NEVADA COUNTY
2015 LEGISLATIVE PRIORITIES

Summary

2014 Legislative Priorities

2015 State Budget Priorities

California State Association of Counties (CSAC) and Rural County Representatives of California (RCRC) will pursue County of Nevada budgetary interests impacted by changes in the State budget. Below are the County's top State Budget priorities:

SUMMARY

Appendix A – List of County Infrastructure Projects

Not in order of priority

The appendix is attached for references purposes. County Agency and Department Associations are pursuing the legislative items listed here. Items have been listed in priority order by each department.

2014 Legislative Priorities

1. Affordability of Wastewater Financing:

The affordability of wastewater financing is becoming more difficult for small communities due to high interest rates and complex application processes.

The best rate loans are typically State Revolving Fund (SRF) loans, but they and other loan packages have very ominous application packages and very long time lines to process resulting in delays to critical projects or small agencies having to come up with interim financing until the SRF or other loans are implemented.

Action:

- Create loan application packages that are more streamlined.
- Expedite the loan application, review, and issuance process.

1. Hazardous Fuels Conditions:

Public lands occupy nearly 35% of the unincorporated land in Nevada County, with a checkerboard pattern of discontinuous and isolated parcels of federal and state lands intermixed with private property through many areas. Approximately 65,000 residents live in the unincorporated areas. While homeowners are required by state law to treat the hazardous vegetation around their property to meet defensible space standards, the State and Federal governments are not mandated to reduce the hazardous fuels conditions on public property. The lack of direct fuels treatment on public lands adjacent to developed areas increases the risk for wildfires to destroy private property. Conversely, wildfire spreading from a developed private property with or without defensible space into public lands without effective fuels treatment has potential to cause significant environmental losses to timber crops, habitats, watershed, developed properties and infrastructure.

The public expects both federal and state governments to reasonably maintain public lands. The general public perception is that both federal and state lands are not meeting public expectation in being leaders in managing these lands. Furthermore, the public is burdened with many regulations such as those relating to fire prevention in building and land development, yet the lack of fuels treatment to reduce hazardous fuels on federal and state lands poses a significant wildfire threat to private lands.

While both federal and state governments provide funds for fuels treatment activities, most fuels treatment activities focus at the community level as opposed to a single or isolated small parcel level. While funding is steadily increasing to support federal fuels treatment projects on federal lands, generally fewer dollars are allocated by state agencies for fuel treatment projects on state lands. Funding by the state typically occurs through voter-approved bonds, such as Proposition 40. While both federal and state governments fund fuels treatment projects, there are, however, gaps in these funding programs. Hundreds of parcels and thousands of acres of private property are vulnerable due to inadequate fuels treatment

efforts on public lands. There is a need to develop a better mechanism for addressing hazardous fuels issues for the public-private property boundary line.

As part of the 2011 Realignment, the Governor proposed to shift $250 million in fire protection services and medical response in the most highly populated State Responsibility Areas (SRAs) to local governments. The SRA includes areas where the State of California has primary financial responsibility for prevention and suppression of wildfires. The Governor's proposal did not come to pass; however, the State Board of Forestry and Fire Protection periodically updates its SRA Classification maps to reflect changes in population, land use or other factors. During these updates the SRA maps should be revised to exclude those areas designated as Certified Firewise Communities.

Actions:

- Increase funding for hazardous fuels reduction on public and private lands through the use of the SRA fees back to Counties.
- Allow, encourage and incentivize the private sector to help with the solution through fee reductions, relaxing regulations and other policy changes.
- For federal lands, utilize the Community Wildfire Protection Plan (CWPP), which is a component of the Healthy Forest Restoration Act. The CWPP should identify both the federal and non-federal (private) properties with hazardous fuels conditions, develop priority areas needing fuels treatments and relay this information to the local federal land managers for appropriate funding (perhaps designate this funding as CWPP funding for federal lands).
- For the state lands, consider adopting similar legislation to the Healthy Forest Restoration Act for state lands, and/ or partnering with the CWPP process for identifying state lands that directly impact private property.
- Provide federal and state funding to develop a biomass/value-added products market to assist both public and private landowners with fuels treatment. (This is also addressed in the Healthy Forest Restoration Act).
- Ensure adequate long-term fuels treatment funding to support both the state and federal land management agencies for the next twenty years and for at least one full rotational fuel treatment cycle.
- Monitor current legislative efforts with regard to State Responsibility Area fees, including waiving the fee for properties within Certified Firewise Communities.

The US Forest Service could do its part to address poor forest health without waiting for increased funding by taking actions such as:

- Engage in policy discussions regarding user fees on haul roads - Road fees are prohibitive to timber companies that want to increase harvests on federal lands. Many of these haul roads were originally built by timber companies and later taken over by the USFS. Although we realize the fees are necessary to cover road maintenance, the fees also need to reflect the benefit provided by companies that are reducing hazardous fuels on public lands, protecting public safety and natural resources.
- In addition to relying on hiring contractors to accomplish fuels reduction projects, the USFS needs to encourage cutting of more merchantable timber, providing the incentive for private businesses to bid on timber sales and thus reducing the fuel hazard.
- Increase funding to enable the percentage of cut allowed based on forest growth to increase from the current level, of approximately 9-10% to 25-40%.

- Revise timber harvest regulations to expand tree thinning and allow greater removal of dense underbrush, and removal of diseased, unhealthy and overstocked trees, returning forested areas to a more healthy state.
- Include biomass plants in grant programs and reduce costs and other barriers to facilitate siting these plants within the forests, if appropriate, where they would operate. Biomass plants provide a means to utilize hazardous fuels, improve forest health, provide local energy resources, create jobs, and stimulate the local economy.
- Work with legislators to streamline the National Environmental Policy Act (NEPA) process to facilitate faster implementation of hazardous fuels reduction projects.

2015 Budget Priorities

1. Maintain and protect funding for Public Safety

In 2011 the State realigned to Counties the incarceration and supervision of low level offenders, court security, and various other former State funding streams including Rural and Small County Sheriff's Program, Cal-MMET, Citizens' Option for Public Safety (COPS) Juvenile Justice Crime Prevention Act (JJCPA) and Juvenile Probation. This realignment is funded by a combination of sales tax and motor vehicle license fees. It is early in the implementation of this realignment and Nevada County has serious concerns regarding the adequacy of these funds. It is imperative that funding for these programs be adequate to carry out these responsibilities. If they are not, it will have serious consequences to Nevada County front line public safety officers and programs.

