



Chair
Supervisor Carole Groom

1100 "K" Street, Suite 101/Sacramento, CA 95814/ (916) 327-7531 email: UCC@urbancounties.com

**Urban Counties of California
Board of Directors Meeting
Monday, March 25, 2019 - 4:00 PM**

Conference Call Procedures:

1. Dial the Access Number – 1.515.603.3124
2. Enter our six-digit ACCESS CODE followed by the # sign: 939756#
3. Participants will hear music until UCC staff have entered the call. When the leader leaves a call, the conference is terminated.

**Please avoid using the HOLD button during the conference call.
Many phone systems play background music while on hold,
which makes it difficult for members to hear what is being said.**

I. Call to Order

II. Roll Call of Counties

III. Approval of Minutes

To be provided under separate cover.

IV. Update on UCC / Transition Period

IV-A. Report from Hurst Brooks Espinosa on Transition / Next Steps Effort; Plans for April 2019 Board Meeting

V. Legislative Update

V-A. Mental Health Issues and Funding

- Perspectives from the Steinberg Institute – Adrienne Shilton, Government Affairs Director
 - **Attachment A: Background memo, including list of MHS-related legislation; Steinberg Institute list of 2019 legislative priorities** **PAGES 1-10**

V-B. Housing and Homelessness Issues and Funding

- **Attachment B: Background memo (to be provided under separate cover)** **PLACEHOLDER AT PAGE 11**

Board of Directors: Chair: Supervisor Carole Groom, San Mateo County **Vice Chair:** Supervisor Kelly Long, Ventura County, **Treasurer:** Emily Harrison, Finance Director, Santa Clara County **Members:** Supervisor Keith Carson, Alameda County; Supervisor Federal Glover, Contra Costa County; Supervisor Ernest Mendes, Fresno County; Supervisor Mark Ridley-Thomas, Los Angeles County; Supervisor Lisa Bartlett, Orange County; Supervisor Chuck Washington, Riverside County; Supervisor Susan Peters, Sacramento County; Supervisor Nathan Fletcher, San Diego County; Supervisor Curt Hagman, San Bernardino County; Vacant, San Francisco County; Supervisor Bob Elliott, San Joaquin; Supervisor Susan Ellenberg, Santa Clara County

V-C. 2019 Legislative Bills of Note

➤ **Attachment C: Non-exhaustive list of bills** **PAGES 12-13**

VI. State Budget Update

VI-A. IHSS

VI-B. Housing

VI-C. Child Support

VI-D. Property Tax Backfill

VIII. Proposals for Next Month's Meeting Agenda

IX. Public Comment

X. Adjournment

Our next meeting will be held in-person on Wednesday, April 24 in conjunction with the CSAC Legislative Conference in Sacramento.

Item V-A: Mental Health Issues and Funding

March 18, 2019

TO: Urban Counties of California (UCC) Board of Directors

FROM: Hurst Brooks Espinosa

RE: **2019 Legislative Update – Mental Health Issues and Funding**

This memo provides an overview and background on 2019 legislative and state budget activities associated with the broad issue of mental health. Given Governor Newsom's public comments regarding the provision of and funding for mental health treatment, heightened legislative interest in these same issues – most notably high levels of local Mental Health Services Act (MHSA) reserves, as well a number of related legislative proposals, we believe it is important for UCC to consider and understand the potential implications of the current policy context and conversations.

In recent weeks, the Legislature has held several informational and budget hearings discussing mental health issues and counties' role in delivering mental health services. It is clear that some members hold a negative view of how counties are delivering mental health services – via the MHSA and via county mental health plans (counties plans deliver specialty mental health services to Medi-Cal recipients with serious mental illness). We provide a summary of those conversations below under two interrelated categories below.

1) MHSA Legislative Proposals and Policy Questions Regarding Effectiveness of Current Structure

The Legislature continues to be concerned about how (and whether) counties are spending MHSA. Sacramento Mayor and former President Pro Tempore Darrell Steinberg presented his thoughts about MHSA at an Assembly budget subcommittee hearing on March 11. A summary of his most pertinent comments are as follows:

