821, which would authorize the County of Riverside County to operate an integrated and comprehensive county health and human services system.

The County of Riverside is sponsoring this measure as part of comprehensive project to review and reorganize health and human services operations. In 2015, the Board hired an accounting and management-consulting firm, to conduct forensic audits and reviews of county operations. The results of the first stage of the review identified a potential annual savings of several million dollars by implementing programmatic efficiencies and eliminating duplicative or obsolete practices, primarily in the public safety arena. The second stage is focused on operational efficiencies and best practices in the health and human services programs. The County of Riverside strives to operate as cost effectively and efficiently as possible across all department programs to ensure optimal, customer-focused service delivery.

Existing law authorizes the Counties of Placer, Humboldt, Mendocino, Alameda and San Diego to implement a program for the funding and delivery of services and benefits through an integrated and comprehensive county health and human services system, subject to certain limitations. AB 2821 would authorize the County of Riverside, upon approval of the County Board of Supervisors, to operate an integrated and comprehensive health and human services system. The authority provided in Welfare and Institutions Code 18991.4 would give the County of Riverside the ability greater flexibility to move funds between the Protective Services Subaccount and the Behavioral Health Subaccount of 2011 Realignment.

AB 2821 is a first step for the County of Riverside to provide more integrated and comprehensive health and human services. Additionally, by allowing funding flexibility within 2011 Realignment, AB 2821 will allow the county to provide more person- and family-centered services and reinvest savings from improving outcomes into better and more comprehensive services.

The Honorable Lorena Gonzalez Fletcher
May 2, 2018
Page 2

The County does not believe that the measure has any impact on state costs. Please note that an identical measure provided this same authority for San Diego County in 2016 (AB 2568, Chapter 469). The Senate Appropriations Committee noted no significant fiscal impact in its 2016 analysis:

- *No significant fiscal impact to any state department is anticipated. The bill [AB 2568] authorizes state agencies that interact with the integrated program authorized in the bill to waive state regulations as needed to allow the San Diego to operate an integrated system. Any costs to do so by impacted state agencies are anticipated to be minor.*

- *No state fiscal impact is anticipated due to potential changes to realignment funding within San Diego County. Under current law, counties have the authority to move up to 10% of funds in their Support Services Account between the various subaccounts. Current law allows counties that operate a joint health and human services system to move unlimited amounts of funding between the subaccounts. Because the overall amount of realignment funding to San Diego County would not change under the bill, there is no state fiscal impact from this change.*

For these reasons, the Riverside County Board of Supervisors supports and is pleased to sponsor AB 2821. If you have any questions about the County's position, please do not hesitate to contact our Deputy County Executive Officer, Brian Nestande, at (951) 955-1110, bnestande@rivco.org.

Sincerely,



Chuck Washington
Chairman, Riverside County Board of Supervisors

cc: The Honorable Chad Mayes, Member, California State Assembly
Members and Consultants, Assembly Appropriations Committee
Riverside County Delegation



COUNTY OF RIVERSIDE

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May 7, 2018

The Honorable Scott Weiner
Member, California State Senate
State Capitol, Room 5100
Sacramento, California 95814

**Re: SB 1004 (Wiener): Mental Health Services Act: Prevention and Early Intervention
Per Legislative Platform: Oppose Unless Amended
Awaiting Hearing in Senate Appropriations Committee**

Dear Senator Wiener:

On behalf of the County of Riverside, I write to respectfully oppose your SB 1004 unless amended. SB 1004 would require the Mental Health Services Oversight and Accountability Commission (MHSOAC) to establish priorities for the use of Mental Health Services Act prevention and early intervention (PEI) funds, and to develop a statewide strategy for monitoring the implementation of PEI programs.

Riverside County fares far worse than most counties in allocations of revenue for mental health services. This is in large part due to growth allocations under both 1991 and 2011 realignment not keeping pace with the County's tremendous population growth. Riverside County's population has increased 94% since 1991 but its per capita mental health funding has decreased by \$0.59 per capita (-3%). Further, the County receives \$17.85 per capita for mental health funding compared to the state average of \$33.98. In 1991, Riverside County experienced a \$6.7 million shortfall. In 2016, the annual shortfall exceeded \$30 million. Moreover, the shortfall is greatly exacerbated when the loss of federal funds is considered. The County estimates that the accumulated shortfall is over \$460 million since 1991.

Mental Health Services Act funds are an important fund source to Riverside County in addressing the cumulative shortfall of mental health funding. The County is concerned that the narrow areas of focus contained in SB 1004 does not adequately reflect the very real needs for prevention and early intervention of other vulnerable residents in California communities. As currently written, SB 1004 will result in the elimination of local PEI programming currently targeting communities of color, LGBT people, veterans, foster youth, adults and older adults.

With MHSO PEI, California is in a unique position to have such a significant investment in mental health prevention, which is so important in a county like Riverside that is experiencing such severe underfunding of core mental health services. There are many potential target populations for these efforts and a variety of strategies that can improve mental health outcomes. Riverside County has developed culturally and community specific interventions, including the use of promotores, to target underserved communities.

The Honorable Scott Weiner
May 7, 2018
Page 2

Riverside is concerned that SB 1004 is narrowly crafted and that such culturally competent prevention and early programs would not survive under the way the bill is crafted. Riverside County opposes the narrow focus imposed by the current version of SB 1004, which includes only three specific areas of focus for PEI funding. The County requests that the bill be amended to include broader categories of PEI programming.

In addition, Riverside County is concerned about the significant delays that may be caused by the MHSOAC PEI plan approval process that would be undertaken pursuant to SB 1004. Riverside is concerned that the MHSOAC does not know each county and our community needs. Additionally, MHSOAC approval that results in delays could cause county funds to revert – further undermining local interventions and investments. We respectfully request this provision be deleted from the bill.