2. Maintain funding for local streets and roads

Cities and counties own and maintain 81 percent of California's roads, and these byways are the underpinning of California's statewide transportation network. However, the results of the *2012 California Statewide Local Streets and Roads Needs Assessment* show that there has been a steady downward trend in the pavement condition since 2008. The majority of California's counties now have an average pavement condition rating that is considered "at risk" (see maps). While Nevada County has been able to maintain a high level of maintenance, projections indicate that, even in Nevada County, pavement conditions will deteriorate over the next 5 years.

The Governor's current budget does not increase funding levels but does fully fund transportation as agreed to in the transportation tax swap of 2010. Failure to maintain this funding by the legislature would have a devastating effect on the County's road maintenance and improvement program.

3. Provide funding for mandated and realigned responsibilities

The State mandates many county responsibilities and provides full or partial funding for these county responsibilities through allocations, shared funding ratios, claims reimbursements and the like. Funding levels, allocations, and sharing ratios have not kept pace with the cost of fulfilling these responsibilities in the past and in fact have eroded significantly over time. The County is bearing an increasing burden of fulfilling these mandated county responsibilities from local revenues used for many primary purposes of county government such as public safety and roads.

With the additional major 2011 realignments and anticipated additional realignment proposals in the future by the Governor the County would, unless fully protected against escalating costs, be forced to bear an increasing burden of fulfilling these mandated responsibilities from local revenues, diminishing its ability to deliver primary purposes of county government.

4. Create a Fair and Equitable State/County Solution to Implementation of the Affordable Care Act (ACA) in California

The Governor's budget provides a lump sum placeholder of $350 million for mandatory Medicaid expansion to adults with incomes under 138% of Federal Poverty Level under the ACA. He proposes two approaches: 1) State-Based building on the existing state-administered Medicaid program and managed care delivery system and 2) County –Based building on existing Low Income Health Programs. The state wants to engage counties in discussing the appropriate state and local relationship in funding and delivery of health care. The County is interested in creating a fair and equitable relationship where cost are funded and 1991 realignment funds are protected to provide a full range of public health programs.

APPENDIX A
Infrastructure Projects

1. Rural Broadband Infrastructure and Services

Information and General Services is working with SEDCorp on their renewed Gold Country Broadband Consortium (GCBC) initiative. The County Chief Information Officer, (CIO) agreed to be the local co-chair for group. Attached is current project update from SEDCorp.

SB-740 Telecommunications: universal service programs: California Advanced Services Fund was passed in October.

SB 740 will modify the California Advanced Services Fund (CASF) eligibility requirements to let the California Public Utilities Commission (CPUC) award funding to entities such as the Wireless Internet Service providers or other advanced technologies, and add $90 million in funds from telecom ratepayer intrastate surcharges in 2015-2020 to the CASF program for additional broadband projects in areas with no broadband service or slow broadband service (below 6 megabits per second download speed and 1.5 Mbps upload speed). More info at: http://techwire.net/governor-signs-bills-expand-broadband-california/

Locally, this bill could enable locally based Internet services providers to apply for infrastructure construction grants that they previously were not qualified for.

The Planning Department has incorporate county broadband infrastructure goals into their General Plan land use element update polices. They reached out to the County CIO who then brought in the GCBC for input.

> Policy 1.7.18 Encourage and support a sustainable and technologically current high-speed broadband transmission system that reliably connects Nevada County businesses and residences to national networks as a means to reduce transportation impacts, improve air quality, enhance citizens' quality of life, and promote economic development.
>
> Program 1.7.1 The County will develop site standards requiring new residential and commercial development projects to include the broadband infrastructure components and adequate bandwidth speeds necessary to support technologically current communication technologies.

2. Road Projects

- Combie Road Widening
  - Widen Combie Road to ultimate build out as shown in the Combie Corridor Plan; five lanes, two in each direction with center turn lane. The County's development fee program and Higgins Area Plan show the need to widen Combie Road from Highway 49 to Lake of the Pines. Total cost $2.3 million.

- Loma Rica/Brunswick Intersection Improvements
    - Signalize the existing intersection and provide associated improvements to address both capacity and safety issues.

3. Wastewater Projects

- Final design and construction of Penn Valley wastewater system improvements/expansion.
- Planning, design and construction for Cascade Shores Wastewater Treatment Improvements.

4. Solid Waste Projects

- Upgrade of the McCourtney Road Transfer Station.
    - Provide onsite circulation improvements to reduce traffic backups on adjacent public roads
    - Construct improvements to reduce both noise and aesthetic impacts on neighboring properties

5. New Corporation Yard

- Pursue a funding plan for construction of a new corporation yard which consolidates transit, fleet, and roads maintenance onto one site at the Bear River Mills property.

APPENDIX B

2015 BOARD OBJECTIVES

(Will be updated)

- **APPENDIX C**

Summary: Realignment & Health and Human Services Programs –
The State mandates many county responsibilities and provides full or partial funding for these county responsibilities through allocations, shared funding ratios, claims reimbursements and the like. Funding levels, allocations, and sharing ratios have not kept pace with the cost of fulfilling these responsibilities in the past and in fact have eroded significantly over time. The County is bearing an increasing burden of fulfilling these mandated county responsibilities from local revenues used for many primary purposes of county government such as public safety and roads.

The Governor's long term plan has proposed the realignment of a number of state responsibilities for currently shared state/county programs to counties, along with proposals to develop new funding streams and/or shift state funding to counties to provide for the costs of assuming these new responsibilities. In 2011, a host of programs was realigned to counties, including Adult Protective Services, Child Welfare Services/Foster Care, Substance Abuse Treatment programs, Mental Health programs and a number of juvenile and adult criminal justice system programs. There are still discussions to potentially realign other programs to counties. It will be essential that the costs of any realigned programs be offset by either actual savings and/or new funding streams that are sufficient to cover both current and future program costs.

With the additional major 2011 realignments and anticipated additional realignment proposals in the future by the Governor the County would, unless fully protected against escalating costs, be forced to bear an increasing burden of fulfilling these mandated responsibilities from local revenues, diminishing its ability to deliver primary purposes of county government.

Key items:

- Oppose any Administrative or Legislative proposals to divert further Health Realignment funds to the state and advocate for ensuring sufficient funds are left intact at the county level to fully pay the indigent health care costs for the residual population served through CMSP.
- Oppose any reduction to 1991 and/or 2011 Realignment revenues.
- Ensure that the final base levels of funding for 2011 Realignment in Behavioral Health are sufficient to cover the costs of program operation, especially for entitlement programs.
- Monitor California Children's Services (CCS) program and seek protections against increased county program costs. Advocate to "realign" county share of cost for CCS back to the state.