- There are some fundamental flaws in the structure of the MHSA. There is very little outcome-based work to share with the public as to how MSHA-funded efforts have helped people, and there is no mechanism to show the societal results on a county-by-county basis.
- Mayor Steinberg focused on improving state leadership. In his view, the MHSA is too separate from the rest of state government, and its mission hasn't been integrated at Department of Health Care Services (DHCS) and at the Health and Human Services Agency. From his perspective, everything should be geared around clear outcomes.
- Mayor Steinberg also stated that focusing more on prevention and early intervention would improve the Act. He talked about fully inverting the current allocation, which dedicates 80 percent to services and 20 percent to for prevention to one that would more heavily invest in prevention and early intervention (80 percent) vs. services (20 percent).
- There is a tremendous need for technical assistance.
- During the follow-up questions and answer exchange with members, Mayor Steinberg talked about the challenges around mental health workforce and mentioned peer support explicitly. He referenced as a positive policy development Senator Atkins' current legislative proposal related to

same-day billing (SB 66) and promoted the use of community colleges to train more mental health workers.

In two recent hearings, Assembly members have raised concerns about counties' inability to spend the innovation funds from MHSA. One member suggested creating a menu of innovative projects that counties could choose from, rather trying to reinvent the wheel with innovation.

Additionally, in an Assembly Human Services Committee informational hearing focused on delivering mental health services to foster youth placed out of county, Assembly Member Mark Stone voiced concerns about the mental health delivery system, including his view that there is more emphasis on controlling utilization than on being creative in delivering services to children and youth. He also pointed to the unspent county MHSA reserves at a time when kids are still facing hurdles to services. He said he was "not sure that the mental health piece is gelling as we intended in the Continuum of Care Reform."

See below a list of MHSA-related bills currently before the Legislature. UCC continues to assess these measures and will determine advocacy positions consistent with the direction in established legislative policies.

Bill No./Author	Summary	Status
AB 43 (Gloria)	State legislative intent to enact legislation to ensure that MHSA funds are used in accordance with the provisions of the act and that there is adequate oversight of excess unspent funds. Note: Assembly Member Gloria's AB 2843 of 2018 would have required unspent MHSA funds to be reallocated to cities, special districts, school districts, or other public entities. UCC and other county associations strongly opposed this measure, which ended up failing on the Assembly Floor. Policy discussions on this measure were notably critical of county reserve practices.	Introduced 12/3/2018. Not yet set for hearing.
AB 306 (Ramos)	Spot bill.	Introduced 1/29/2019. Not yet set for hearing.
AB 480 (Salas)	Would establish within DHCS an Older Adult Mental Health Services Administrator to oversee mental health services for older adults and require that position to be funded with state MHSA administrative funds.	Set for hearing 4/2/2019 in Assembly Committee on Aging and Long Term Care; double referred to Assembly Health Committee.
AB 563 (Quirk-Silva)	Spot bill.	Introduced 2/13/2019. Not yet set for hearing.

AB 713 (Mullin)	Makes technical change to the way the MHSA's Early Psychosis and Mood Disorder Detection and Intervention Fund is established.	Set for hearing 3/26/2019 in Assembly Health Committee.
AB 895 (Muratsuchi)	Would recast provisions associated with a school-based early mental health intervention and prevention program and would make the implementation of the associated grant program contingent upon an appropriations from the administrative portion of the MHSA.	Awaiting hearing in Assembly Education Committee.
AB 1126 (O'Donnell)	Would require the State Department of Education to collaborate with DHCS to streamline and simplify the processes whereby local educational agencies and county behavioral health agencies collaborate to leverage available funding – including MHSA resources – to provide mental health services to pupils.	Awaiting hearing in Assembly Education Committee.
AB 1443 (Maienschien)	Would require the Mental Health Services Oversight and Accountability Commission – established in the MHSA to oversee the administration of various parts of the act – to establish technical assistance centers to support counties in addressing mental health issues that are of statewide concern and establish, with stakeholder input, which mental health issues are of statewide concern; would further require associated costs to be paid using MHSA funds allocated to the commission.	Awaiting hearing in Assembly Health Committee.
AB 1689 (McCarty)	Would require the Mental Health Services Oversight and Accountability Commission – subject to an appropriation by the Legislature (i.e., does not propose to divert MHSA funds) – to create a grant program for public community colleges, colleges, and universities for the purpose of improving access to mental health services on those campuses. Expresses the intent to foster partnerships between counties and college campuses to better address the mental health needs of their students.	Set for hearing 4/9/2019 in Assembly Health Committee.
SB 12 (Beall)	Would require the Mental Health Services Oversight and Accountability Commission – subject to the availability of funds for these purpose – to administer an Integrated Youth Mental Health Program for purposes of establishing local centers to provide integrated youth mental health services, as specified.	Set for hearing 3/27/2019 in Senate Health Committee.
SB 389 (Hertzberg)	Would amend the MHSA to refine eligible expenditures for specific populations. Would leave unchanged the existing prohibition against spending MHSA funds on state prison inmates, but expressly permit that funds	Awaiting hearing in Senate Health Committee.