For these reasons, the Riverside County Board of Supervisors opposes SB 1004 unless amended. If you have any questions about the County's position, please do not hesitate to contact our Deputy County Executive Officer, Brian Nestande, at (951) 955-1110, bnestande@rivco.org.

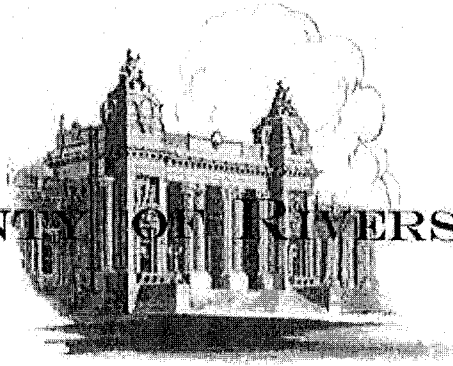
Sincerely,



Chuck Washington
Chairman, Riverside County Board of Supervisors

cc: The Honorable Ricardo Lara, Chair, Senate Appropriations Committee
Members and Consultants, Senate Appropriations Committee
Riverside County Delegation

COUNTY OF RIVERSIDE



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May 10, 2018

The Honorable Anthony Portantino, Chair
Senate Budget Subcommittee No. 1
State Capitol
Sacramento, CA 95814

Re: Proposal for Investment at UCR School of Medicine: Mental and Behavioral Health Care for
Riverside County
County of Riverside: SUPPORT – Per Legislative Platform

Dear Senator Portantino:

On behalf of the Riverside County Board of Supervisors, I write in support of the proposal for funding of critical mental and behavioral health investments in our County. This proposal represents an opportunity to improve the lives of our residents by providing much-needed resources in communities that are chronically underserved.

Numerous reports are consistent in their findings that the Inland Empire is home to dramatically fewer mental health professionals than the statewide average. Riverside County specifically has been designated as a "severe shortage area," with only 5.29 psychiatrists per 100,000 people and only 2.12 child psychiatrists per 100,000 youth. This provider shortage, coupled with a severe funding shortfall for mental health services, creates significant challenges in managing homelessness, prevention and rehabilitation of the justice-system involved population, and other efforts to ensure our communities are healthy and safe. Investment in programs to assist in the recruitment and retention of trained mental health professionals and to provide outreach to underserved communities will assist the County in tackling this crisis.

To reach communities in which there are known provider shortages, the proposal incorporates the establishment of tele-psychiatry services in primary care locations around the County to increase access for those in remote parts of the County with no mental health providers. The proposal further includes specific training for additional residents in the public mental health system, building on a partnership between UCR and the County's Riverside University Health System-Behavioral Health that established the County's first residency training program in psychiatry and fellowship in child and adolescent psychiatry. Additionally, the proposal includes innovative programs for medical school scholarships for those who commit to practicing medicine in general psychiatry or one of its subspecialties in Riverside County following residency training, stipends for fourth-year medical students doing research rotations in psychiatry, and summer "externships" for medical students in the summer between their first and second years of medical school. Finally, the proposal incorporates an accelerated education in psychiatry program to allow selected medical students interested in behavioral health to complete medical school in three years and enter the School of Medicine-sponsored psychiatry residency training program one year earlier than the traditional timeline. We know that one of the primary drivers for physician practice location is the region in which doctors complete their training. These proposals should assist in the recruitment and retention of trained mental health professionals in our County.

The Honorable Anthony Portantino
May 10, 2018
Page 2

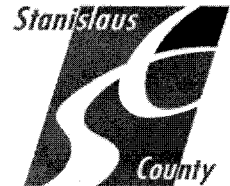
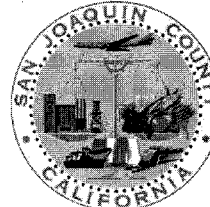
We are proud to be the home of the School of Medicine at the University of California, Riverside and are encouraged by their creative efforts to address the significant mental health challenges in the County. These proposals represent an opportunity to invest in a workforce that is greatly needed and to provide cost-effective outreach to parts of our County with few mental health resources. If you have any questions about our position, please do not hesitate to contact our Deputy County Executive Officer, Brian Nestande, at (951) 955-1110 or bnestande@riveco.org.

Sincerely,



Chuck Washington
Chairman, Riverside County Board of Supervisors

cc: Members and Consultants, Senate Budget Subcommittee No. 1
County of Riverside Legislative Delegation



May 10, 2018

The Honorable Holly Mitchell
Chair, Senate Budget Committee

The Honorable Phil Ting
Chair, Assembly Budget Committee

The Honorable Dr. Richard Pan
Chair, Senate Budget Subcommittee on Health
and Human Services

The Honorable Dr. Joaquin Arambula
Chair, Assembly Budget Subcommittee on Health
and Human Services

State Capitol Room 5019
Sacramento, CA 95814

State Capitol Room 6026
Sacramento, CA 95814

RE: Child Support Funding Proposal: Revised

Dear Chairs Mitchell, Ting, Pan and Arambula:

As the Legislative Representatives of the Counties of Fresno, Glenn, Imperial, Kern, Kings, Los Angeles, Madera, Merced, Riverside, Sacramento, San Bernardino, San Joaquin, and Stanislaus, we are pleased to bring back to you a revised proposal for funding child support functions at the county level.

Per Dr. Pan's request and direction during the Senate Budget Subcommittee hearing on April 12, 2018 on child support funding, the original fourteen counties, along with their peers, convened a series of intensive, focused meetings with leadership provided by the president of the Child Support Directors Association and technical assistance provided by the State Department of Child Support, and developed a proposed funding formula for child support that has earned the support of the statewide association.