1)	Department	Nevada County Health and Human Services Agency
2)	Person completing the questionnaire	Michael Heggarty
3)	Title	Director (Interim)
	Phone	470-2562
	E-mail	michael.heggarty@co.nevada.ca.us
4)	Indicate whether it is State or federal	State

5)	Title of Legislative Proposal	Realignment in Health and Human Services Programs
6)	Why is legislative remedy appropriate to this issue	The State currently has some level of fiscal and program responsibility for each of the programs proposed for realignment. In 1991, a similar proposal was enacted into law, which shifted both program responsibilities and funding to the counties. Over time, the caseload growth of these realigned programs has exceeded the growth of their dedicated revenues forcing counties to either drastically reduce service levels or subsidize program operations using local revenues. Experience with 2011 Realignment is still too new to evaluate, and base levels of funding are still in flux. Any future realignment proposals need to be crafted to avoid such outcomes which essential shift costs from the state to local counties.
7)	Is this a new proposal or an update of a previously submitted one?	Update
8)	Code Section(s) affected	N/A
9)	Briefly describe existing law:	Shared responsibility and costs for most proposed programs to be realigned are defined in a variety of state statutes.
10)	How would this proposal change existing law	This proposal would ensure that any future law would provide counties with sufficient and dedicated revenues to carry out any newly realigned responsibilities for the provision of health and human services programs.
11)	Fiscal Impact	See comment above in #10
12)	Significant Individual/Groups That Might Support	All county health and humans service agencies and departments
13)	Significant Individuals/Groups that Might Oppose	None known
14)	Negative Impacts to County or other Entities	None
15)	How does this Support the County's Strategic Plan, Vision, Mission and/or Goals	Supports Board Priority of "Advocate for support to the increasingly aging and disabled population"
16)	Associations	CHEAC, CMHDA, CADPAAC, CWDA

Summary: Continued Affordable Care Act/Health Care Reform Medicaid Expansion
The Agency recommends supporting legislation to continue the implementation of the Medicaid expansion provision of federal Health Care Reform by expanding the state Medi-Cal system, while protecting the local safety net and funding that supports public health and other critical health and human service programs.

The Governor's budget provides for the mandatory Medicaid expansion to adults with incomes under 138% of Federal Poverty Level under the ACA. Two approaches are being utilized: 1) State-Based building on the existing state-administered Medicaid program and managed care delivery system and 2) County–Based building on existing Low Income Health Programs and County Medical Services Program (CMSP). The state has determined that in CMSP counties, approximately 60% of every 1991 Realignment dollar supporting Public and Environmental Health would be redirected to the State as "savings."

It is yet to be determined if the resources remaining at the county level for public/environmental health and the residual indigent health care programs will be adequate. The County is interested in ensuring a fair and equitable relationship where cost are funded and 1991 realignment funds are protected to provide a full range of public health programs.

Key items:

- Advocate for retention (possible recapture) of sufficient health realignment funding to assure adequate resources to meet residual county health care responsibilities, including remaining Section 17000 indigent health care obligations provided through CMSP.
- Protect public health realignment funding in order to provide continuation of core local public and environmental health functions.

1)	Department	Nevada County Health and Human Services Agency
2)	Person completing the questionnaire	Michael Heggarty
3)	Title	Director (Interim)
	Phone	470-2562
	E-mail	michael.heggarty@co.nevada.ca.us
4)	Indicate whether it is State or federal	State
5)	Title of Legislative Proposal	Health Care Expansion

6)	Why is legislative remedy appropriate to this issue	County data indicates that there are up to 20,000 uninsured adults and 2,000 uninsured children in Nevada County. Currently, all counties ultimately have responsibility to provide care to indigent residents as stated in Welfare & Institutions Code Section 17000. Expansion of health insurance coverage (Medi-Cal) to low-income, childless adults must be structured in a way as to not add any unreasonable financial burdens on counties, avoid disruption of current county health care safety net services, and to address access, affordability and prevention issues.
7)	Is this a new proposal or an update of a previously submitted one?	Update
8)	Code Section(s) affected	Potentially Section 17000 of Welfare and Institutions Code
9)	Briefly describe existing law:	The Patient Protection and Affordable Care Act along with the Health Care and Education Reconciliation Act of 2010 made up the health care reform of 2010. The laws focus on reform of the private health insurance market, provision of better coverage for those with pre-existing conditions, improved prescription drug coverage in Medicare and a host of prevention initiatives to improve the health and insurance coverage of low income Americans. State legislation will be enacted this legislative session to implement the key elements of this federal bill within California.
10)	How would this proposal change existing law	This proposal would support efforts to implement provisions within the current law to provide health insurance coverage to low-income residents.
11)	Fiscal Impact	Support only proposals which do not create any additional and/or unreasonable financial burdens on counties (e.g. expansion efforts to be funded with a portion of our county's current contributions to CMSP for the CMSP participating counties, and without any further draw against county's VLF or Sales Tax Realignment funds).
12)	Significant	Governor and the State Assembly; some

	Individual/Groups That Might Support	private hospitals and providers, organized labor, private businesses
13)	Significant Individuals/Groups that Might Oppose	Unknown
14)	Negative Impacts to County or other Entities	Any funding formula will be key in determining any potential negative impacts to the County and local providers. If inappropriate funding obligations are placed on counties and local providers, a net result could be a reduction the provision of critical public health, social services and hospital services due to reduced Realignment revenues being received at the local level in addition to hospital fees exceeding any increased government reimbursements.
15)	How does this Support the County's Strategic Plan, Vision, Mission and/or Goals	Supports Board Priority of "Advocate for support to the increasingly aging population and disabled"
16)	Is this Included in Associations Legislative Priorities	CHEAC, CSAC.

Summary: Continued Affordable Care Act Application Assistance Funding for Counties

Ensure that counties maintain primary responsibility and receive appropriate levels of funding for the processing of Medi-Cal and exchange based applications associated with the Affordable Care Act.

