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SUPPORT STAFF:

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Solano County  
Administrator's Office

Michelle Heppner  
Solano County  
Administrator's Office

Daryl Halls  
Solano Transportation  
Authority

Jim Lindley  
City of Dixon

**SOLANO**  
**City-County Coordinating Council**

**AGENDA**

**November 9, 2017**

Location - Solano County Water Agency, Berryessa Room,  
810 Vaca Valley Parkway, Suite 203, Vacaville, CA.

**7:00 P.M. Meeting**

**PURPOSE STATEMENT – City County Coordinating Council**

“To discuss, coordinate, and resolve City/County issues including but not necessarily limited to land use, planning, duplication of services/improving efficiencies, as well as other agreed to topics of regional importance, to respond effectively to the actions of other levels of government, including the State and Federal government, to sponsor or support legislation at the State and Federal level that is of regional importance, and to sponsor or support regional activities that further the purpose of the Solano City-County Coordinating Council.”

*Time set forth on agenda is an estimate. Items may be heard before or after the times designated.*

**ITEM**

**AGENCY/STAFF**

**I. CALL TO ORDER (7:00 p.m.)**  
Roll Call

**II. APPROVAL OF AGENDA (7:00 p.m.)**

**III. OPPORTUNITY FOR PUBLIC COMMENT (7:05 p.m.)**

Pursuant to the Brown Act, each public agency must provide the public with an opportunity to speak on any matter within the subject matter of the jurisdiction of the agency and which is not on the agency's agenda for that meeting. Comments are limited to no more than 5 minutes per speaker. By law, no action may be taken on any item raised during public comment period although informational answers to questions may be given and matter may be referred to staff for placement on future agenda.

This agenda shall be made available upon request in alternative formats to persons with a disability, as required by the Americans with Disabilities Act of 1990 (42U.S.C.Sec12132) and the Ralph M. Brown Act (Cal.Govt.Code Sec.54954.2) Persons requesting a disability-related modification or accommodation should contact Jodene Nolan, 675 Texas Street, Suite 6500, Fairfield CA 94533 (707.784.6108) during regular business hours, at least 24 hours prior to the time of the meeting.

**IV. CONSENT CALENDAR**

1. Approval of Minutes for August 10, 2017 (Action Item) Chair Patterson

## V. DISCUSSION CALENDAR

1. Receive an end-of-session legislative update and kick-off for the 2018 Legislative Platform (Verbal Report)  
(7:05 p.m. – 7:25 p.m.)

**Presenters:** Michelle Heppner, Legislative, Intergovernmental, and Public Affairs Officer, Solano County, and Karen Lange, Partner, Shaw/Yoder/Antwih Inc.

2. Endorsement of the final Vision, Goals and Objectives of ABAG's regional Comprehensive Economic Development Strategy  
(7:25 p.m. – 7:50 p.m.)

**Presenters:** Bobby Lu, Regional Planner, Association of Bay Area Governments & Metropolitan Transportation Commission

3. Opioid Awareness in Perspective  
(7:50 p.m. – 8:30 p.m.)

**Presenters:** Dr. Bela Matyas, Solano County Public Health Officer and Ramon Castellblanch, Associate Professor, Health Education, San Francisco State University

4. Proposed CCCC 2018 Meeting Schedule and Work Plan  
(8:30 p.m. – 8:45 p.m.)

**Presenters:** Michelle Heppner, Legislative, Intergovernmental, and Public Affairs Officer, Solano County

## VI. ANNOUNCEMENTS

## VII. CCCC CLOSING COMMENTS

**ADJOURNMENT:** The next City-County Coordinating Council meeting will be held on January 11, 2018 at 7:00 p.m. at the Solano County Water Agency – Berryessa Room, 810 Vaca Valley Parkway, Suite 203, Vacaville, CA

### Future Items for Upcoming Meeting:

- Federal Policies and Budget and the Affordable Care Act
- State and Federal Legislative Platform
- Travis Sustainability Study
- Sea Level Rise – BCDC, Delta Protection Commission, Central Valley Food
- Solano – City Planners – Flood Safe Program
- AB 403 Foster Care System Changes
- Housing / STA Regional Housing Needs Allocation (RHNA) Statistics
- Homelessness
- Revisit CCCC Scope and Purpose

**CITY-COUNTY COORDINATING COUNCIL  
August 10, 2017 Summary Meeting Minutes**

The August 10, 2017 meeting of the Solano City-County Coordinating Council was held in the Berryessa Room at the Solano County Water Agency located at 810 Vaca Valley Parkway, Ste. 303, Vacaville, CA 95688.

**I. Roll and Call to Order**

**Members Present**

Elizabeth Patterson, Chair	Mayor, City of Benicia
John Vasquez, Vice Chair	Solano County Board of Supervisors (District 4)
Thom Bogue	Mayor, City of Dixon
Harry Price	Mayor, City of Fairfield
Norm Richardson	Mayor, City of Rio Vista
Pete Sanchez	Mayor, City of Suisun City
Len Augustine	Mayor, City of Vacaville
Erin Hannigan	Solano County Board of Supervisors (District 1)
Monica Brown	Solano County Board of Supervisors (District 2)
Jim Sperring	Solano County Board of Supervisors (District 3)
Skip Thomson	Solano County Board of Supervisors (District 5)

**Members Absent**

Bob Sampayan	Mayor, City of Vallejo
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**Staff to the City-County Coordinating Council Present:**

Birgitta Corsello	County Administrator, Solano County
Nancy Huston	Assistant County Administrator, Solano County
Michelle Heppner	Legislative Officer, CAO, Solano County
Tammi Ackerman	Office Assistant III, CAO, Solano County

**Guest Speakers and Other Staff Present**

Robert McConnell	City Council Member, City of Vallejo
Karen Lange	Partner, Shaw Yoder Antwih, Inc.
Nancy Bennett	League of California Cities
Robert Macaulay	Planning Director, Solano Transportation Authority
Carolyn Wylie	Deputy Managing Director, HomeBase
Marissa Jaross	Research Analyst, Applied Survey Research
Samantha Green	Project Manager, Applied Survey Research

**I. Meeting Called to Order**

The meeting of the City-County Coordinating Council was called to order at 7:19 pm.

**II. Opportunity For Public Comment**

No public comments were received.

**III. Consent Calendar**

*A motion to approve the May Minutes was made by Mayor Price and seconded by Supervisor Brown. Minutes approved by 11-0 vote.*

#### **IV. Discussion Calendar**

##### **1. Receive a legislative update (Verbal Report)**

Karen Lange with Shaw/Yoder/Antwih, Inc. and Nancy Bennett with the League of California Cities provided a legislative update. Ms. Bennett began with items the League will be focusing on as the State Legislature reconvenes from summer recess on August 21, 2017. She noted the legislature will have three weeks to pass bills before adjournment on September 15. She mentioned the League will have their annual conference September 13 – 15, during the last few days of the legislative session. Ms. Bennet began with the federal level, reporting that Congress will be reconvening September 5 to focus on tax reform. She noted that the League has been engaged with the National League of Cities, focusing on protecting CBDG Funds, home funding and extensions for municipal bond tax exemption.