The key components of the revised, 2-phase proposal:

➤ Phase One:

The proposed allocation has changed from the initial proposal and would now be a ratio based on cases per Full Time Equivalent (FTE) position to determine each Local Child Support Agency's LCSA's allocation. This would be consistent with the intent of Family Code Section 17306(b)(2) which requires the State Department of Child Support Services (DCSS) to establish caseworker-

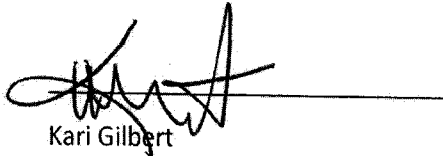
to-case staffing ratios. The request also now is reduced to a maximum new expenditure in year 3 of \$38.8 million GF. The roll-out would be:

- \$17.9 million of State General Fund (SGF) dollars in FY 2018/19 (which would total \$52.8 million after Federal Financial Participation (FFP) is added);
 - \$28.4 million of SGF dollars in FY 2019/20 (\$83.6 after FFP);
 - \$38.8 million of SGF dollars in FY 2020/21 (\$114.3 after FFP).
- Phase Two:
- The State Department and LCSAs working together over the 2018-2019 budget year to develop additional program improvements, examining issues such as:
 - opportunities to improve operational efficiencies in the program;
 - possible additional refinements to the new allocation methodology;
 - establishing a mechanism to address rising local operating costs.

This proposal additionally requests \$4.8 million of SGF dollars (which would total \$14.1 million after FFP is added) be provided to LCSAs above the 175 cases/FTE level that are experiencing cost increases in FY 2018/19 and on a continuing basis, thereafter to enable them to preserve current staffing levels.

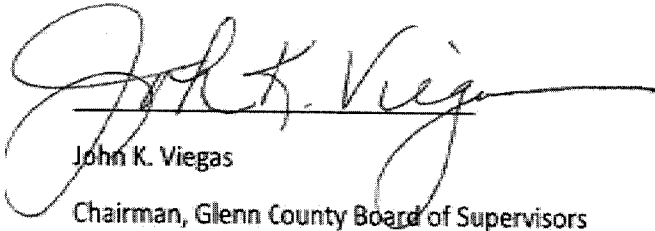
We now return to your committees for your favorable consideration in approving both the new funding and placeholder trailer bill language that will implement this carefully negotiated, holistic solution that has won the support of the full Association. It has taken eighteen years to reach this point, and we urge you to bring this effort to fruition by approving our proposal.

Respectfully submitted,



Kari Gilbert

Department of Child Support Services, Fresno County



John K. Viegas
Chairman, Glenn County Board of Supervisors



Raymond R. Castillo

Chairman, Imperial County Board of Supervisors



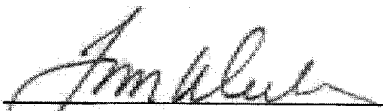
Mike Maggard

Kern County Chairperson



Steven J. Golightly, Ph.D

Director, Los Angeles County Child Support Services Department



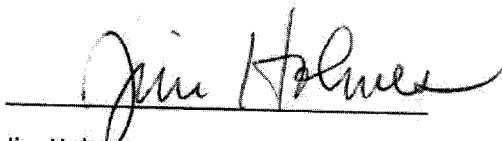
Tom Wheeler

Chairman, Madera County Board of Supervisors



Jerry O'Banion

Chairman, Merced County



Jim Holmes

Chair, Placer County Board of Supervisors



Chuck Washington

Riverside County Chairperson



Susan Peters

Chair, Sacramento County Board of Supervisors



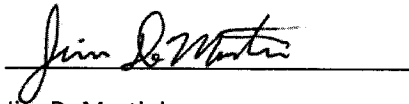
Robert Lovingood

Chairman, San Bernardino County Board of Supervisors



Robert V. Elliott

Chairman, San Joaquin County



Jim DeMartini

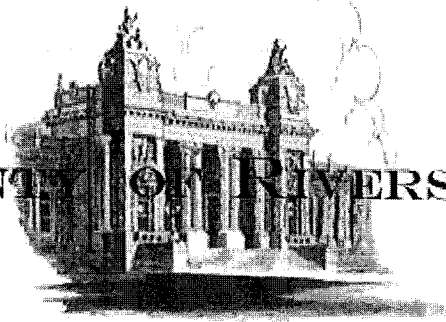
Chairman, Stanislaus County Board of Supervisors

ENCLOSURE

CC: Members, Senate Budget Committee
Members, Assembly Budget Committee
Legislative Analyst's Office
Michael Wilkening, Interim Director, California Department of Child Support Services
Mark Beckley, Chief Deputy Director, California Department of Child Support Services
Supervisor Leticia Perez, President, California State Association of Counties
Supervisor Rex Bohn, Chair, Rural County Representatives of California
Camille Wagner, Governor's Office
Diane Cummins, Department of Finance
California State Association of Counties
Urban Counties Caucus
Rural County Representatives of California
San Joaquin County State Legislative Delegation
Contra Costa County State Legislative Delegation
Alameda County State Legislative Delegation
Fresno County State Legislative Delegation
Glenn County State Legislative Delegation
Kern County State Legislative Delegation
Kings County State Legislative Delegation
Los Angeles County State Legislative Delegation
Madera County State Legislative Delegation
Merced County State Legislative Delegation
Riverside County State Legislative Delegation
Sacramento County State Legislative Delegation
San Bernardino County State Legislative Delegation

Siskiyou County State Legislative Delegation
Stanislaus County State Legislative Delegation
Trinity County State Legislative Delegation

COUNTY OF RIVERSIDE



Board of Supervisors

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May 8, 2018

The Honorable Joaquin Arambula, Chair
Assembly Budget Subcommittee No. 1
State Capitol, Room 5155
Sacramento, CA 95814

Re: Assembly Budget Subcommittee #1: C4A's Request to Increase Funding to Address Senior Hunger: Per Board Action: Support

Dear Assembly Member Arambula,

On behalf of the Riverside County Board of Supervisors, I write strongly requesting your support of the California Association of Area Agencies on Aging request to Assembly Budget Subcommittee #1 to augment existing senior nutrition programs with an additional \$17 million to lead the way in aggressively combating senior hunger throughout California. These additional funds would provide for an extra two million meals per year, and would serve over 12,500 more vulnerable older Californians.