	may be used to provide services to persons who are participating in a presentencing or post-sentencing diversion program or who are on parole, probation, post-release community supervision, or mandatory supervision.	
SB 539 (Caballero)	Would amend the MHSA by redirecting specified funds (when overall MHSA revenues exceed the previous year's deposits) to a newly established Mental Health Services Workforce Education and Training Account. Would further amend the act by authorizing a county to transfer funds allocated for community supports and services to the Mental Health Services Workforce Education and Training Account, under certain circumstances. Would also make a \$70 million appropriation to the Office of Statewide Health Planning and Development for the purpose of funding a 5-year education and training development plan.	Set for hearing 4/3/2019 in Senate Health Committee.
SB 604 (Bates)	Would require the Mental Health Services Oversight and Accountability Commission, by January 1, 2021, to establish centers of excellence to provide counties with technical assistance to implement best practices related to elements of the act. Would also require the centers to be funded with state administrative funds provided under the act.	Awaiting hearing in Senate Health Committee.

Additionally, there are two measures that seek to expand the mental health workforce by expanding and providing resources for loan forgiveness and scholarships without expressly touching the current MHSA funding mechanism – AB 565 (Maienschein) and AB 1619 (Weber). As noted above, SB 539 also seeks to address mental health workforce, but would achieve its objectives by diverting specified MHSA revenues.

2) County Mental Health Plan Performance

The Assembly and Senate Health Committees held two joint informational hearing on mental health issues in February and March. Issues raised with county mental health include the following:

- Several presenters (National Health Law Center, Local Health Plans of California) called for ending the carve-out of mental health and Drug Medi-Cal services. Were this change to occur, counties would no longer serve as the mental health plans; instead, the local health plans and commercial health plans would be responsible for arranging for and delivering mental health and substance use disorder services. There would be a lot of issues to discuss about such a move – what would happen with Mental Health Services Act funding? How would crisis response (like 5150s) work; would counties still play a role? What would happen to 1991 and 2011 realignment funding? Several other speakers talked about issues that cross public systems – like the justice involved and foster care populations – that would also complicate untangling the county role in mental health services.

- Jennifer Kent, Director of DHCS, was nuanced in her comments about the mental health system. She highlighted the expertise that counties have in serving individuals with serious mental illness. “I don’t know that other entities – providers or vendors – could step in and provide the service.” She also talked about how closely county mental health plans (MHPs) works with jails, foster care and the juvenile justice systems. Again, Director Kent underscored these as county strengths.

She also presented on challenges facing county mental health. The federal government has changed oversight about how benefits are delivered. This is the first time that MHPs must meet network filings, pre-authorizations, time and distance standards. DHCS noted that compliance with the federal managed care regulations is one of largest areas of concern. Very small counties have challenges with staffing and ability to comply. She also noted that DHCS is preparing letters to counties – including some large counties – for failing to meet network adequacy standards, which will include sanctions. In other settings, she has suggested decreasing the number of county mental health plans and regionalizing the plans.

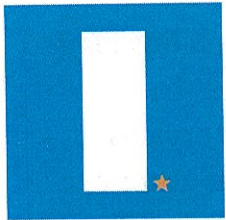
In terms of opportunities, Director Kent identified the upcoming discussions about the 1115 waiver and 1915b waivers as an opportunity to better integrate behavioral health with the overall delivery system. She talked about the difficulties in fully integrating behavioral health and health because of the financing. She also mentioned the difficulties with the existing financing mechanism of the MHPs (certified public expenditures). Several presenters concurred and talked about alternative payment models, including value-based payments and pay for performance.

- Several presenters also suggested measuring MHP outcomes and performance. The concept would be to set some metrics and monitor how county mental health plans are performing, similar to what is currently done in monitoring child welfare performance.

While the existing financing model of mental health – 1991 and 2011 Realignment – would be exceptionally difficult to unwind, a portion of the stakeholder community is so unhappy with the outcomes of individuals receiving specialty mental health services from counties that they are calling for the end of the current service delivery. The conversation is nascent and requires quite a bit more education of the Legislature – and the Newsom Administration. However, the perception that counties are doing a poor job delivering services and that it is resulting in bad outcomes for people (homelessness, incarceration, early death) will require county engagement at the state level.