1)	Department	Social Services
2)	Person completing the questionnaire	Mike Dent
3)	Title	Director
	Phone	265-1410
	E-mail	Mike.dent@co.nevada.ca.us
4)	Indicate whether it is State or federal	State
5)	Title of Legislative Proposal	Continued Affordable Care Act Application Assistance Funding for Counties
6)	Why is legislative remedy appropriate to this issue	Counties are processing expanded Medi-Cal applications and serving walk-in clients that need assistance registering for health care benefits through the California Health Care Exchange. The appropriate funding levels and scope of authority continues to remain up for debate at the State and Federal levels again this year. It is imperative that County eligibility workers remain the only group of employees with authority to process Medi-Cal benefits. The funding levels for this task must appropriately reflect the additional workload necessitated by the Affordable Care Act. We have already asked for additional funding to meet the current needs related for providing this expanded service for the current fiscal year.
7)	Is this a new proposal or an update of a previously submitted one?	Update
8)	Code Section(s) affected	Federal: Section 1902(a)(13)(C) of the Social Security Act. State: California Code of Regulations (Title 22)
9)	Briefly describe existing law:	New laws are currently in discussion during the Legislative Session
10)	How would this proposal change existing law	New laws are currently under development
11)	Fiscal Impact	There would be no County General Fund dollars associated with this request. The proposal would

		ensure that an appropriate level of Federal dollars are passed to the Counties for appropriate work administered.
12)	Significant individuals or groups that might support the proposal	SEIU, CSAC, NACO, CWDA, AFSCME
13)	Significant individuals or groups that might oppose this proposal	California Department of Health Care Services; Maximus; Covered California
14)	What if any, are the negative impacts of this proposal to the County or other entities?	If the cost of administration of mandates services exceeds the level of appropriated Federal funding, excess costs might be shifted to other programs or the county general fund.
15)	How does this proposal support the County's strategic plan, vision, mission and/or goals	The proposal advocates for support to the increasingly aging population and disabled as they may need additional assistance to register for health care benefits.
16)	Is this included in your associations' legislative priorities?	Yes, CWDA

Summary: Adult Protective Services funding

Support legislation/budget proposals that will increase funding for the Adult Protective Services programs administered at the local level.

1)	Department	Department of Social Services
2)	Person completing the questionnaire	Tamaran Cook
3)	Title	Program Manager- Adult Services
	Phone	530.265.7160
	E-mail	Tamaran.cook@co.nevada.ca.us
4)	Indicate whether it is State or federal	State
5)	Title of Legislative Proposal	Increase funding for Adult Protective Services Program (APS) related to training needs
6)	Why is legislative remedy appropriate to this issue	Funding for the APS program has remained stagnant despite increased reports of elder and dependent adult caseloads and despite steadily increasing caseloads in APS. This problem will be further exacerbated as the population of elders in California is expected to increase dramatically over the next few years. Increased growth in the APS caseload has occurred within a capped allocation and some counties have had to provide fewer services to abused and neglected elders and dependent adults as a result of the lack of dedicated funding. An additional workload was added in 2007 when financial institutions became reporters of financial abuse. In addition to a stagnant funding stream for the general APS Program, necessary training for APS Professionals is also inadequate. Currently there is only $176,000 contracted for training for the entire State of California. The Northern Region has to train new staff and provide ongoing advanced trainings to current social workers with just a fraction of that funding. In order to provide consistent and adequate investigations and assessments standardized training is crucial to reach positive outcomes for the community's most vulnerable citizens.
7)	Is this a new proposal or an update of a previously submitted one?	Update
8)	Code Section(s) affected	NA

9)	Briefly describe existing law:	The APS Program is funded through a combination of State General Fund, County Services Block Grant (CSGB) funds, and County Maintenance of Effort (MOE). Funding for this program has remained stagnant since State Fiscal Year 2002/03, and has even eroded when considering the rising cost of inflation.
10)	How would this proposal change existing law	Increase State General Funding for the APS Program. Provide sufficient funding to enable APS to investigate reports of abuse and neglect and to provide appropriate and comprehensive services for abused and neglected elders and dependent adults.
11)	Fiscal Impact	Increase State General Fund
12)	Significant individuals or groups that might support the proposal	AARP, Senior Councils, law enforcement, CWDA, Area 4 Agency on Aging
13)	Significant individuals or groups that might oppose this proposal	Aging and disabled community
14)	What if any, are the negative impacts of this proposal to the County or other entities?	None
15)	How does this proposal support the County's strategic plan, vision, mission and/or goals	BOS Priority: Support and advocate for services that promote the well-being and self-sufficiency of individuals and families.
16)	Is this included in your associations' legislative priorities?	CWDA

Summary: Funding increased demand for mental health care due to Health Care Reform Medicaid Expansion

There is a critical need to ensure that any state implementing legislation and/or policies include sufficient resources for counties to meet the mental health needs of those meeting medical necessity criteria for specialty services.

Key entitlement programs like EPSDT for children's mental health have now become part of 2011 Realignment. Base funding levels for Behavioral Health have not yet been set, and experience with 1991 Realignment indicate that entitlement growth frequently exceeds Realignment revenue growth. Especially with the implementation of the Affordable Care Act and the increase in the eligible population to be served, it is uncertain if sufficient funding will be available to cover costs.

1)	Department	Behavioral Health
2)	Person completing the questionnaire	Rebecca Slade
3)	Title	Behavioral Health Director (Interim)
	Phone	530-470-2784
	E-mail	Rebecca.slade@co.nevada.ca.us
4)	Indicate whether it is State or federal	State
5)	Title of Legislative Proposal	Mandatory Medicaid Expansion
6)	Why is legislative remedy appropriate to this issue	To assure that counties are sufficiently funded to meet the need of the Medicaid expansion population.
7)	Is this a new proposal or an update of a previously submitted one?	Update
8)	Code Section(s) affected	NA
9)	Briefly describe existing law:	The federal Affordable Care Act (ACA) which defines Health Care Reform explicitly includes mental health and substance use disorder services, including behavioral health treatment, as one of ten categories of service that must be covered as essential health benefits. Furthermore, the ACA mandates that mental health and substance use disorder benchmark coverage must be provided at parity, compliant with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (2008).
10)	How would this proposal change existing law	According to the recently released UC Berkeley/UCLA report – *Medi-Cal Expansion Under the ACA: Significant Increase in Coverage*