Ms. Bennett noted the League is focusing on three main issues in State Legislature; housing bills, SB 649 the telecommunication bill, and the park/water bonds. She stated the League is supportive and a sponsor of SB 540, the Workforce Housing Opportunity Zone which would allow the California Environmental Quality Act (CEQA) planning process for the county and cities through an interest free revolving loan fund from the state, allowing for an upfront development package which could be passed on to the developer. She reported the League also supports SB 2 the Building Homes and Jobs Act which would impose a fee of \$75 at the recording of real estate instruments to be expended for affordable owner-occupied workforce housing, and SB3 the Affordable Housing Bond Act of 2018 which would authorize the issuance of \$3 billion in bonds to finance various existing housing programs, infill infrastructure financing, and affordable housing matching grant programs. Ms. Bennet emphasized the League is very concerned with SB35, regarding planning and zoning approval process for affordable housing and opposes it as well as SB 649, which limits local government discretion as to where small cell phone towers may be placed for 5G deployment. She noted the League has been working with the author of SB 649 and has proposed amendments to the bills but they have not heard back yet. The League is also working with the Governor's office in hopes he will veto the bill as written. It was noted the League continues to support the park and/or water bond initiative for the November 2018 ballot, whichever one it will be. Ms. Bennett went on to thank the members for all of their support for SB1 transportation funding and commented that in June 2018 the League will be working very hard to protect those funds with an initiative that was put on the ballot.

Ms. Lange continued the presentation, noting that it is anticipated that the State Legislature will address not only the housing plan, but the parks bills and the Cap-and-Trade Expenditure Plan (which will only require a simple majority vote). She noted that the governor has committed to an \$8 billion hard cap for bonds he would support being placed on the November 2018 ballot. This housing bond could take \$5 billion, leaving only \$3 billion for other bond projects including

water/parks bonds. She mentioned there are multiple water bonds being considered for the 2018 vote, including one by Jerry Meral for water bond and one by Joe Caves for a water bond.

Ms. Lange touched briefly on AB1250 on contracting for services noting this bill would affect the County and nonprofits in its current form. She also announced good news; the State cash receipts report for the first two months of FY17/18 are reported to total \$180 Million, is up 3.2% over what was anticipated in the State Budget.

**2. Receive and update from STA on flood vulnerabilities and rising sea levels**

Robert Macaulay, Planning Director for the Solano Transportation Authority, gave a brief update on flood vulnerabilities and rising sea levels. Mr. Macaulay noted that in previous presentations to the CCCC it was suggested that as Solano County did not have a comprehensive strategy to manage or deal with flooding issues as does Marin County, a committee should be formed to provide guiding principles and ideas. He reported that a committee has been formed, chaired by Supervisor Hannigan that will have its first meeting in two weeks. An advisory panel has also been assembled with members including Roland Stanford from the Solano County Water Agency, Melissa Morton, General Manager, Vallejo Flood and Wastewater District; Bill Emlen, Solano County; Daniel Schmidt, Napa Valley Transportation Authority; and Steve Kinsey, a former Marin County Supervisor. Mr. Kinsey is a member of the Metropolitan Transportation Commission and a consultant with Alta Planning and he has contacts in the environmental and regulatory area as well as information about the work previously completed on Highway 37.

Mr. Macaulay noted they are continuing to work with Adapting to Rising Tides (ART) Bay Area. He noted STA will be proposing to use Measure AA parcel tax funds for projects in Solano County. One of the projects is the restoration of wetlands which involves improvements to Grizzly Island Road to create a class 2 or 4 bike lane. He also mentioned an opportunity to submit new projects with the San Francisco Bay Restoration Authority (SFBRA) will be available in mid-September when a request for proposals.

**3. CAP Solano / Continuum of Care Implementation Strategies Plan & Results of Homeless Point in Time Count**

Carolyn Wylie, Deputy Managing Director, HomeBase introduced Marissa Jaross, Research Analyst, Applied Survey Research and Samantha Green, Project Manager, Applied Survey Research for a presentation on the CAP Solano Homeless Point in Time Count (PITC). Ms. Wylie began with an overview, stating the CAP Solano Homeless Point in Time Count is a 24 hour snapshot taken biennially and is required to receive HUD Funds for homeless assistance. The count began the evening of January 23, 2017 with a shelter count (including public or private temporary housing, emergency shelters, transitional housing, hotels and motels) and continued to January 24, 2017 with the unsheltered homeless count. She noted they use HUD's definition of homeless which refers to nighttime residence as public or private not regular

sleeping accommodations such as a car, park, or bus station not designated for or regularly used as a sleeping accommodation.

Ms. Jaross continued noting the shelter count was conducted by HomeBase and included an observation only youth count the afternoon of January 24<sup>th</sup>. After the count, a representative survey was conducted with 439 surveys being completed. She referred to some improvements to the methodology from 2015 including assistance from the Fairfield and Vacaville Police Departments to complete the count in unsafe or heavily populated areas and volunteers on Travis Air Force Base to complete a count. She stated that as 2017 will be the base year for the youth count for HUD, special effort was made to include all youth. She reported the Benicia and Fairfield school districts also made phone calls to verify homelessness, resulting in five extra families being included in the count. It was noted that the heavy rains in January may have caused homeless folks to move into more visible areas enabling them to be counted this year.

Referring to the Point-in-Time Count report, Ms. Jaross, Ms. Green and Ms. Wylie provided a brief overview of some of the count data including:

- The homeless count in Solano County overall increased 14% from 1082 in 2015 to 1232 in 2017 with 74% of those counted unsheltered and living mostly on the streets.
- 434 individuals were experiencing chronic homelessness (35%).
- Families and children 13%, Veterans 13%, 18-24 16%
- 26% under the age of 25, 74% 25 and older
- Primarily male, 70%
- Primarily White, 46%, African Americans are disproportionately represented (33% of homeless/14% of community)
- 21% have had some experience in the foster care system
- 42% experienced homelessness when they were very young
- 86% were living in Solano County prior to experiencing homelessness (54% for 10 years or more) (11% less than one year).
- Primary event leading to homelessness was job loss (20%)
- What may have prevented homelessness – 47% Employment Assistance, 46% Rent/Mortgage Assistance, or Behavioral Health Services.
- 40% reported they had a disabling condition that would prevent them from working.
- Disabling conditions included 48% psychological, 24% PTSD, 26% physical disability, 32% chronic illness, and 41% drug/alcohol abuse.
- 70% receiving some type of government assistance (58% free meals, 43% emergency shelter, 37% day services, 37% health services)
- Of those not receiving assistance, primary reasons include not thinking they were eligible, no permanent address, no identification, have applied but not received a response.

More information is provided in the final count report which was shared at the CCCC meeting and is attached to these minutes as part of the official record.