While this additional appropriation would not fully address the nearly 1.3 million Californians over the age of 60 who are considered food insecure, it would allow some of the most vulnerable residents to have a greater sense of food security than they do today. Additionally, we believe that this funding augmentation would be a step in the right direction, given that funding for nutrition has not been adjusted for the past eight years.

Additional funds to support Home-delivered Meals and Congregate Dining Centers specifically provide local programs with important resources to address not only senior hunger and food insecurity, but also reduce loneliness and isolation, two critical risk factors to overall senior health and well-being.

In support of the estimated 336,000 Riverside County residents over the age of 65¹, The County of Riverside joins Meals on Wheels California and the California Collaborative for Long-term Supports and Services (LTSS) in supporting the budget request co-sponsored by the California Association of Area Agencies on Aging, California Commission on Aging, and the Congress of California Seniors, and urges Assembly Budget Subcommittee #1 to augment existing senior nutrition programs with an additional \$17 million.

If you have any questions about the County's position, please do not hesitate to contact Deputy County Executive Officer, Brian Nestande at (951) 955-1110 or bnestande@rivco.org.

Sincerely,

Chuck Washington
Chairman, Riverside County Board of Supervisors

¹ US Census Bureau, Population Estimates Program (PEP), Updated annually, vintage year July 2017.

AMENDED IN ASSEMBLY APRIL 16, 2018

AMENDED IN ASSEMBLY MARCH 22, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

ASSEMBLY BILL

No. 2598

Introduced by Assembly Member Quirk

February 15, 2018

An act to amend Sections 25132 and 36900 of the Government Code, relating to local government.

LEGISLATIVE COUNSEL'S DIGEST

AB 2598, as amended, Quirk. Cities: ordinances: violations.

Existing law authorizes the legislative body of a city or a county to make, by ordinance, any violation of an ordinance subject to an administrative fine or penalty and limits the maximum fine or penalty amounts for infractions, to \$100 for the first violation, \$200 for a 2nd violation of the same ordinance within one year of the first violation, and \$500 for each additional violation of the same ordinance within one year of the first violation. For violations of city or county building and safety codes determined to be an infraction, existing law limits the amount of the fine to \$100 for a first violation, \$500 for a 2nd violation of the same ordinance within one year, and \$1,000 for each additional violation of the same ordinance within one year of the first violation.

~~This bill would, for infractions, increase the amounts of the fines to \$130 for a first violation, \$300 for a 2nd violation of the same ordinance within one year, and \$800 for each additional violation of the same ordinance within one year of the first violation.~~ The bill would, for violations of a local building and safety code determined to be an infraction, increase the amounts of the fines to \$130 for a first violation,

\$700 for a 2nd violation of the same ordinance within one year, and \$1,300 for each additional violation of the same ordinance within one year of the first violation. The bill would additionally provide for a fine of \$2,500 for each additional violation of the same ordinance within 2 years of the first violation if the property is a commercial property and the violation is *of a local building and safety code that is an infraction and is due to failure by the owner to remove visible refuse or failure to prohibit unauthorized use of the property.*

The bill would additionally require a city or county levying ~~these~~ fines *pursuant to these provisions* to establish a process for granting a hardship waiver to reduce the amount of the fine *for a second or third violation of the same ordinance or local building and safety code that is an infraction* upon a showing by the responsible party that the responsible party has made a bona fide effort to comply after the first violation and that payment of the full amount of the fine would impose an undue financial burden on the responsible party.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 25132 of the Government Code is
2 amended to read:
3 25132. (a) Violation of a county ordinance is a misdemeanor
4 unless by ordinance it is made an infraction. The violation of a
5 county ordinance may be prosecuted by county authorities in the
6 name of the people of the State of California, or redressed by civil
7 action.
8 (b) Every violation that is an infraction is punishable by the
9 following:
10 (1) A fine not exceeding one hundred ~~thirty~~ dollars ~~(\$130)~~
11 ~~(\$100)~~ for a first violation.
12 (2) A fine not exceeding ~~three~~ *two* hundred dollars ~~(\$300)~~ ~~(\$200)~~
13 for a second violation of the same ordinance within one year of
14 the first violation.
15 (3) A fine not exceeding ~~eight~~ *five* hundred dollars ~~(\$800)~~ ~~(\$500)~~
16 for each additional violation of the same ordinance within one year
17 of the first violation.
18 (c) Notwithstanding any other law, a violation of local building
19 and safety codes that is an infraction is punishable by the following:

1 (1) A fine not exceeding one hundred thirty dollars (\$130) for
2 a first violation.

3 (2) A fine not exceeding seven hundred dollars (\$700) for a
4 second violation of the same ordinance within one year of the first
5 violation.

6 (3) (A) A fine not exceeding one thousand three hundred dollars
7 (\$1,300) for each additional violation of the same ordinance within
8 one year of the first violation.

9 (B) A fine not exceeding two thousand five hundred dollars
10 (\$2,500) for each additional violation of the same ordinance within
11 two years of the first violation if the property is a commercial
12 property and the violation is due to failure by the owner to remove
13 visible refuse or failure to prohibit unauthorized use of the property.

14 (d) A county levying a fine pursuant to paragraphs (2) and (3)
15 of subdivisions (b) and (c) shall establish a process for granting a
16 hardship waiver to reduce the amount of the fine upon a showing
17 by the responsible party that the responsible party has made a bona
18 fide effort to comply after the first violation and that payment of
19 the full amount of the fine would impose an undue financial burden
20 on the responsible party.