Guest Speaker – Adrienne Shilton of the Steinberg Institute

To give an additional dimension of the policy landscape discussion, we have invited Adrienne Shilton to present to the UCC Board of Directors. Ms. Shilton serves as the Government Affairs Director for the Steinberg Institute, an independent non-profit organization established in 2015 by former Senate President pro Tempore and now Sacramento Mayor Darrell Steinberg to raise the profile and increase the effectiveness of mental health policy-making in California. Importantly, Mayor Steinberg also serves as Governor Newsom’s informal policy advisor of mental health policy matters. She will discuss the Institute’s overall perspectives on mental health funding and policy making and its views on how best to improve access to quality mental health care. A copy of the Institute’s 2019 legislative proposals is attached for informational purposes.



**STEINBERG
INSTITUTE**

1121 L Street, Suite 300
Sacramento CA 95814
T 916.553.4167
steinberginstitute.org

ADVANCING BRAIN HEALTH POLICY & INSPIRING LEADERSHIP

Steinberg Institute Legislative Sponsorship Proposals

SB 10 (Beall) seeks to establish a peer certification process in California. A peer provider is a person who draws on lived experience with mental illness and/or substance use disorder and recovery, bolstered by specialized training, to deliver valuable support services in a treatment setting. Across the nation, peer support programs have emerged as an evidence-based practice with proven benefits to both peers and the clients they assist, including reduced hospitalizations, alleviation of depression and enhanced self-advocacy. A peer support program also creates a career ladder so that consumers and family members working in mental health care have the opportunity to fully contribute, translating their experience into meaningful employment. Across California, peer providers are already utilized in many settings. *However, there is no statewide standard of practice, consistent curriculum, training standards, supervision standards, or certification protocol in California.* California is now only one of two states (the other State is South Dakota) that does not have peer certification.

SB 11 (Beall) - The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA or Parity Law) promised equity in the insurance coverage of mental health and substance use disorder care, but years later mental health parity is still not a reality and too many Americans continue to be denied care when they need it the most. To fulfill the promise of the Parity Law, we must hold health insurance plans accountable to comply with the letter and spirit of the law. This bill will facilitate implementation and enforcement of the MHPAEA. SB 11 (Beall) seeks to strengthen parity provisions within state law and require health care service plans and insurers to demonstrate annually that they are following existing state and federal parity laws that require mental health and addiction treatment be covered equally with other types of medical treatment. Californians in need of mental health and addiction care should receive the care they need without prejudice or delay. We are co-sponsoring this bill with the Kennedy Forum and the Mental Health Services Oversight and Accountability Commission.

SB 66 (Atkins/McGuire) would dismantle a regulatory barrier that keeps some of California's poorest and most vulnerable residents from accessing services for both

mental health and physical health on the same day. For years now, California has lagged behind other states – and ignored federal recommendations – when it comes to reimbursing Federally Qualified Health Centers and Rural Health Clinics for services provided on the same day. Across the state, these vital centers provide care to more than 6.5 million patients. The vast majority of their clients live at or below the poverty line, and a substantial number are enrolled in Medi-Cal. SB 66 would require the state to allow community health centers to bill Medi-Cal for two visits if a patient is provided mental health services on the same day he or she receives other medical services.

SB 331 (Hurtado) - This legislation emphasizes a more proactive approach to preventing suicides. The bill will require that all California counties develop a suicide prevention plan while focusing on the staggering rise in deaths among adolescents. Youth suicide and self-inflicted injury is on the rise, and is the second leading cause of death among youth ages 14 to 24 in the U.S. In California, almost 20 percent of high school students seriously considered attempting suicide in the previous year, with almost one-half (49 percent) of LGBTQ students reporting suicidal ideation – more than three times the estimate compared to their straight peers. California’s counties must act to stem the state’s tragic rise in suicide rates. To do so, they need strategic suicide-prevention plans that focus special attention on children under the age of 19. A handful of counties have taken the initiative to develop such plans on their own, but it is too important to wait on the others to follow suit, so the state must show the way.

SB 542 (Stern) - Firefighters and police officers are frequently exposed to occupational horrors that take an overwhelming toll upon them both physically and emotionally, but California law does not provide for them to get workers compensation for mental health conditions caused by their exposure to traumatic events. This bill would enable firefighters and other public safety officials to get workers compensation for mental health conditions. There were more suicides than line of duty deaths among officers and firefighters in 2017.