Ms. Wylie discussed how the snapshot shows where interventions may be helpful in terms of which services and what assistance is needed, helping to identify potential gaps and provide information for future planning. She noted the lack of a permanent address and identification were identified as problems during the 2015 PITC and believes that these areas for intervention should be addressed with the JPA 5-Year Regional Strategic Plan to Respond to Homelessness in Solano County and the Coordinated Entry System. She noted they are working on the developing and maintaining the Coordinated Entry System, which should help when people enter the homeless system of care providing a framework for uniform treatment, identification and even prevent or divert people from becoming homeless. She stated the program should help prioritize and create the best match in services.

Mayor Patterson thanked Ms. Wylie, Ms. Jaross and Ms. Green for their presentation and opened the floor for questions.

Mayor Augustine inquired if questions were asked regarding education levels, job skills, English language and citizenship and if there was a California law restricting which questions that could be asked. Ms. Jaross responded that education level attained was one of the questions on the survey, however, the majority of questions are based on HUD requirements with some additional questions from the community and these did not rise to the top. She noted that there are difficulties asking sensitive questions especially in the current political atmosphere and those participants tend not to answer these types of questions and will often end the interview. She mentioned that the current survey has a 91% or higher question answer rate and that a gift for participation was an incentive.

Supervisor Vasquez asked how this report can be used to improve outreach, shelter, housing, treatment, and lastly, a job. Ms. Wiley responded that housing answers a big one. The Regional Plan right now is an approach that has very specific targets and goals. The JPA is the agency that is tasked with implementing it.

Mayor Patterson suggested looking at the issue differently and asking about success stories, stories where people have gotten the mental health care or housing they need. Supervisor Hannigan responded that she does not have specific data here, but they are currently reaching the homeless, providing them with mental health care, but the level of care that can be provided without shelter is not adequate. The problem is maintaining a level of mental health without shelter is really not possible, we are just treating and have to keep going back to treat again. She stated if we don't build housing we are going to continue to have homeless in our community. It cannot be just the County providing health and social services, it needs to be the cities stepping up and provide housing solutions for the homeless. She stated there are three emergency shelters in Solano County and all are run by non-profits. They are all floundering in a very challenged financial environment. There is very little effort by municipalities, the

cities and the County, to support them. She stressed that cities need to build affordable housing for the homeless and families in distress.

Mayor Patterson commented that she appreciated Supervisor Hannigan's passion and shares it. She commented that the subject of homelessness is hard and there is some out of "sight out of mind mentality." She noted that her city is working with the Council of Infill Development in Sacramento to form a committee to address infill development in Benicia. She noted she could use some assistance to bring this information to the consciousness of the public and decision makers in Benicia. Ms. Wiley responded that she would be happy to bring both the Count and the Strategic Plan to Benicia, she agreed to contact the City of Benicia and schedule a presentation for the October 1, 2017 Benicia City Council meeting.

Supervisor Thompson commented that we need to make addressing homelessness a priority and need to use existing resources more wisely. He noted that the top 200 frequent flyers to the local emergency room cost \$36 million a year. He believes if we catch these issues before they reach the level of requiring an emergency room visit it would be a better use of funds. He shared two personal stories of his experience with homeless individuals, emphasizing how housing and medical care could allow the current resources to stretch further, avoiding expensive emergency room visits, hospital stays and recurring drug and alcohol treatment. He noted that many are not getting the dignity they desire and it is often not by choice that they have become homeless. He noted the State of Utah has a goal of housing every homeless person.

Ms. Wiley responded noting the studies show that housing first can be effective and cost effective. She stated that they have been making that point to the hospitals and have had some success recently with a representative from North Bay Healthcare joining the continuum of care board and the three hospitals together are offering to help with a match for an expansion grant

Supervisor Spering inquired if they knew why the 51+ age category had gone down. Do you look at whys? Ms. Wiley responded that no, they had not looked into that decrease yet, but will do so. She noted they analyze all of the data looking for trends and gaps for services.

Supervisor Spering agreed with Mayor Augustine's earlier question in reference to survey questions regarding undocumented status. He suggested the survey question "Is documentation a reason you're not applying for government services?" He stated he would be interested to see the numbers for undocumented aliens utilizing services to see if this is a problem and if so it can be addressed. He noted that he is happy to see hospitals getting involved as they are paying a large portion and this could have many cost saving benefits for them. He also referred to the State of Utah and suggested we look at their model for the mentally ill. Unlike California, Utah treats them as homeless, not mentally ill; we have a medical crisis in California and are not addressing it. He expressed that if the County is to support local emergency shelters, we need to look at

barriers; currently there are restrictions regarding dogs, girlfriends, attending church services, as well as others, which are barriers that keep the homeless from using the shelters. He noted the lack of development, especially low income housing, in California restricts new homes and creates a parallel increase in homelessness as lower income homes are not freed up by people moving up. He noted all seven cities in the county should have a consolidated housing policy and that the current fragmented approach is not working. He mentioned that Utah consolidated many of their fragmented programs in a really thoughtful way when creating their program for housing, mental health and drug/alcohol addictions.

Mayor Sanchez commented that he has attended many meetings on the subject of homelessness and sees millions and millions of dollars spent on study after study, not on the homeless or housing problems.

Mayor Richardson commented on a homeless gentleman who came down the river to Rio Vista on a borrowed skif who had been robbed of his identification and food stamp card in Sacramento. He stated he did not know which services to refer the man to. He requested that a card with telephone numbers and a listing of services be created. The man was heading by bus to Fairfield to see what services he could obtain.

Ms. Wiley responded that there are new informational flyers in the works, as well as the 211 system, and the JPA website.

Supervisor Sperring commented that the Sheriff's office was also working on handout cards that would include important numbers and information for the homeless.

Mayor Price thanked them for their presentation and commented that for most folks, homelessness is not a choice and his biggest concern is for the homeless children attending school.

Mayor Patterson thanked the presenters for an informative report and noted unless there were any objections, they would accept the report and consider working with CAP Solano JPA to support regional strategic planning efforts, in particular target identified areas including those in the staff report.

#### **V. Announcements**

There were no announcements.

**ADJOURNMENT:** The meeting was adjourned at 8:30 p.m. The next meeting is scheduled for November 9, 2017, at 7:00 p.m. in the Berryessa Room at the Solano County Water Agency located at 810 Vaca Valley Parkway, Ste. 303, Vacaville, CA 95688.

**SOLANO  
City County Coordinating Council  
Staff Report**

Meeting of. November 9, 2017

Agency/Staff: Michelle Heppner,  
Solano County Administrator's  
Office and Karen Lange, Shaw,  
Yoder, Antwih Inc.

Agenda Item No: V.1

**Title /Subject: End-of-Session Legislative Update and Kick-off 2018 Legislative Platform Development**

**Background:**

CCCC staff and the County's legislative advocate, Karen Lange of Shaw/Yoder/Antwih, Inc will provide an oral end-of-session update on legislative issues pertaining to the County and the cities. Below is the statistical information for the bills for 2017 legislative session.

**Bill Counts By House of Origin:**

	<b><u>2017</u></b>
Assembly	1,982
Senate	<u>998</u>
Totals	2,980

Bill Counts By Status

	<b><u>2017</u></b>
Chaptered	1,189 (859 signed by Governor)
Vetoed	118
Other	<u>1,673</u>
	2,980

**Discussion:** Staff provides a legislative update to keep members informed of activities at the State and Federal level.