		with Minimal Cost to the State (January 2013), it is estimated that of the 2.5 million Californians who are currently eligible for Medi-Cal but not enrolled, between 240,000 and 510,000 are expected be enrolled at any point in time by 2019. While the ACA promises to cover 100% of the service costs for individuals eligible under the optional Medicaid expansion, matching ratios for currently eligible individuals remain the same (50% FMAP). The Governor's proposed budget for Fiscal Year (FY) 13-14 included a "placeholder" cost to the state of $350 million in FY 13-14 (impact beginning January 2015) to plan for this anticipated increase in enrollment for currently eligible individuals. CMHDA estimates that the fiscal impact on the county specialty mental health system of this anticipated increase in enrollment will be between $20 and $40 million annually1. Given California's realigned structure, it is imperative that any provisions made to ensure the availability of funding to meet the needs of this anticipated increase in currently eligible individuals include sufficient resources for counties to meet the mental health needs of those meeting medical necessity criteria for specialty services.
11)	Fiscal Impact	This proposal would ensure that counties are provided with sufficient and dedicated revenues to cover the costs of the new obligations.
12)	Significant individuals or groups that might support the proposal	CSAC CBHDA
13)	Significant individuals or groups that might oppose this proposal	NA
14)	What if any, are the negative impacts of this proposal to the County or other entities?	No negative impacts.
15)	How does this proposal support the County's strategic plan, vision, mission and/or goals	• Maintain County's financial stability and core services in light of economic conditions • Advocate for support to the increasingly aging population and disabled
16)	Is this included in your associations' legislative priorities?	Yes, CBHDA

Summary: Funding Chronic Disease prevention and control services

This proposal support increases in preventive health services or activities that improve community health outcomes. It also seeks to encourage the enhancement of federal and state funding to support these efforts at the local level.

1)	Department	Public Health Department
2)	Person completing the questionnaire	Jill Blake
3)	Title	Director (Interium)
	Phone	530-470-2784
	E-mail	Michael.heggarty@co.nevada.ca.us
4)	Indicate whether it is State or federal	State and Federal
5)	Title of Legislative Proposal	Chronic Disease Prevention & Control
6)	Why is legislative remedy appropriate to this issue	*Platform:* Support increases in preventive health services or activities that improve community health outcomes. Encourage the establishment and enhancement of federal and state funding to support these efforts at the local level. *Brief Background (adapted from CCLHO Statement):* The leading causes of death in California are heart disease, cancer, lung disease and stroke. Other chronic diseases such as diabetes, arthritis and asthma contribute greatly to disability and mortality and health care costs. Significant federal, state and local resources are expended to treat these conditions. Each of these chronic diseases is, in a large part, preventable through a focus on shared risk factors, such as smoking, obesity and lack of access to health care including community and clinical preventive services. However, inadequate resources and programs exist which dedicated to the prevention and control of these chronic conditions, contributing to more money being spent on health care and to a diminished quality of life for residents.
7)	Is this a new proposal or an update of a previously submitted one?	Update
8)	Code Section(s) affected	N/A
9)	Briefly describe existing law:	The only chronic disease control program that is funded Statewide is the Tobacco Control Program.

10)	How would this proposal change existing law	Develop and increase funding and programs for chronic disease prevention activities.
11)	Fiscal Impact	Provide local revenues to address, develop new, and support existing chronic disease prevention activities
12)	Significant Individual/Groups That Might Support	CHEAC, CCLHO, and other professional organizations.
13)	Significant Individuals/Groups that Might Oppose	Unknown
14)	Negative Impacts to County or other Entities	None
15)	How does this Support the County's Strategic Plan, Vision, Mission and/or Goals	Fulfills objectives of improving the health and welfare of all County residents.
16)	Is this Included in Associations Legislative Priorities	CHEAC, CCLHO

Summary: Funding Public Health Emergency Preparedness Activities

Continue to pursue and support fair and equitable funding to local health departments for public health emergency preparedness.

1)	Department	Public Health Department
2)	Person completing the questionnaire	Jill Blake
3)	Title	Interim Public Health Director
	Phone	530-265-1732
	E-mail	Jill.blake@co.nevada.ca.us
4)	Indicate whether it is State or federal	State and federal
5)	Title of Legislative Proposal	Public Health Emergency Preparedness
6)	Why is legislative remedy appropriate to this issue	*Platform:* Continue to pursue and support fair and equitable funding to local health departments for public health emergency preparedness. Continue to support legislation that clarifies and expands the role of the local Health Officer in recognizing, evaluating and leading the response to bioterrorism and other health emergencies. Oppose any funding reductions for Public Health Emergency Preparedness at the federal level. Oppose any efforts to shift program costs to local health departments. *Brief Background:* The local Health Officer has the ultimate authority and responsibility for preparing for, responding to, mitigating and recovering from all medical and/or health emergencies and disasters that affect a local jurisdiction. Hurricane Katrina identified the impact of natural disasters on local, state and federal medical/health response capabilities, and highlighted the need for an all hazard emergency preparedness. In addition, the 2009 H1N1 Pandemic Influenza threatened to overrun an already fragile medical and public health system. With today's increased global travel, diseases abroad can arrive abruptly in the US demanding a rapid response from local health departments. Funding for these activities is most appropriate from either federal or state sources to ensure consistency across the state. Increases in funding are needed to augment local programs to prepare for, and respond to, all forms of natural disasters and other related public health

		emergencies.
7)	Is this a new proposal or an update of a previously submitted one?	Update
8)	Code Section(s) affected	
9)	Briefly describe existing law:	Existing law provides funding for some public health emergency response activities, although funding has declined each of the past few years.
10)	How would this proposal change existing law	It would increase/maintain funding for supporting critical emergency response infrastructure in local counties. It would ensure federal funding to the state is shared appropriately with locals.
11)	Fiscal Impact	Increased revenues to address local emergencies
12)	Significant Individual/Groups That Might Support	CHEAC, CCLHO, and other professional organizations.
13)	Significant Individuals/Groups that Might Oppose	Unknown
14)	Negative Impacts to County or other Entities	None
15)	How does this Support the County's Strategic Plan, Vision, Mission and/or Goals	Promotes general objective of protecting the health and welfare of all County residents.
16)	Is this Included in Associations Legislative Priorities	CHEAC, CCLHO

Summary: State funding for Communicable Disease Control

Support increased state and federal funding and resources directed at building the capacity of local public health departments to combat and control communicable diseases.