SB 744 (Caballero) - This bill would expedite the local and state siting process for the 20,000 + housing units authorized through our No Place Like Home (NPLH) program that was overwhelmingly supported by voters in 2018 via Proposition 2. California is in a state of emergency with a growing population of homeless individuals who are living with a serious mental illness. This bill would set out certain criteria for permanent supportive housing projects within the NPLH program to utilize a streamlined review process that will result in a speedier distribution of NPLH funds. This bill would establish a need for an expedited process based on the voters overwhelming approval of NPLH projects and the urgent need to make this housing available to address California’s homelessness crisis.

AB 512 (Ting) - Health equity is central to the wellbeing of communities of color across the state, who face persistent disparities in health outcomes. Each county in California is required to assess the cultural competency needs of its mental health services and provide for culturally competent and age-appropriate services. Each county must also produce a Cultural Competence Plan that includes specified components, namely:

- Objectives and strategies for improving cultural competence
- A population assessment and an organizational and service provider assessment
- A listing of services available by language and location
- A plan for providing cultural competency training to staff

We believe counties need further guidance in order to make cultural competency plans useful and effective. Despite the growing recognition of the impact trauma has on communities of color and other marginalized communities, current law does not specify which populations and disparities should be addressed, what specific performance targets are required for reducing disparities, or how counties need to address trauma in their cultural competency strategies. This bill would require each county to prepare a cultural competency assessment plan that includes specified components, including:

- Disparities in access, utilization, and outcomes by race, ethnicity, language, sexual orientation, gender identity, and immigration status, to the extent data is available
- Annual performance targets for reducing disparities
- Designated strategies for reaching performance targets
- Performance on prior performance targets
- Strategies for addressing trauma and developing trauma-informed services

AB 565 (Maienschein) - The shortage of psychiatrists in the United States has reached crisis levels. In 2017 the National Council for Behavioral Health projected demand for psychiatry would outstrip services by 25 percent in 2025. The dynamic is evident in California where county mental health departments labor, often in vain, to fill psychiatrist vacancies. According to state records, 23 of California's 58 counties have fewer than one psychiatrist per 10,000 residents, while six counties have no psychiatrists at all.

One way to incentivize students to pursue psychiatry lies in tackling the burden of debt that so many students shoulder as they pursue an advanced medical degree. This bill would increase the budget of the *Steven Thompson Loan Repayment Program*, allowing more psychiatrists practicing in the public mental health system to be eligible for loan repayment funding.

AB 713 (Mullin) - In 2017, we sponsored and the Governor signed AB 1315, by Assemblymember Kevin Mullin. This legislation sought to expand resources for Early Psychosis Intervention and serious mood disorder services. The bill created a first-of-its-kind public/private partnership dedicated to fund evidence-based intervention and treatments that have proven effective in arresting conditions such as schizophrenia, bipolar and other mood disorders before they become disabling.

However, within the legislation there is currently a requirement that *only* private funding can be deposited into the account established at the State Treasurer's office to kick off the program. Unfortunately, the private funding we anticipated has not materialized. As a result, our proposal is to amend AB 1315 to allow the flow of both private *and* public funds into this account so that counties are able to scale up these evidence-based services across the state as a result of this dollar-for-dollar funding opportunity.

AB 890 (Wood) - California is 1 of 28 states and the only western state that restricts nurse practitioners (NPs) by requiring that they practice and prescribe with physician oversight. A large body of research has linked such restrictions to a lower supply of NPs, poorer access to care for state residents, lower use of primary care services, and greater rates of hospitalizations and emergency department visits. Although proponents of scope of practice restrictions argue that physician oversight is necessary to ensure quality of care, dozens of studies demonstrate that the quality of NP care is comparable to that of physician care, and that there is no difference in the quality of care when there are no physician oversight requirements. In addition, several studies have found that full practice authority for NPs is associated with lower costs of care. This bill would allow nationally certified nurse practitioners to practice without physician supervision.

AB 1055 (Levine) - This bill would require a person who is released from a 72 hour hold to have an action plan with them for follow-up care. It would require a psychiatrist, psychologist, or medical director to approve the release and ensure that an initial outpatient appointment with a psychiatrist or psychologist is scheduled within 5 days of the release. Studies show that a significant number of suicides occur within a few hours after a person is released from a psychiatric hold which is an extremely vulnerable time for a person struggling with a mental illness. This bill intends to ensure a patient's outpatient plan includes timely and accessible mental health care.