**Recommendation:** Receive an end-of-session report on legislative matters of concern.

Attachments:

1. Federal Legislative Update (provided by Waterman & Associates)
2. CCCC Legislative Platform

## Federal Legislative Update (October 30, 2017)

### Fiscal Year 2018 Budget Resolution

Both the House and Senate recently adopted a final version of the fiscal year 2018 budget resolution. While the resolution is technically nonbinding, passage of the measure (H Con Res 71) paves the way for congressional Republicans to advance their ambitious tax-reform plan under fast-track procedures. The somewhat arcane process, known as budget reconciliation, would allow Republicans in the Senate to clear a tax-code rewrite with a simple majority vote (instead of the 60 votes that are typically required to pass most legislation).

With regard to discretionary spending, the final budget blueprint includes language that would allow Congress to spend billions of dollars more for defense programs compared to what is officially authorized by the 2011 *Budget Control Act* (BCA). In order for the additional defense spending to actually occur, Congress would need to pass a separate deal raising the BCA's caps.

Notably, the final resolution does *not* call for additional investment in domestic discretionary programs. Congressional Democrats, however, have stated that they are only open to raising the BCA's defense caps if there are commensurate increases in domestic spending. This matter will likely be addressed in some fashion later this fall, which is when Republicans will need Democratic votes in the Senate to advance a fiscal year 2018 appropriations package (the GOP cannot use the reconciliation process to advance spending bills).

Of additional importance to Solano County, the final budget blueprint jettisons a component of a previously passed House resolution that called for multiple authorizing committees to produce legislation that cuts mandatory spending by at least \$203 billion over 10 years. While removal of the House language does not guarantee that Congress will not make cuts to entitlement programs, it does make it highly unlikely that the GOP-led Congress could advance such a bill since the legislation would be subject to a Democratic filibuster in the Senate.

### Tax Reform

As stated above, passage of H Cons Res 71 tees up consideration of a Republican tax-cut bill, which, under the terms of the budget resolution, could increase the federal deficit by as much as \$1.5 trillion over 10 years. Because the tax code changes being contemplated by the GOP are likely to exceed that \$1.5 trillion threshold, committee leaders are considering the elimination and/or modification of a number tax deductions as a means to help offset the overall cost of the reform package.

One such "pay-for" is a partial repeal of the state and local tax (SALT) deduction. Although a number of Republican members of Congress are aggressively advocating to retain provisions of federal law that allow taxpayers to fully deduct their state and local taxes, GOP leaders are expected to unveil legislation that restricts this authority. As of this writing, it does not appear that Republican tax writers will look to modify the tax exempt status of municipal bonds.

Looking ahead, House Ways and Means Committee Republicans are planning to release the legislative text of their tax bill on November 1. A committee markup, followed by House floor action, is expected to occur shortly thereafter.

## Health Care

In early November, the House is expected to vote on legislation that would extend funding for the Children's Health Insurance Program (CHIP). While the bill would reauthorize program funding for five years, the measure (HR 3821) would gradually scale back the *Affordable Care Act's* higher federal contribution for CHIP coverage. Specifically, the bill would maintain the current 23 percentage point boost in the federal matching rate through fiscal year 2019 before phasing the rate down by half that amount in 2020. Beginning in 2021, the federal contribution for CHIP would return to its regular (pre-ACA) level.

Although federal funding for CHIP expired on September 30, the Department of Health and Human Services has signaled that states generally have sufficient funding to continue financing their programs after that date. California is expected to exhaust its CHIP funding by January 1, 2018.

In other recent developments, bipartisan legislation designed to fund the ACA's Cost-Sharing Reduction (CSR) payments through 2019 failed to get off the ground in the Senate. A source of controversy for months, the payments are made to health insurance companies to assist low and moderate income subscribers meet their co-pays and deductibles. The impetus for the bill gained urgency given the recent announcement by the Trump administration that the executive branch would cease the monthly CSR payments.

For their part, health insurance companies have stated that the loss of the CSRs would greatly disrupt the individual marketplace and would lead to double-digit increases in premiums. Ironically, given the interaction between increased premiums and marketplace subsidies to pay for them, the Congressional Budget Office has estimated that it would cost the federal government *more* to help lower-income subscribers pay their premiums than to offer subsidies for co-pays and deductibles under the CSRs. In light of the Trump administration's action, and absent legislation to address CSR payments, more moderate income individuals will likely see their premiums skyrocket and insurers may pull out of some states due to the tremendous uncertainty of the federal commitment to them and their subscribers.

With regard to the Golden State, Covered California has indicated that the state's proactive planning likely means there will be little or no impact on current 2017 coverage or rates for California subscribers. Moreover, there is expected to be no effect on 2018 premiums or subscribers' ability to access those benefits next year.

## Infrastructure

As stakeholders and members of Congress continue to wait for the release of additional details of the Trump administration's infrastructure proposal, the president's economic advisor recently stated that the White House may be open to a gas tax increase to help pay for the legislation. The remarks are significant and represent a first for the Trump administration, which has not provided full details regarding how its \$1 trillion infrastructure plan would be financed.

Looking ahead, it's unclear whether Congress would agree to include a gas tax adjustment as part of any infrastructure bill. That decision will lie with the tax writing committees in the House and Senate.

## WaterFix

A group of key House Democrats recently sent a letter to the General Accounting Office (GAO) urging the investigative arm of Congress to initiate a new inquiry into the Bureau of Reclamation's use of federal taxpayer dollars in the BDCP/WaterFix planning process. The action comes on the heels of a recent Department of the Interior Inspector General report, which revealed that Reclamation, among other things, obscured the source of its planning-related funding and the total cost of its participation in the water conveyance project.

In the wake of the call for a GAO investigation, a spokesperson for the Interior Department appeared to distance the Trump administration from the State's project. In a subsequent statement, however, the Department indicated that while Interior does not expect to participate in the construction or funding of the tunnels, they intend to continue to work with the State and stakeholders as the project is further developed.

**SOLANO**  
**City-County Coordinating Council**  
**2017 State & Federal Legislative Platform**

**Overview**

The Solano City-County Coordinating Council (CCCC) consists of the Mayors of all seven cities in Solano County – Benicia, Dixon, Fairfield, Rio Vista, Suisun, Vacaville and Vallejo - and the five members of the County Board of Supervisors. On an annual basis, the CCCC adopts a legislative platform; recommending positions and strategies on both state and federal legislative and budget related issues. The platform takes into consideration and seeks to support the legislative priorities of all seven cities, the County of Solano, Solano Transportation Agency (STA), Solano County Water Agency (SCWA), Travis Community Consortium (TCC), Yolo-Solano Air Quality Management District and our public higher education institutions (Solano College, UC Davis and CSU Maritime Academy).

Listed below are the CCCC's highest State and Federal legislative priorities as well as other significant policy issues. These are issues that CCCC believes are important to support and partner on. These priorities are extracted from other regional entities and are not intended to conflict or compete, but rather support and compliment efforts to improve funding of regional needs and priorities.