21 (e) (1) Notwithstanding any other law, including subdivisions
22 (b) and (c), a violation of an event permit requirement that is an
23 infraction is punishable by the following:

24 (A) A fine not exceeding one hundred fifty dollars (\$150) for
25 the first violation of an event permit requirement.

26 (B) A fine not exceeding seven hundred dollars (\$700) for a
27 second occurrence of the same violation of an event permit
28 requirement by the same owner or operator within three years of
29 the first violation.

30 (C) A fine not exceeding two thousand five hundred dollars
31 (\$2,500) for each additional occurrence of the same violation of
32 an event permit requirement by the same owner or operator within
33 three years of the first violation.

34 (2) (A) For purposes of this subdivision, "violation of an event
35 permit requirement" means failure to obtain a permit required for
36 a professionally organized special event on private property that
37 is commercial in nature, or from which the owner or operator
38 derives a commercial benefit.

39 (B) For purposes of this paragraph, the following definitions
40 apply:

1 (i) "Commercial in nature" means that a primary purpose of the
2 special event is to derive an economic benefit resulting from the
3 holding of the event through admission charges or sales of
4 merchandise that occur as part of the event.

5 (ii) "Commercial benefit" means any remuneration received in
6 exchange for allowing the property on which the event occurs to
7 be used for the event, including any remuneration that results from
8 the rental of the property for a term of less than 31 consecutive
9 days.

10 SEC. 2. Section 36900 of the Government Code is amended
11 to read:

12 36900. (a) Violation of a city ordinance is a misdemeanor
13 unless by ordinance it is made an infraction. The violation of a
14 city ordinance may be prosecuted by city authorities in the name
15 of the people of the State of California, or redressed by civil action.

16 (b) Every violation determined to be an infraction is punishable
17 by the following:

18 (1) A fine not exceeding one hundred ~~thirty~~ dollars ~~(\$130)~~
19 ~~(\$100)~~ for a first violation.

20 (2) A fine not exceeding ~~three~~ *two* hundred dollars ~~(\$300)~~ ~~(\$200)~~
21 for a second violation of the same ordinance within one year.

22 (3) A fine not exceeding ~~eight~~ *five* hundred dollars ~~(\$800)~~ ~~(\$500)~~
23 for each additional violation of the same ordinance within one
24 year.

25 (c) Notwithstanding any other provision of law, a violation of
26 local building and safety codes determined to be an infraction is
27 punishable by the following:

28 (1) A fine not exceeding one hundred thirty dollars (\$130) for
29 a first violation.

30 (2) A fine not exceeding seven hundred dollars (\$700) for a
31 second violation of the same ordinance within one year.

32 (3) (A) A fine not exceeding one thousand three hundred dollars
33 (\$1,300) for each additional violation of the same ordinance within
34 one year of the first violation.

35 (B) A fine not exceeding two thousand five hundred dollars
36 (\$2,500) for each additional violation of the same ordinance within
37 two years of the first violation if the property is a commercial
38 property and the violation is due to failure by the owner to remove
39 visible refuse or failure to prohibit unauthorized use of the property.

1 (d) A city levying a fine pursuant to paragraphs (2) and (3) of
2 subdivisions (b) and (c) shall establish a process for granting a
3 hardship waiver to reduce the amount of the fine upon a showing
4 by the responsible party that the responsible party has made a bona
5 fide effort to comply after the first violation and that payment of
6 the full amount of the fine would impose an undue financial burden
7 on the responsible party.

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AMENDED IN ASSEMBLY MARCH 22, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

ASSEMBLY BILL

No. 2821

Introduced by Assembly Member Mayes

February 16, 2018

~~An act to amend Section 12301.15 of the Welfare and Institutions Code, relating to in-home supportive services. An act to amend Section 18991.4 of the Welfare and Institutions Code, relating to health and human services.~~

LEGISLATIVE COUNSEL'S DIGEST

AB 2821, as amended, Mayes. ~~In-home supportive services. Integrated and comprehensive health and human services system: County of Riverside.~~

Existing law authorizes the County of San Diego, upon approval of the county board of supervisors, to operate an integrated and comprehensive county health and human services system that includes, among other services, child welfare services and mental health services, as specified, and requires the California Health and Human Services Agency to grant approval if the county furnishes a certified copy of a current ordinance or resolution authorizing that system in that county.

This bill would similarly authorize the County of Riverside to operate an integrated and comprehensive county health and human services system.

This bill would make legislative findings and declarations as to the necessity of a special statute for the County of Riverside.

~~Existing law provides for the county-administered In-Home Supportive Services program, under which qualified aged, blind, and disabled persons are provided with services in order to permit them to~~

safely remain in their own homes. Existing law requires an application for in-home supportive services to contain a notice to the recipient that his or her provider or providers will be given written notice of the recipient's authorized services and the full number of services hours allotted to the recipient.

~~This bill would make technical, nonsubstantive changes to the provision described above governing the application for those services.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~ yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 18991.4 of the Welfare and Institutions
2 Code is amended to read:

3 18991.4. (a) (1) Notwithstanding the dates provided in
4 subdivisions (a) and (b) of Section ~~18986.87~~, 18991.2, the County
5 Counties of San Diego and Riverside may, upon approval of the
6 their respective county board of supervisors, each operate an
7 integrated and comprehensive county health and human services
8 system.

9 (2) A system described in paragraph (1) shall comply with the
10 requirements of this section and is subject to the approval of the
11 California Health and Human Services Agency. The California
12 Health and Human Services Agency shall grant approval for a
13 county if the county furnishes a certified copy of a current
14 ordinance or resolution authorizing an integrated and
15 comprehensive health and human services system in that county.