1)	Department	Public Health Department
2)	Person completing the questionnaire	Jill Blake
3)	Title	Interim Public Health Director
	Phone	530-265-1732
	E-mail	Jill.blake@co.nevada.ca.us
4)	Indicate whether it is State or federal	State
5)	Title of Legislative Proposal	Communicable Disease Control
6)	Why is legislative remedy appropriate to this issue	*Platform:* Support increased state and federal funding and resources directed at building the capacity of local public health departments to combat and control communicable diseases. Oppose efforts to reduce state and federal funding streams which would create cost shifts to local health departments. *Brief Background:* The control of infectious disease, through immunizations, surveillance, disease investigation, laboratory testing and response activities has long been a fundamental and statutorily required responsibility assigned to local government public health agencies. However, resources to support these essential activities have been insufficient for years. Preventing and controlling communicable diseases such as seasonal influenza, hepatitis C, HIV/AIDS and tuberculosis remain ongoing challenges for local health departments. In addition, new and re-emerging infectious diseases, including pandemic influenza, multi-drug resistant tuberculosis, West Nile Virus, Methicillin-resistant Staphylococcus Aureaus (MRSA), Middle East Respiratory Syndrome (MERS), Severe Acute Respiratory Syndrome (SARS), Enterovirus D68, and Ebola have increased the need to build capacity In addition, Nevada County's low immunization rates put the community at increased risk of outbreaks of other communicable diseases

		including measles, mumps and pertussis. Communicable diseases are only kept in control by rapid response, continuing vigilance and on-going effort even when the threat may not be apparent.
7)	Is this a new proposal or an update of a previously submitted one?	Update
8)	Code Section(s) affected	
9)	Briefly describe existing law:	The control of communicable diseases in a local function under California's Health and Safety Codes. Health Realignment Funding is currently the principal source of support for these programs.
10)	How would this proposal change existing law	This proposal would provide State support for increased communicable disease efforts at the local level.
11)	Fiscal Impact	Increase local funding for communicable disease activities
12)	Significant Individual/Groups That Might Support	CHEAC, CCLHO, and other professional organizations.
13)	Significant Individuals/Groups that Might Oppose	Unknown
14)	Negative Impacts to County or other Entities	None
15)	How does this Support the County's Strategic Plan, Vision, Mission and/or Goals	Promotes general objective of protecting the health and welfare of all County residents.
16)	Is this Included in Associations Legislative Priorities	CHEAC, CCLHO

Summary: Chronic Disease Prevention and Wellness Promotion

Support a varied policy agenda addressing the prevention of chronic disease and promotion of wellness. Support a dedicated funding stream to fund preventive health services or activities that improve community health outcomes.

1)	Department	Public Health Department
2)	Person completing the questionnaire	Jill Blake
3)	Title	Interim Public Health Director
	Phone	530-265-1732
	E-mail	Jill.blake@co.nevada.ca.us
4)	Indicate whether it is State or federal	State
5)	Title of Legislative Proposal	Chronic Disease Prevention and Wellness Promotion
6)	Why is legislative remedy appropriate to this issue	*Platform:* Support a varied policy agenda addressing the prevention of chronic disease and promotion of wellness. Support a dedicated funding stream to fund preventive health services or activities that improve community health outcomes. Advocate for flexibility for California to design prevention programs to take advantage of California's state and local health department strengths and encourage the provision of base funding to state and local health departments with additional funding available on a competitive basis. Encourage the allocation of new revenue streams in an equitable manner across all local health jurisdictions. Seek to improve nutrition, obesity and fitness education programs as well as health literacy in California's population. *Brief Background:* In 2010 as part of the federal Affordable Care Act, Congress created the Prevention and Public Health fund that was designed to expand and sustain the necessary infrastructure to prevent disease, detect it early and manage conditions before they become severe. This fund creates an unprecedented opportunity for local health departments to augment and expand existing chronic disease programs or to participate in new programs to address longstanding chronic disease issues in their communities. Chronic diseases in California such as heart disease, cancer, lung disease, stroke, diabetes and asthma continue to plague our communities in ever larger numbers. In addition, 28% of California's 5th, 7th and 9th graders are overweight. Children who are overweight increase their risk for type 2 diabetes mellitus, asthma and orthopedic problems. They are also more likely to

		have risk factors for cardiovascular disease. Weight problems are complex with many causes including a person's diet and physical activity level; however, other aspects of everyday environment also can influence them. These may include a lack of recreation facilities, unsafe communities or lack of access to low cost fresh fruits and vegetables. Finally, the growing number of people experiencing food shortages, insecurity and hunger concurrent with the reduction in social assistance programs, has become gradually recognized as a public health concern.
7)	Is this a new proposal or an update of a previously submitted one?	Update
8)	Code Section(s) affected	N/A
9)	Briefly describe existing law:	N/A
10)	How would this proposal change existing law	It would support new proposals that address the prevention of chronic disease and/or promote a dedicated funding stream to fund preventive services that improve community health.
11)	Fiscal Impact	Potentially increase local funding for chronic disease prevention
12)	Significant Individual/Groups That Might Support	CHEAC, CCLHO, CMA and other professional organizations
13)	Significant Individuals/Groups that Might Oppose	Unknown
14)	Negative Impacts to County or other Entities	None
15)	How does this Support the County's Strategic Plan, Vision, Mission and/or Goals	Promotes general objective of protecting the health and welfare of all County residents.
16)	Is this Included in Associations Legislative Priorities	CHEAC, CCLHO

Summary: Tobacco Use Prevention

Support efforts to prevent or reduce the use of tobacco and its accompanying health and economic impacts on the state and its residents. Support efforts to reduce second hand smoke exposure in our communities. Maintain local health department tobacco control capacity and infrastructure.

1)	Department	Public Health Department
2)	Person completing the questionnaire	Jill Blake
3)	Title	Interim Public Health Director
	Phone	530-265-1732
	E-mail	Jill.blake@co.nevada.ca.us
4)	Indicate whether it is State or federal	State
5)	Title of Legislative Proposal	Tobacco Control
6)	Why is legislative remedy appropriate to this issue	*Platform:* Continue to support efforts to prevent or reduce the use of tobacco and its accompanying health and economic impacts on the state and its residents. Support efforts to reduce second hand smoke exposure in our communities. Maintain local health department tobacco control capacity and infrastructure. *Brief Background:* Each year, more than 35,000 Californians die due to tobacco-related illnesses. With tobacco use rates on the decline in the state, a renewed focus on prevention education and smoking cessation programs should be encouraged. In Nevada County, 14% of adults smoke, and it is estimated that smoking-attributable health care expenditures in Nevada County total $16,684,117.
7)	Is this a new proposal or an update of a previously submitted one?	New
8)	Code Section(s) affected	
9)	Briefly describe existing law:	The California Tobacco Health Protection Act increased the state cigarette tax and added a tax other tobacco products. The revenues are earmarked for programs to reduce smoking, to provide health care services to indigents, to support tobacco-related research, and to fund resource programs for the environment.