**2017 State and Federal Legislative Priorities (Listed Alphabetically)**

1. **Funding for Key Water Infrastructure Projects.** Support efforts to authorize and fund key water infrastructure projects in Solano cities and the County, including dredging, water reuse and recycling, and flood control projects.
2. **Protect the Sacramento-San Joaquin Delta.** Ensure that Solano cities and the county is adequately represented in efforts to develop policy impacting the Sacramento-San Joaquin Delta, including policies to address water quality and supply, flood protection, environmental preservation and emergency response. Support legislation that protects Solano County water sources and supplies and provides for mitigation with regard to disaster preparedness, water rights, North Delta Water Agency Contract with the California Department of Water Resources, socio-economic vitality, water quality, water elevations, levee protection, loss of agricultural production, aquaculture, and access to fresh water supplies. Support efforts to develop other water supply options outside the areas-of-origin so as to reduce stresses in the Delta region. In general, support legislation that would provide for assurances and mitigations to the County, local Districts, and our residents and ensure sustainable funding outside of the General Fund for existing and future obligations created by State / Federal water projects and their Habitat Conservation Plans. Support appropriations from Proposition 1 that will facilitate key water infrastructure projects.
3. **Public Safety and Emergency Preparedness.** Support funding for programs that assist Solano cities and the county with efforts aimed at reducing crime and enhancing public safety through community partnerships and multi-jurisdictional efforts, such as the Community Oriented Policing Services (COPS) program and the Justice Assistance Grant (JAG) program. In addition, support funding for programs that assist the County and cities with disaster response and preparedness and homeland security-related needs, including efforts aimed at achieving communications interoperability. Monitor legislation and state budget actions regarding the implementation of Proposition 47 to ensure that proper resources exist at the local level. Also monitor the implementation of state legislation such as AB 403 (Stone), which will significantly revamp placement options for foster youth.
4. **State Realignment & Cost-Shifts.** Oppose proposals to restructure, realign, or otherwise shift the cost of state programs to local government, without commensurate compensation and a legislative ability for counties to draw down available federal funding. Support efforts

to constitutionally guarantee continued funding for realigned programs. Support efforts to obtain and improve the stability of current Solano cities and the county's revenue sources. Oppose any realignment initiatives which fail to fully fund services shifted to the County and cities. Advocate for funding for local police agencies and the Sheriff's Office dealing with the increase in specific crimes in Solano cities and the county due to realignment.

## **2017 State and Federal Legislative Principles (Sections Listed Alphabetically)**

### **Agriculture, Natural Resources, and Water**

1. Support efforts to protect the Suisun Marsh consistent with the Suisun Marsh Preservation Act and the Suisun Marsh Plan;
2. Support improved mapping of flood hazard areas and advocate for the US Army Corps of Engineers and other federal and state agencies to protect Solano cities and the county from these hazards, either directly or via funding and technical assistance.
3. Support, develop, or seek out legislation that protects the Solano cities and the county's quality of life, its diverse natural resources, and preserves the essence and history of Solano.
4. Support legislation to establish the Sacramento-San Joaquin Delta National Heritage Area to protect and promote the economic vitality and cultural, historical, and natural assets of the region.
5. Support protections and assurances to assure a reliable supply and access to high quality water for drinking, agriculture and recreation in the County.
6. Support funding for an alternate intake to the North Bay Aqueduct; monitor and advocate for the appropriate and timely allocation of resources from Proposition 1
7. Support legislative or regulatory efforts to maintain local control/involvement in allocation of water resources.
8. Support new funding to support local priorities for implementing water storage, recycling, and conservation measures.
9. Support funding for efforts to mitigate or adapt to sea-level rise impacts, including shoreline restoration, flood mitigation, and recreation projects.

### **General Government**

1. Support efforts to realign government services with necessary funding in order to improve the delivery of services and make government more accountable and efficient to the people they serve.
2. Seek out, develop, and support legislative, regulatory, and budget efforts that protect and/or enhance local governments' revenues, maximize Solano cities and the county's access to Federal funding sources, and/or increases local funding flexibility.
3. Support legislation that provides tax and funding formulas and regulations for the equitable distribution of Federal monies while opposing attempts to decrease, restrict, or eliminate Solano cities special districts and the county's revenue sources.
4. Support any expansion, continuation, and/or increased flexibility in the bidding/procurement, delivery, and management of construction projects.
5. Oppose legislative or administrative actions that would create State or Federal unfunded mandates and/or preempt local decision-making authority.
6. Oppose attempts to restrict local authority with respect to issues that affect local communities.
7. Oppose any effort to balance the state budget through the taking of local government resources.
8. Support the enactment of legislation to allocate statewide bond funding based on objective criteria developed with local input.
9. Support budgetary efforts for outstanding Payment-in-Lieu-of-Taxes (PILT) funding that is owed to the County and support legislative and budgetary efforts to continue PILT funding based on the allocation provided in the 2015-16 State Budget.

## **Housing, Community and Economic Development, and Workforce Investment**

1. Support additional flexibility for Proposition 63 that could provide a one-time statewide infusion of funding for supportive housing in California.
2. Support Housing Element reform that provides for self-certification process for all jurisdictions that have a housing allocation, and that provides greater flexibility to agencies with limited urban services and strong city centered development policies.
3. Support continued funding for existing programs including the Community Development Block Grant (CDBG) program, the HOME Investment Partnerships Program (HOME), and the Neighborhood Stabilization Program (NSP). Oppose efforts to reduce funding and operational flexibility for these programs.
4. Encourage and seek legislation to facilitate orderly economic expansion and growth, and increase the opportunity for discretionary revenues, programmatic and financial flexibility for Solano cities and the county.
5. Support funding and incentives for smart growth and sustainable development, including infrastructure funding.
6. Oppose Federal legislation that would reduce U.S. Economic Development Administration (EDA) funds and support the expanded eligibility and access to these funds.
7. Support legislation that encourages job growth and the success of the business community.
8. Support legislation that provides a stable national-level appropriation for workforce development programs as a longer-term investment strategy for the nation's economy. Support or seek federal grant funding opportunities that advance and improve housing, community and economic development, and workforce investment opportunities for disadvantages individuals and families including the homeless.
9. Support and/or advocate for funding programs that would provide funding for community youth programs, including programs targeting underserved youth.
10. Oppose Federal legislation that would reduce funding to the Department of Housing and Urban Development (HUD) that provides rent subsidies and administrative funding to the Housing Choice Voucher (Section 8) Programs.
11. Support State legislation that would create a new funding mechanism for local governments to provide funding for affordable housing (new construction, acquisition and rehabilitation).
12. Support State legislation that would create funding for local governments for economic development purposes.
13. Support efforts to increase employment opportunities and linking training programs to local available employment.