16 (b) In providing services through an integrated system to
17 families and individuals, the system may, among other things, do
18 both of the following:

19 (1) Maintain and evaluate a system of administration that
20 integrates and coordinates the management and support of client
21 services.

22 (2) Maintain a system of reporting and accountability that
23 provides for the combined provision of services without the loss
24 of state or federal funds provided under current law.

25 (c) The integrated and comprehensive county health and human
26 services system may include, but is not limited to, any of the
27 following:

28 (1) Adoption services.

- 1 (2) Child abuse prevention services.
- 2 (3) Child welfare services.
- 3 (4) Delinquency prevention services.
- 4 (5) Drug and alcohol services.
- 5 (6) Mental health services.
- 6 (7) Eligibility determination.
- 7 (8) Employment and training services.
- 8 (9) Foster care services.
- 9 (10) Health services.
- 10 (11) Public health services.
- 11 (12) Housing services.
- 12 (13) Medically indigent program services.
- 13 (14) Veterans' services.
- 14 (15) Aging services.
- 15 (16) Any other related program as designated by the board of
- 16 supervisors.
- 17 (d) The county shall comply with all applicable state and federal
- 18 privacy laws that govern medical and social service information,
- 19 including, but not limited to, the Confidentiality of Medical
- 20 Information Act (Part 2.6 (commencing with Section 56) of
- 21 Division 1 of the Civil Code), the federal Health Insurance
- 22 Portability and Accountability Act of 1996 (HIPAA), and Sections
- 23 827, 5328, and ~~10850 of this code.~~ 10850.
- 24 (e) Programs or services shall be included in the system only
- 25 to the extent that federal funding to either the state or the county
- 26 will not be reduced as a result of the inclusion of the services in
- 27 the project.
- 28 (f) This section does not authorize the county to discontinue
- 29 meeting its obligations under current law to provide services or to
- 30 reduce its accountability for the provision of these services.
- 31 (g) The county shall utilize any and all state general funds and
- 32 county funds that it is legally allocated or entitled to receive.
- 33 Through the creation of integrated health and social services
- 34 structures, the county shall maximize federal matching funds. This
- 35 integration shall not result in increased expenditures from the State
- 36 General Fund.
- 37 (h) The appropriate state departments, as designated by the
- 38 Secretary of Health and Human Services, that are assisting,
- 39 participating, and cooperating in the program authorized by this
- 40 section shall have the authority to waive regulations, with the

1 concurrence of the county, regarding the method of providing
2 services and the method of reporting and accountability, as may
3 be required to meet the goals set forth in subdivision (b). However,
4 the departments shall not waive regulations pertaining to privacy
5 and confidentiality of records, civil service merit systems, or
6 collective bargaining. The departments shall not waive regulations
7 if the waiver results in a diminished amount or level of services
8 or benefits to eligible recipients as compared to the benefits and
9 services that would have been provided to recipients absent the
10 waiver.

11 *SEC. 2. The Legislature finds and declares that a special statute*
12 *is necessary and that a general statute cannot be made applicable*
13 *within the meaning of Section 16 of Article IV of the California*
14 *Constitution because of the unique circumstances regarding the*
15 *provision of health and human services in the County of Riverside.*

16 ~~SECTION 1. Section 12301.15 of the Welfare and Institutions~~
17 ~~Code is amended to read:~~

18 ~~12301.15. The application for in-home supportive services~~
19 ~~shall contain a notice to the recipient that his or her provider or~~
20 ~~providers will be given written notice of the recipient's authorized~~
21 ~~services and the full number of services hours allotted to the~~
22 ~~recipient. The application shall inform recipients of the Medi-Cal~~
23 ~~toll-free telephone fraud hotline and Internet Web site for reporting~~
24 ~~suspected fraud or abuse in the provision or receipt of supportive~~
25 ~~services.~~

AMENDED IN SENATE APRIL 16, 2018

AMENDED IN SENATE MARCH 22, 2018

SENATE BILL

No. 1004

Introduced by Senators Wiener and Moorlach

(Principal coauthor: Assembly Member Mullin)

(Coauthor: Senator Portantino)

(Coauthors: Assembly Members Arambula, Chiu, Eggman, Kiley,
Maienschein, Mayes, and Waldron)

February 6, 2018

An act to add a heading to Chapter 1 (commencing with Section 5840) of, and to add Chapter 2 (commencing with Section 5840.5) to, Part 3.6 of Division 5 of the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

SB 1004, as amended, Wiener. Mental Health Services Act: prevention and early intervention.

Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters by Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs by imposing a tax of 1% on annual incomes above \$1,000,000. The MHSA establishes the Mental Health Services Oversight and Accountability Commission to oversee various parts of the act, as specified. Under the MHSA, funds are distributed to counties to be expended pursuant to a local plan for specified purposes, including, but not limited to, prevention and early intervention. Existing law specifies that prevention and early intervention services include outreach, access, and linkage to medically necessary care, reduction in

stigma, and reduction in discrimination. The MHSA permits amendment by the Legislature by a $\frac{2}{3}$ vote of each house if the amendment is consistent with, and furthers the intent of, the MHSA.

This bill would require the commission, on or before January 1, 2020, to establish priorities for the use of prevention and early intervention funds and to develop a statewide strategy for monitoring implementation of prevention and early intervention services, including enhancing public understanding of prevention and early intervention and creating metrics for assessing the effectiveness of how prevention and early intervention funds are used and the outcomes that are achieved. The bill would amend the Mental Health Services Act by requiring a county, commencing with the 2020–21 fiscal year, to focus the prevention and early intervention portion of its local plan on the priorities established by the commission. The bill would authorize a county to include other priorities, as determined through the stakeholder process, either in place of, or in addition to, the established priorities. If the county chooses to include other programs, the bill would require the plan to include a description of why those programs are included and metrics by which the effectiveness of those programs are to be measured. The bill would require the commission to review the plans and approve them if they meet specified requirements. The bill would prohibit funding for county prevention and early intervention programs from being ~~distributed~~ *expended* until after the approval of the county's prevention and early intervention plan by the commission. This bill would declare that its provisions further the intent of the MHSA.