AB 1601 (Ramos) - California has borne more than its share of disaster in recent years, from mass shootings to devastating wildfires and deadly mudslides. Research is clear that such trauma can impact a person's mental health quite seriously and the impact can linger long after the disaster itself is over. This bill would establish a mental health

Deputy Director position within the Governor's Office of Emergency Services. The Deputy Director would be charged with preparing for and coordinating trauma-related support during and in the aftermath of a natural disaster or declaration of a state of emergency. This legislation would help to ensure mental health needs are included in the states strategies for supporting and rebuilding communities impacted by disasters.

AB 1689 (McCarty) - Access to mental health services on public college campuses varies by systems, with some offering direct access to services and others with no mental health professional on campus. Considering the growing number of students seeking counseling, there is an even greater need to support effective services, such as peer-to-peer programs, and community and intra-campus engagement. Currently, California college campuses and higher education systems do not meet national staffing standards for psychiatric services and other mental health professionals. Recent data and reports have shown college students are experiencing increased rates of mental health issues and demand for services. By investing in mental health services on college campuses we will improve student success, save lives, and see a significant return on investments. AB 1689 would set up a competitive grant program for the public universities to invest in student mental health.

AB 1766 (Bloom) would require the California Department of Social Services, Community Care Licensing Division (CCLD) to collect data on the number of individuals living with severe mental illness (SMI) who are currently residing in licensed Adult Residential Facilities (ARF). In addition, it would require CCLD to set a standard of care for facilities that housing this vulnerable population.

Item V-B: Housing and Homelessness Issues and Funding

Background/informational memo will be distributed under separate cover.

Item V-C: 2019 Legislative Bills of Note - March 2019

Linking Transportation Funding to Housing Production

AB 1568 (McCarty): Requires the Department of Housing and Community Development (HCD) to review counties' and cities' housing production reports from June 30, 2022 through June 30, 2051 and determine whether a city or county has met its applicable minimum housing production goal for that reporting period. HCD must then certify that result to the State Controller. If a city or county is not compliant with the minimum housing production goal, the State Controller is authorized to withhold transportation funds and keep them in an escrow account until HCD certifies they are in compliance. AB 1568 has been referred to the Assembly Housing and Community Development and Transportation Committees for hearing.

General Government

AB 849 (Bonta): Recasts provisions associated with redistricting practices of county boards of education, school districts, community college districts, counties, general law and charter cities, and special districts. AB 849 has been referred to the Assembly Elections and Redistricting Committee for hearing.

AB 931 (Boerner Horvath): Requires a minimum number of women members of state and local boards and commissions. For boards and commissions with five or more members, a minimum of 50 percent of board members must be women. For boards and commissions with four or fewer members, at least one member must be a woman. AB 931 has been referred to the Assembly Local Government and Accountability and Administrative Review Committees for hearing.

AB 1640 (Boerner Horvath): Requires a local government, by September 1, 2020, and annually thereafter, to submit a written report to the State Controller's Office as to how it plans to spend its budget reserves on specific priorities over a five-year period. The specific priorities include mental and behavioral health services, affordable housing, homelessness, foster youth programs, LGBTQ+ centers, veterans services, special needs youth and adult services, and in-home supportive services. AB 1640 has been referred to the Assembly Local Government Committee for hearing.

AB 1724 (Salas): Requires the establishment of an independent redistricting commission for general law cities and counties. AB 1724 has been referred to the Assembly Elections and Redistricting and the Assembly Local Government Committees.

SB 139 (Allen): Requires the establishment of an independent redistricting commission for counties with populations above 250,000 by March 1, 2021. SB 139 is set for hearing April 2 in the Senate Elections and Constitutional Amendments Committee.

Public Safety

AB 964 (Medina): Require counties to offer in-person jail visitation in all local detention facilities, despite a 2017 negotiated agreement that effectively grandfathered in all local facilities as of January 1, 2017; that agreement allowed counties – that as of that date offered video or other remote visitation – to continue that practice. Assembly Member Medina's bill, as recently amended, would rewrite those provisions; specifically, it would (1) require all counties to offer only in-person visitation and (2) specify that any county not offering in-person visitation as of January 1, 2020 to comply with the in-person visitation requirement by January 1, 2025. The bill, as now drafted, represents a significant unfunded

mandate for several counties. UCC will work with its county partners to identify costs and oppose this costly proposal. It is set for hearing in Assembly Public Safety Committee on April 2.