## **Public Safety and Emergency Disaster Preparedness**

1. Support the preservation of funding levels for existing public safety programs such as the Byrne Justice Assistance Grant (Byrne/JAG) Program, California State Law Enforcement Funding (SLEF), California Fire Fighter Joint Apprenticeship Committee (CFFJAC), Office of Traffic Safety (OTS) grant funding, Department of Alcohol and Beverage Control programs, and the Community Oriented Policing Services (COPS) program. Oppose efforts to reduce or divert funding away from these programs.
2. Support continued or new funding for emergency disaster preparedness programs such as FEMA - Emergency Management Performance Grants (EMPG), the Urban Areas Security Initiative (UASI), and emergency disaster preparedness and infrastructure damage recovery programs. Oppose efforts to reduce or divert funding away from these programs.
3. Support funding for the State Office of Emergency Services to enhance Disaster Preparedness by linking local Emergency Operations Centers and by providing training.
4. Support funding to integrate climate change and sea level rise impacts into Local Hazard Mitigation Plans and Emergency Operation Plans. Support funding for regional hazard mitigation planning.

5. Support funding to address emergency preparedness needs, particularly those that include communications equipment, training/exercises, or ongoing operations and maintenance costs.
6. Support the preservation of funding for the State's Police Officer Standards and Training program that reimburses local agencies for training.
7. Support changes to US Corps of Engineer's current flood control inspection standards that have resulted in the loss of Public Law 84-99 eligibility for post disaster restoration funding for local governments.
8. Support legislation that improves the availability, affordability and coverage for earthquake and flood insurance. Support legislation to improve the affordability of fire coverage in California's more forested areas.
9. Support efforts to improve safety of hazardous materials transported by rail, including crude by rail and enhance capacity of local emergency responders to appropriately respond to potential emergency events resulting from derailment or releases.

### **Resource Management, Environmental Health, and Sustainability**

1. Support measures and funding for County, city, and special district programs and projects that address sustainability issues such as air quality improvement, energy efficiency, water efficiency, renewable energy, fuel efficiency, energy adequacy, and security while balancing the reduction of emissions with impacts on business.
2. Support legislation and administrative action that further the goals of the Solano cities and the county's climate protection and sustainability efforts, including programs that promote energy-efficient home improvements like the Property Assessed Clean Energy (PACE) program and as referenced in their approved Climate Action Plans.
3. Support Federal and state climate change legislation and policies that include local government funding and consideration for implementation at the local level.
4. Support legislation and grant funding opportunities that improve land use planning for major economic drivers and infrastructure projects in Solano cities and the county.
5. Support sensible CEQA reform that streamlines processes for broader range of infill development while maintaining strong analytic and mitigation requirements for large projects that clearly have significant environmental consequences at a regional or statewide level.
6. Support regulatory processes that are not a one-size-fits-all approach and maintain flexibility for Solano cities, special districts, and the County to determine the best means of achieving water conservation mandates.
7. Support legislation that fosters, establishes or expands regional purchasing capabilities and inter-jurisdictional infrastructure development to achieve local environmental and sustainability goals/requirements.
8. Support legislation that enhances funding options for sustaining and expanding a countywide parks system.
9. Support efforts to direct Cap and Trade revenues to reduce greenhouse gas emissions in communities disproportionality impacted by large sources of industrial pollution. Support the more timely and regular allocation of Cap and Trade funds.
10. Support restored State Parks funding and legislation that facilitates implementation of the recommendations of the Parks Forward Commission and the State Parks Transformation Team.

### **Transportation**

1. Support efforts to reduce requirements and restrictions on the use of street maintenance funding by local agencies.
2. Support efforts to maintain existing or increased funding for transportation programs and projects within the County.
3. Support legislative efforts for Federal transportation reauthorization measures that reflect the needs of Solano cities and the county and project priority in funding streams.

4. Support consideration of an increase or the indexing of the Federal gasoline tax and alternative sources of funding for pavement maintenance.
5. Support legislation and budget action that provides additional and continuing funding for local infrastructure, including local roads, bridges, and transit priorities.
6. Ensure that existing transportation funding sources are retained.
7. Seek to reverse the current diversion of the Off Highway Vehicle funding so that it returns to local source.
8. Continue to seek funding from Cap and Trade for enhancements to the county's transportation network that reduce greenhouse gas emissions including regionally integrated transit, active transportation, congestion relief, trade corridor improvements, and clean vehicle deployment consistent with the region's sustainable communities strategy - Plan Bay Area.
9. Support or sponsor legislation that provides for the establishment, extension, or increase of a special tax for the purpose of providing funding for local transportation projects, including pavement maintenance, and lowers the threshold for voter approval to 55%.
10. Support legislation and administrative rule making that improves rail and rail car safety, including positive train control (PTC) technologies, for transport of hazardous material including crude oil.
11. Seek funding and maximize opportunities to develop, support, and maintain a robust active regional transportation strategy, with particular attention to transportation and health equity issues.

#### **Other Agency Interests**

1. Travis Community Consortium. Support the mission of all military organizations located within the County. Support the 2014-2018 strategy adopted by the Travis Community Consortium. Work with the Governor's Military Council to protect California's interest with the decline in defense spending and the probable realignment of missions and closure of bases. Support Travis AFB moving forward in 2017 with the Air Force Community Partnership (AFCP). Support additional assets/missions such as C-17, KC-46 squadrons, modernization of existing aircraft, and gaining other aviation and non-aviation missions.
2. Solano Transportation Authority. Support the 2017 legislative state priorities and programs as outlined and adopted by the Solano Transportation Authority.

**SOLANO**  
**City County Coordinating Council**  
**Staff Report**

**Meeting of: Nov.9, 2017**

**Agency/Staff: Cynthia Kroll, Association of Bay Area Governments and Metropolitan Transportation Commission**

**Agenda Item No:**

**Title /Subject:** Bay Area Regional Economic Development

**Background:**

In 2016, ABAG staff were directed by the Executive Board to partner with the USEDA and regional and local economic and workforce organizations to prepare a Comprehensive Economic Development Strategy (CEDS) that would lead to the establishment of a Bay Area Regional Economic Development District (EDD). The CEDS describes regional economic conditions and trends, identifies strengths and challenges, and includes the vision, goals and objectives that will guide the activities of the Regional Economic Development District. The EDD will be a platform for cooperative action, shared information, and developing creative policy responses to address economic, workforce and equity issues that no single jurisdiction, organization or enterprise can solve alone. Together, the CEDS Action Plan and Regional EDD designation will improve local jurisdiction access to federal, state and private foundation investments, foster greater public and private collaboration, and expand the effectiveness of local and regional resources.

ABAG requests Solano Board of Supervisors endorsement of the attached Vision, Goals and Objectives of the regional Comprehensive Economic Development Strategy to establish a regional Economic Development District. The Vision, Goals and Objectives were developed over the past year in partnership with local jurisdictions and economic and workforce organizations and related stakeholders in each Bay Area counties. Your support is required by the USEDA to establish the framework for an Economic Action Plan that directs the Bay Area Regional Economic Development District.

**Discussion:** The attachment describes the work ABAG has done to date, and outlines the *Vision, Goals and Objectives* of the regional Comprehensive Economic Development Strategy, and the two approaches the Solano County of Board Supervisors can follow to show their support.

**Recommendation:**

Informational only. Intention is to have the Solano County Board of Supervisors approve a letter of support or adopt a resolution at a future Board meeting.