By requiring counties to include additional information in their local plans, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: $\frac{2}{3}$. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) Mental illness affects one in four people in the United States
4 and is the leading cause of disability worldwide.

5 (b) Every year, 100,000 young adults in the United States
6 experience their first psychotic episode, frequently involving
7 debilitating hallucinations and delusions.

8 (c) The average delay in receiving appropriate diagnosis and
9 treatment is an astonishing 18.5 months after the illness takes root
10 and the patient suffers their first psychotic break.

11 (d) The longer a mental illness goes untreated, the more likely
12 it is that a young person will spiral down a damaging course and
13 find themselves unable to graduate, form relationships, or hold a
14 job.

15 (e) Fifty percent of all mental illness begins by 14 years of age
16 and 75 percent by 24 years of age, yet young people are often
17 reluctant and afraid to seek help.

18 (f) One in 10 college students has considered suicide. Suicide
19 is the second leading cause of death among college students,
20 claiming more than 1,100 lives nationally every year.

21 (g) The Adverse Childhood Experiences Study, an observational
22 study of the relationship between trauma in early childhood and
23 morbidity, disability, and mortality in the United States,
24 demonstrated that trauma and other adverse experiences are
25 associated with lifelong problems in mental health, addiction, and
26 general health.

27 (h) In the United States, more than ~~six~~ 6 in 10 young people
28 have been exposed to violence within the past year, including
29 witnessing violence, assault with a weapon, sexual victimization,
30 child maltreatment, and dating violence. Nearly one in 10 was
31 injured.

32 (i) Early intervention in mental illness comes with a measurable
33 cost benefit. A joint analysis by ~~The~~ *the* National Academies of
34 Sciences, Engineering, and Medicine determined that every \$1
35 invested in prevention and early intervention for mental illness
36 and addiction programs yields \$2 to \$10 in savings related to health
37 costs, criminal and juvenile justice costs, and low productivity.

1 (j) A multiyear review by the National Institute of Mental Health
2 found that patients with first episode psychosis who received early
3 intervention, with coordinated specialty care, experienced greater
4 improvement in their symptoms, relationships, and quality of life.
5 They were also more involved in work or school compared with
6 patients who did not receive these services.

7 SEC. 2. The heading of Chapter 1 (commencing with Section
8 5840) is added to Part 3.6 of Division 5 of the Welfare and
9 Institutions Code, to read:

10
11 CHAPTER 1. PREVENTION AND EARLY INTERVENTION PROGRAMS
12

13 SEC. 3. Chapter 2 (commencing with Section 5840.5) is added
14 to Part 3.6 of Division 5 of the Welfare and Institutions Code, to
15 read:

16
17 CHAPTER 2. PREVENTION AND EARLY INTERVENTION PROGRAM
18 PLANNING
19

20 5840.5. It is the intent of the Legislature that this chapter
21 achieve all of the following:

22 (a) Expand the provision of high quality Mental Health Services
23 Act (MHSA) Prevention and Early Intervention (PEI) programs
24 at the county level in California.

25 (b) Reduce unnecessary hospitalizations, homelessness, suicides,
26 and inpatient days by appropriately utilizing community-based
27 services and improving timely access to prevention and early
28 intervention services.

29 (c) Increase participation in school attendance, social
30 interactions, physical health, personal bonding relationships, and
31 rehabilitation, including employment and daily living function
32 development for clients.

33 (d) Create a more focused approach for PEI requirements.

34 (e) Increase programmatic and fiscal oversight of county
35 MHSA-funded PEI programs.

36 (f) *Reflect the stated goals as outlined in the PEI component of*
37 *the MHSA, as stated in Section 5840.*

38 5840.6. For purposes of this chapter, the following definitions
39 shall apply:

1 (a) “Childhood trauma prevention and early intervention” refers
2 to a program that targets children exposed to, or who are at risk
3 of exposure to, adverse and traumatic childhood events. This may
4 include, but is not limited to, all of the following:

5 (1) Focused outreach to at-risk and in-need populations.

6 (2) Implementation of appropriate trauma-related screening and
7 assessment tools.

8 (3) Collaborative, strengths-based approaches that appreciate
9 the resilience of trauma survivors.

10 (4) Peer support.

11 (5) Family education and support.

12 (6) Leveraging the healing value of traditional cultural
13 connections, including policies, protocols, and processes that are
14 responsive to the racial, ethnic, and cultural needs of individuals
15 served and recognition of historical trauma.

16 ~~(b) “College mental health outreach, engagement, and service
17 delivery” refers to a program that educates and engages students
18 and provides either on-campus, off-campus, or linkages to mental
19 health services not provided through the campus to students who
20 are attending colleges and universities, including, but not limited
21 to, public community colleges. This may include, but is not limited
22 to, all of the following:~~

23 ~~(1) Meeting the mental health needs of students that cannot be
24 met through existing education funds.~~

25 ~~(2) Establishing direct linkages for students to community-based
26 mental health services.~~

27 ~~(3) Addressing direct services, including, but not limited to,
28 increasing college mental health staff-to-student ratios and
29 decreasing wait times.~~

30 ~~(4) Participating in evidence-based and community-defined best
31 practice programs for mental health services.~~

32 ~~(5) Serving underserved and vulnerable populations, including,
33 but not limited to, lesbian, gay, bisexual, transgender, and queer
34 persons, victims of domestic violence and sexual abuse, and
35 veterans.~~

36 ~~(6) Establishing direct linkages for students to community-based
37 mental health services for which reimbursement is available
38 through the students’ health coverage.~~

39 ~~(7) Reducing racial disparities in access to mental health
40 services.~~

1 ~~(8) Funding mental health stigma reduction training and~~
2 ~~activities.~~

3 ~~(9) Providing college employees and students with education~~
4 ~~and training in early identification, intervention, and referral of~~
5 ~~students with mental health needs.~~

6 (e)

7 (b) "Commission" means the Mental Health Services Oversight
8 and Accountability Commission established pursuant to Section
9 5845.