10)	How would this proposal change existing law	It would support efforts to prevent or reduce the use of tobacco and its accompanying health and economic impacts on the state and its residents.
11)	Fiscal Impact	No direct impact on county government
12)	Significant Individual/Groups That Might Support	CHEAC, CCLHO, CMA, AAP and other professional organizations.
13)	Significant Individuals/Groups that Might Oppose	Unknown
14)	Negative Impacts to County or other Entities	None
15)	How does this Support the County's Strategic Plan, Vision, Mission and/or Goals	Promotes general objective of protecting the health and welfare of all County residents
16)	Is this Included in Associations Legislative Priorities	CHEAC, CCLHO

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

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

1)	Department	Public Health Department
2)	Person completing the questionnaire	Jill Blake
3)	Title	Interim Public Health Director
	Phone	530-265-1732
	E-mail	Jill.blake@co.nevada.ca.us
4)	Indicate whether it is State or federal	Federal
5)	Title of Legislative Proposal	Medi-Cal Administrative Activities/Targeted Case Management (MAA/TCM)
6)	Why is legislative remedy appropriate to this issue	*Platform:* Oppose proposals from the Centers for Medicare and Medicaid Services (CMS), Congress or the Legislature to deny, reduce, cap or eliminate MAA/TCM reimbursement or to make claiming more administratively burdensome. *Brief Background:* Counties provide Targeted Case Management (TCM) services to assist specific Medi-Cal eligible populations (including the severely mentally ill, women and children or frail seniors) in accessing needed medical, social, educational and other services. The federal Centers for Medicare and Medicaid Services (CMS) has added additional administrative requirements for the TCM claiming process and have recently disallowed $19 million in claims. County administrative costs are rising including increasing costs for State positions to administer the program. The Medical Administrative Activities (MAA) program allows counties to receive federal reimbursement for providing certain qualified activities targeting and improving the availability and accessibility of Medi-Cal services to Medi-Cal eligible and potentially eligible individuals and their families. These services include Medi-Cal outreach, assisting individuals to apply for Medi-Cal, transporting Medi-Cal beneficiaries to non-emergency Medi-Cal covered services and improving access to and the delivery of Medi-Cal covered services.

7)	Is this a new proposal or an update of a previously submitted one?	New
8)	Code Section(s) affected	
9)	Briefly describe existing law:	
10)	How would this proposal change existing law	It would prevent the denial, reduction, cap or elimination of MAA/TCM reimbursement and prevent making claiming more administratively burdensome.
11)	Fiscal Impact	No direct impact on county government
12)	Significant Individual/Groups That Might Support	CHEAC
13)	Significant Individuals/Groups that Might Oppose	Unknown
14)	Negative Impacts to County or other Entities	None
15)	How does this Support the County's Strategic Plan, Vision, Mission and/or Goals	Maintain the County's financial stability and core services in light of economic conditions.
16)	Is this Included in Associations Legislative Priorities	CHEAC

Summary: California Children's Services Program

Support strategies to streamline funding and program complexities of the California Children's Services (CCS) program in order to meet the demands of the complex medical care and treatment needs for children in California with certain physically disabling conditions. Monitor the CCS program and seek protections against increased county program costs. Oppose any efforts to require counties to provide funding for the CCS program beyond their Maintenance of Effort (MOE).

1)	Department	Public Health Department
2)	Person completing the questionnaire	Jill Blake
3)	Title	Interim Public Health Director
	Phone	530-265-1732
	E-mail	Jill.blake@co.nevada.ca.us
4)	Indicate whether it is State or federal	State
5)	Title of Legislative Proposal	California Children's Services Program
6)	Why is legislative remedy appropriate to this issue	*Platform:* Support strategies to streamline funding and program complexities of the California Children's Services (CCS) program in order to meet the demands of the complex medical care and treatment needs for children in California with certain physically disabling conditions. Monitor the CCS program and seek protections against increased county program costs. Oppose any efforts to require counties to provide funding for the CCS program beyond their Maintenance of Effort (MOE). Explore opportunities to "realign" county share of cost for CCS back to the state. Advocate for CCS pilot project implementation strategies that do not destabilize the current CCS program. *Brief Background:* The California Children's Services (CCS) program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under the age of 21 with CCS-eligible medical conditions. The CCS program is administered as a partnership between county health departments and the California Department of Health Care Services. The growth in CCS caseloads and program costs has steadily increased over time. This increase places demands both on the service delivery side

		(particularly due to a decreasing pool of specialists and/or therapists and because county staff must review each case in order to authorize services) and on the financing of the program. As fiscal pressures have increased on the California State Budget, the State CCS program is now limiting the state's financial participation in the program, which is further de-stabilizing the program. As part of the 2010 Medicaid Demonstration Waiver, the state was allowed to establish CCS pilot programs using four proposed models established in legislation.
7)	Is this a new proposal or an update of a previously submitted one?	New
8)	Code Section(s) affected	
9)	Briefly describe existing law:	
10)	How would this proposal change existing law	This proposal may streamline a highly complex program, improve care provided under the CCS program, and protect against increased costs to the County.
11)	Fiscal Impact	No direct impact on county government
12)	Significant Individual/Groups That Might Support	CHEAC, CCLHO, CMA, AAP and other professional organizations.
13)	Significant Individuals/Groups that Might Oppose	Unknown
14)	Negative Impacts to County or other Entities	None
15)	How does this Support the County's Strategic Plan, Vision, Mission and/or Goals	• Promotes general objective of protecting the health and welfare of all County residents • Maintain the County's financial stability and core services in light of economic conditions.
16)	Is this Included in Associations Legislative Priorities	CHEAC

Summary: Maternal and Child Health Services

Support programs designed to maximize the health and quality of life for all women, infants, children and adolescents and their families in California.