**Attachments:**

- Attachment 1: Presentation on Bay Area Regional Economic Development
- Attachment 2: Vision Goals and Objectives
- Attachment 3: Letter of Support Template
- Attachment 4: BOS Resolution Template

# Bay Area Regional Economic Development

**Cynthia Kroll**, Chief Economist and Assistant Director  
**Johnny Jaramillo**, Principal Planner

*Association of Bay Area Governments/  
Metropolitan Transportation Commission*

November 9, 2017



# REGIONAL ECONOMIC DEVELOPMENT

## —What and Why

- We are an **interconnected region** and economy where people live and work everywhere. What happens in one part of the region affects others
- We face **challenges that no single source or agent can solve**, and for which there is no single solution
- This requires greater public and private **collaboration**

# Economic Development District (EDD)

- What is an EDD? Regional designation by the US EDA
- Promotes regional economic collaboration
- Improves access to grants and technical assistance
- County Boards of Supervisors endorse the Vision, Goals, and Objectives to establish a regional EDD

# Comprehensive Economic Development Strategy (CEDS)

- Region's economic strategy that establishes the framework for the EDD
- Review of the region's economic characteristics
- SWOT: strengths and opportunities, weaknesses and threats/constraints
- Identifies consensus for strategic actions
- Implementation Plan - schedule, actors, measures of success
- Guided by a Strategy Committee representative of the region's business, economic development, workforce, and equity communities

# Strategy Committee and Other Engagement

## Strategy Committee:

- Economic & Workforce Development
- City and County Agencies & Elected Officials
- Business Community
- Academic & Research Institutions
- Non Profits, CBOs, Labor

## Beyond the Strategy Committee

- Partnerships
- Subregional presentations
- Questionnaire for stakeholder organizations
- Input from interested citizens
- Public postings
- Briefings to elected officials, stakeholder groups

# Economic Profile

- **Region has economy that other want to emulate**
  - But there are places and people left behind
  - And the region is failing to produce basic resources – workforce skills, housing, transportation networks
- **Long term transformations create additional challenges**
  - Demographics
  - Middle wage jobs
  - Structure of work (automation, tech change, gig work)

# Regional Vision

“A dynamic and resilient economy, spurred by a culture of innovation and inclusion, providing opportunities, shared prosperity, and a sustainable quality of life for all residents and workers”

# Goals

- **Goal 1: BUSINESS CLIMATE.** *Develop policies to improve the business climate to retain and expand our **strong economic base and culture of innovation.***
- **Goal 2: WORKFORCE.** *Improve workforce training and provide **pathways** to better jobs by improving **alignment between workforce skills, business and employer needs,** and working conditions and earnings in low wage occupations.*
- **Goal 3: HOUSING AND WORK PLACES.** *House the labor force needed to fill the low, middle and highway jobs required by our economy as well as the nonworking population, while providing flexibility for **timely expansion of work places.***
- **Goal 4: INFRASTRUCTURE.** *Prioritize investments to address the growing strains on **public services, transportation, water, energy and communications.***

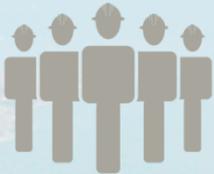
# Action Areas



Created by Sergio Art Wilsson from Noun Project

## Business Climate

- Supporting economic drivers, clusters
- Maintain innovation capacity
- Small firms, local ED capacity



Created by Wilson Joseph from Noun Project

## Workforce

- WF training and business partnerships
- Collaboration across training programs
- Middle wage jobs; career mobility
- Apprenticeships
- Education across levels



## Housing & Workspace

- **Housing affordability**
- **Regulatory adjustments**
- **Priority production areas**
- **Financing and public resources**



Created by Kasper Steiner Andersen from Noun Project

## Infrastructure

- Transit access to jobs and housing
- Water and energy resources
- Public private partnerships
- Enhance access to capital
- Investments to mitigate natural hazards

# BENEFITS OF CEDS, EDD: REGIONAL, SUBREGIONAL, LOCAL

- Leverage resources across the region
- Consistent and cooperative strategies
- Shared information
- Aligning workforce, training resources with evolving business needs
- Connecting local and regional infrastructure needs and investments
- Regional context for subregional and local needs
- Understanding unique areas within the larger economy

# SCHEDULE AND NEXT STEPS

August 2017: CEDS Profile, SWOT, Vision-Goals-Objectives posted



September-November 2017:  
County Endorsements, Organizational Structure and Action Plan



December 2017 and early 2018: Final CEDS,  
Submit EDA Application, Establish Regional EDD

# Thank You

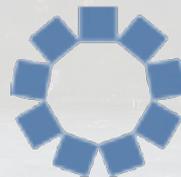
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<http://abag.ca.gov/planning/economic.html>



***Vision, Goals and Objectives of the regional Comprehensive Economic Development Strategy***

**STRATEGIC FRAMEWORK TO ACTION – VISION, GOALS, OBJECTIVES**

**VISION**

***A dynamic and resilient economy, spurred by a culture of innovation and inclusion, providing opportunities, shared prosperity, and a sustainable quality of life for all residents and workers.***

The vision statement is the distillation of conversations among business, workforce, local government and community stakeholders, reflecting the region’s aspirations for the economy and its participants over the next 10 to 20 years.

**GOALS AND OBJECTIVES**

Goals and objectives reflect major concerns of business, workforce, and community organizations in the region and drive the CEDS action plan. Goals are broad outcomes that build upon the vision and are often intangible. Objectives by contrast are more specific, measurable, and support realization of the goals. Together, the vision, goals and objectives will underlie efforts to strengthen our business climate and workforce opportunities for all, while addressing regional challenges that cross-jurisdictional borders.

**GOAL 1 BUSINESS CLIMATE. Develop policies to improve the business climate to retain and expand our strong economic base and culture of innovation.**

- Objective 1.1* Support key industry clusters that drive the economy and improve the capacity for new clusters to develop throughout the region.
- Objective 1.2* Retain and expand the region’s culture of innovation and enable companies to start, grow and thrive here.
- Objective 1.3* Improve the business climate for middle wage industries, small and medium sized firms, and entrepreneurship, especially within disadvantaged communities.
- Objective 1.4* Strengthen economic resilience across business cycles and within vulnerable parts of the region.
- Objective 1.5* Strengthen the economic development capacity of local jurisdictions by sharing best practices and data.

**GOAL 2            WORKFORCE. Improve workforce training and provide pathways to better jobs by improving the alignment between workforce skills, business and employer needs, and working conditions and earnings in low wage occupations.**

- Objective 2.1*            Enhance the quality and access of pre-K through High School education to better prepare children and young adults for future success.
- Objective 2.2*            Improve the Bay Area and California’s higher education and other post-secondary systems to generate a globally competitive workforce.
- Objective 2.3*            Support economic growth and economic mobility in employment and wages for all workers at all stages of life, particularly low- and moderate-wage workers.
- Objective 2.4*            Strengthen the local economy by supporting the role of immigrants in the region’s labor market.