10 (d)

11 (c) "County" also includes a city receiving funds pursuant to
12 Section 5701.5.

13 (e)

14 (d) "Early psychosis and mood disorder detection and
15 intervention" has the same meaning as set forth in paragraph (2)
16 of subdivision (b) of Section 5835.

17 (e) *"Outreach and engagement" means strategies that target*
18 *transition age youth, with a priority on partnerships with college*
19 *mental health programs that educate and engage students and*
20 *provide either on-campus, off-campus, or linkages to mental health*
21 *services not provided through the campus to students who are*
22 *attending colleges and universities, including, but not limited to,*
23 *public community colleges. This may include, but is not limited*
24 *to, all of the following:*

25 (1) *Meeting the mental health needs of students that cannot be*
26 *met through existing education funds.*

27 (2) *Establishing direct linkages for students to community-based*
28 *mental health services.*

29 (3) *Addressing direct services, including, but not limited to,*
30 *increasing college mental health staff-to-student ratios and*
31 *decreasing wait times.*

32 (4) *Participating in evidence-based and community-defined best*
33 *practice programs for mental health services.*

34 (5) *Serving underserved and vulnerable populations, including,*
35 *but not limited to, lesbian, gay, bisexual, transgender, and queer*
36 *persons, victims of domestic violence and sexual abuse, and*
37 *veterans.*

38 (6) *Establishing direct linkages for students to community-based*
39 *mental health services for which reimbursement is available*
40 *through the students' health coverage.*

1 (7) *Reducing racial disparities in access to mental health*
2 *services.*

3 (8) *Funding mental health stigma reduction training and*
4 *activities.*

5 (9) *Providing college employees and students with education*
6 *and training in early identification, intervention, and referral of*
7 *students with mental health needs.*

8 (f) “Prevention and early intervention funds” means funds from
9 the Mental Health Services Fund allocated for prevention and early
10 intervention programs pursuant to paragraph (3) of subdivision (a)
11 of Section 5892.

12 5840.7. (a) On or before January 1, 2020, the commission
13 shall establish priorities for the use of prevention and early
14 intervention funds. These priorities shall include, but are not limited
15 to, the following:

16 (1) Childhood trauma prevention and early intervention to deal
17 with the early origins of mental health needs.

18 (2) Outreach and engagement strategies that target transition
19 age youth, with a priority on partnership with college mental health
20 programs. ~~As the program evolves, the commission shall include~~
21 ~~outreach to college-age individuals who are not in college.~~

22 (3) Early psychosis and mood disorder detection and
23 intervention.

24 (4) Other programs the commission ~~identifies~~ *identifies, with*
25 *stakeholder participation*, that are proven effective in ~~achieving~~
26 *achieving, and are reflective of*, the goals stated in Section 5840.

27 (b) On or before January 1, 2020, the commission shall develop
28 a statewide strategy for monitoring implementation of this part,
29 including enhancing public understanding of prevention and early
30 intervention and creating metrics for assessing the effectiveness
31 of how prevention and early intervention funds are used and the
32 outcomes that are achieved. If the commission requires additional
33 resources for these purposes, it may prepare a proposal for
34 consideration by the appropriate policy committees of the
35 Legislature.

36 5840.8. (a) Commencing with the 2020–21 fiscal year, the
37 portion of the county plans required pursuant to Section 5847 that
38 specifies programs for prevention and early intervention, as
39 required pursuant to paragraph (1) of subdivision (b) of Section

1 5847, shall be reviewed by the commission and approved if the
2 plan meets the requirements of subdivision (b).

3 (b) The portion of the county plan relating to prevention and
4 early intervention shall focus on the priorities established by the
5 commission pursuant to Section 5840.7. A county may include
6 other priorities, as determined through the stakeholder process,
7 either in place of, or in addition to, the established priorities. If the
8 county chooses to include other programs, the plan shall include
9 a description of why those programs are included and metrics by
10 which the effectiveness of those programs are to be measured. *The*
11 *commission shall consider a county's current spending on the*
12 *priorities established pursuant to Section 5840.7 when reviewing*
13 *and approving a plan that includes other priorities.*

14 (c) Commencing with the 2020–21 fiscal year, funding for
15 county prevention and early intervention programs distributed
16 pursuant to Section 5892 shall be ~~distributed~~ *expended* only after
17 the commission approves the county's prevention and early
18 intervention plan.

19 5840.9. Notwithstanding the rulemaking provisions of the
20 ~~Administrative—Procedures~~ *Procedure* Act (Chapter 3.5
21 (commencing with Section 11340) of Part 1 of Division 3 of Title
22 2 of the Government Code), the commission may implement this
23 chapter without taking regulatory action until regulations are
24 adopted. The commission may use information notices or related
25 communications to implement this chapter.

26 SEC. 4. The Legislature finds and declares that this act furthers
27 the intent of the Mental Health Services Act, enacted by
28 Proposition 63 at the November 2, 2004, statewide general election.

29 SEC. 5. If the Commission on State Mandates determines that
30 this act contains costs mandated by the state, reimbursement to
31 local agencies and school districts for those costs shall be made
32 pursuant to Part 7 (commencing with Section 17500) of Division
33 4 of Title 2 of the Government Code.