1)	Department	Public Health Department
2)	Person completing the questionnaire	Jill Blake
3)	Title	Interim Public Health Director
	Phone	530-265-1732
	E-mail	Jill.blake@co.nevada.ca.us
4)	Indicate whether it is State or federal	State and federal
5)	Title of Legislative Proposal	Maternal and child health services
6)	Why is legislative remedy appropriate to this issue	*Platform:* Support programs designed to maximize the health and quality of life for all women, infants, children and adolescents and their families in California. *Brief Background:* Local health departments are responsible for the administration of a variety of programs designed to address the health priorities and primary health needs of infants, mothers, fathers, children, adolescents and their families. These programs include breastfeeding support, childhood lead poisoning prevention, children's health initiatives, newborn screening, and the California Home Visiting Program.
7)	Is this a new proposal or an update of a previously submitted one?	New
8)	Code Section(s) affected	N/A
9)	Briefly describe existing law:	
10)	How would this proposal change existing law	
11)	Fiscal Impact	No direct impact on county government

12)	Significant Individual/Groups That Might Support	CHEAC, CCLHO, CMA, AAP and other professional organizations.
13)	Significant Individuals/Groups that Might Oppose	Unknown
14)	Negative Impacts to County or other Entities	None
15)	How does this Support the County's Strategic Plan, Vision, Mission and/or Goals	Promotes general objective of protecting the health and welfare of all County residents.
16)	Is this Included in Associations Legislative Priorities	CHEAC

Summary: Housing Element Implementation - Support legislation to provide flexibility in the implementation of State Housing Element policy for rural local government.

1)	Department	Community Development Agency; Planning
2)	Person completing the questionnaire	Brian Foss
3)	Title	Director
	Phone	530-265-1256
	E-mail	brian.foss@co.nevada.ca.us
4)	Indicate whether it is State or federal	State
5)	Title of Legislative Proposal	Housing Element Implementation
6)	Why is legislative remedy appropriate to this issue	There are great differences between rural and urban areas. But when it comes to mandates of State housing policy with regards to Housing Element mandates, existing legislation does not account for these differences. Rural areas such as Nevada County, especially the unincorporated areas of such a county, lack sufficient infrastructure to support high density development. Yet, State law currently mandates that low and very low affordable housing needs be accommodated by the local jurisdiction with readily available vacant land zoned R-3 Residential High-Density with a 16 dwelling unit minimum density or through the designation of an affordable housing overlay that provides the opportunity for the same. Density this high requires sufficient infrastructure to support the density. In Nevada County, this would include infrastructure such as public water and sewer, sufficient road capacity as well as social infrastructure such as family support services, schools, libraries, recreational facilities as well as jobs and other services. One of the most limiting factors in Nevada County is sewer infrastructure. Currently, all public sewer facilities in the county are operating at functional capacity, with the exception of one which has limited available capacity. Timing for availability has resulted in property owner disinterest in participating in a County effort to rezone vacant lands to R-3. Some interest in an overlay district may be possible but if developed at less than the State

		mandated density it would not count towards our Regional Housing Need Allocation (RHNA) as mandated by the State. Not meeting this mandate puts the County at risk in being non-compliant with State mandates and thus ineligible for CDBG funds. The other issue involved with meeting the State mandate that R-3 zoned vacant land is readily available is that environmental review must be performed by the jurisdiction at their expense. It is estimated that in order for Nevada County to meet the current mandate, the cost of environmental review of all properties identified would result in a cost to the County of approximately $300,000 in staff and consultant time on special studies. As of October of 2015, the County has expended approximately $250,000 on the preparation of a Draft Environmental Impact Report. Finally, the mandates of State housing laws conflict with other State mandates when applied to rural counties. Specifically, AB32 which mandates GHG reduction strategies that include developing land near existing services and using service capacity in an efficient manner. By thrusting rural poorly served areas into a mandated accommodation of high-density housing is counter to the idea of developing in existing urban areas. By developing R-3 in a rural area where there are few jobs and poor support services, local rural government creates enclaves of rural poverty where commutes are longer and less affordable to these households not to mention the negative impact on GHG reduction objectives.
7)	Is this a new proposal or an update of a previously submitted one?	Update
8)	Code Section(s) affected	Potentially Section 65583(a)(3), 65583.2(c)(1), (h) and (i) of California Government Code
9)	Briefly describe existing law:	The local jurisdiction must identify in their Housing Element programs that shall provide for sufficient sites with zoning that permits owner-occupied and rental multifamily residential use by right, including density and

		development standards that could accommodate and facilitate the feasibility of housing for very low- and low-income households. Sites must be allowed without a CUP, planned-unit development or other discretionary review and approval and allow a minimum of 16 units per site.
10)	How would this proposal change existing law	Insert a provision that allows rural unincorporated areas with populations of less than 100,000 people to defer rezoning of sites until such time as infrastructure to serve the sites is available. Infrastructure in this sense would be limited to linear infrastructure such as sewer, water and road systems. Allow rural counties to provide for low and very low income families through other zone districts such as R2 and allow second units and mobile home parks to be credited toward a county's RHNA allocation.
11)	Fiscal Impact	None
12)	Significant Individual/Groups That Might Support	RCRC, CSAC, other rural counties throughout the State of California
13)	Significant Individuals/Groups that Might Oppose	HCD, affordable housing advocates
14)	Negative Impacts to County or other Entities	No anticipated negative impacts
15)	How does this Support the County's Strategic Plan, Vision, Mission and/or Goals	1) Supports the Mission of working with the community to develop sound and innovative public policy
16)	Is this Included in Associations Legislative Priorities	No

Summary: Maintaining SB 678 funds
Maintaining SB 678 funds to probation will allow evidenced based practices to continue to alleviate prison recommendations to the state.

1)	Department	Probation
2)	Person completing the questionnaire	Michael Ertola
3)	Title	Chief Probation Officer
	Phone	530-265-1209
	E-mail	Michael.Ertola@co.nevada.ca.us
4)	Indicate whether it is State or federal	State
5)	Title of Legislative Proposal	SB 678
6)	Why is legislative remedy appropriate to this issue	Maintaining SB 678 funds to probation will allow evidenced based practices (EBP) to continue to alleviate prison recommendations to the state.
7)	Is this a new proposal or an update of a previously submitted one?	Existing legislature
8)	Code Section(s) affected	
9)	Briefly describe existing law:	Allows local probation to implement and maintain EBP to reduce prison populations.
10)	How would this proposal change existing law	
11)	Fiscal Impact	Loss or reduction of this funding would eliminate ability to implement and maintain new Case Mgmt. System to appropriately track the state mandated statistics in relation to adult realignment. Also pays for a Deputy Probation Officer.
12)	Significant individuals or groups that might support the proposal	CPOC, CDCR
13)	Are there are the negative impacts of this proposal to the County or other entities?	None
14)	How does this proposal support the County's strategic plan, vision, mission and/or goals	**Enhances public safety** by providing systems of EBP to probation cases to set up preventive measures to change people's social thinking and behaviors.
15)	Is this included in your associations' legislative priorities?	Yes