**GOAL 3            HOUSING AND WORK PLACES. House the labor force needed to fill the low, middle and high wage jobs required by our economy as well as the nonworking population, while providing flexibility for timely expansion of work places.**

- Objective 3.1*            Enhance Plan Bay Area (PBA) to ensure a land use pattern with space for all activities, particularly the “fit” between jobs and housing at the subregional level, that contribute to the regional economy.
- Objective 3.2*            Work toward providing enough housing to meet the affordability needs at wage and salary levels that exist in the Bay Area’s *current and future* population.
- Objective 3.3*            Encourage local regulations and permitting processes that support retention and expansion of local business and infill development.
- Objective 3.4*            Advocate for changes to state regulations that impede local infill development, and strengthen the region’s ability to provide related infrastructure and services.

**GOAL 4            INFRASTRUCTURE. Prioritize investments to address the growing strains on public services, transportation, water, energy and communications.**

- Objective 4.1*            Improve Regional Mobility through transportation system enhancements and investments.
- Objective 4.2*            Increase access to jobs and economic opportunity for all workers, particularly low income workers, by expanding access to transportation.

- Objective 4.3* Prepare for the future by expanding investment in communications and sustainable energy infrastructure, and ensure the existing regulatory framework supports these developments.
- Objective 4.4* Reduce the impact of natural hazards on community infrastructure, particularly in distressed or disadvantaged communities that are most at risk.
- Objective 4.5* Improve the management of existing resources, increase funding to rebuild and expand infrastructure, and develop infrastructure to be compatible with anticipated technological changes.
- Objective 4.6* Recognize the natural environment as “green-infrastructure” that underlies some of the region’s key economic activities, attracts and retains workers, and could potentially generate new green-industries, clusters and economic activity.

# COUNTY LETTER HEAD

## SUPPORT LETTER TEMPLATE [ALTERNATIVE TO A COUNTY RESOLUTION]

[Date]

Malinda Matson,  
Economic Development Representative for Northern and Coastal California  
US Economic Development Administration  
915 Second Avenue  
Room 1890  
Seattle, WA 98174  
1-916-235-0088  
[mmatson@eda.gov](mailto:mmatson@eda.gov)

cc. Julie Pierce, President, Association of Bay Area Governments  
Johnny Jaramillo, Principal Planner, Economic Program Manager

Dear Ms. Matson:

This letter expresses the support from the [County Name] County the Board of Supervisors for the final Vision, Goals and Objectives of the regional Comprehensive Economic Development Strategy and the establishment of a Bay Area Economic Development District.

In 2016, ABAG staff were directed by the Executive Board to partner with the USEDA and regional and local economic and workforce organizations to prepare a Comprehensive Economic Development Strategy (CEDS) that would lead to the establishment of a Bay Area Regional Economic Development District (EDD). The CEDS describes regional economic conditions and trends, identifies strengths and challenges, and includes the *Vision, Goals and Objectives* that will guide the activities of the Regional Economic Development District. The EDD will be a platform for cooperative action, shared information, and developing creative policy responses to address economic, workforce and equity issues that no single jurisdiction, organization or enterprise can solve alone. The CEDS Action Plan and Regional EDD designation will improve local jurisdiction access to federal, state and private foundation investments, foster greater public and private collaboration, and expand the effectiveness of local and regional resources.

On behalf of [County Name] Board of Supervisors, I, [Name], Chair of the Board, hereby support the *Vision, Goals and Objectives* set forth in the Bay Area's Comprehensive Economic Development Strategy (CEDS) and the establishment of Regional Economic Development District per the request of the Association of Bay Area Governments.

Sincerely,  
[Name], Chair of the [County Name] County Board of Supervisors

TEMPLATE RESOLUTION Endorsing the Vision, Goals and Objectives listed in the Bay Area's Comprehensive Economic Development Strategy

**Resolution endorsing the Vision, Goals and Objectives of a Bay Area Comprehensive Economic Development Strategy (CEDS) and the establishment of a regional Economic Development District (EDD) recognized by the United States Economic Development Administration (U.S. EDA), to improve access to economic and workforce related grants and technical assistance from federal and state agencies and private foundations to foster greater public and private collaboration in addressing economic, workforce and equity issues that no single jurisdiction, organization or enterprise can solve alone.**

**[Regional WHEREAS / findings]**

WHEREAS, Economic Development Districts (EDDs) are multi-jurisdictional entities, which support local and regional economic and workforce development planning and involve public, private and non-profit actors to establish a strategic roadmap for regional collaboration that acknowledges and supports local government land use authority; and

WHEREAS, A regional Economic Development District (EDD) provides a platform for addressing shared problems, realizing mutual goals, and leveraging resources across the region to achieve more equitable outcomes; and

WHEREAS, The Bay Area had 7.7 million people at the beginning of 2017, an increase of over 500,000 from 2010, and is projected to grow to 9.5 million people according to Plan Bay Area 2040; and

WHEREAS, While the region as a whole is characterized by high income and low poverty, every county in the region has distressed and disadvantaged neighborhoods where incomes fall below 80 percent of US per capita levels, a U.S. EDA threshold point for distress; and

WHEREAS, High housing prices and low production levels characterize the Bay Area's housing market, so that in 2015 almost half of all renters and one third of all homeowners paid 30 percent or more of their income towards housing; and

WHEREAS, A regional Economic Development District would make the Bay Area more competitive for federal economic and workforce development related technical assistance and grant funding and could support sub-regional economic development efforts that address the needs of the region's diverse communities and workforce; and

WHEREAS, The region's Comprehensive Economic Development Strategy documents the economic conditions of the region, provides an assessment of the Bay Area's strengths and challenges, and develops an action plan to build on the region's assets and address its challenges; and

WHEREAS, Economic growth is necessary to improve the Bay Area's economic prosperity for all; and

WHEREAS, A stronger business climate is needed to maintain competitiveness of industries and employers, and initiatives must be developed that retain and expand our strong economic base and culture of innovation; and

WHEREAS, Continuing to train the workforce will provide pathways to better jobs where higher skill levels are needed and where career paths to middle wage jobs require improved skills for lower wage workers; and

WHEREAS, Economic growth and opportunity are integrally tied to regional housing production and retaining low- to middle- wage earners in the region requires a broader housing base; and

WHEREAS, Infrastructure investments are needed to address the growing strains on transportation, water, energy and communications and will allow the region to be more resilient to economic downturns and natural hazards; and

WHEREAS, The completion of the Bay Area's Comprehensive Economic Development Strategy (CEDS) report is required to establish a Regional Economic Development District (EDD) recognized by the federal Economic Development Administration;

WHEREAS, Boards of Supervisors from at least five of the Bay Area counties must approve the Vision, Goals and Objectives in the Comprehensive Economic Development Strategy to establish a region-wide Economic Development District;

RESOLVED, The Board of Supervisors of \_\_\_\_\_ County hereby endorse the Visions, Goals and Objectives set forth in the Bay Area's Comprehensive Economic Development Strategy (CEDS) produced by Association of Bay Area Governments/ Metropolitan Transportation Commission and the establishment of a Regional Economic Development District; and, be it

**FURTHER RESOLVED, [any County specific additions]**

**SOLANO  
City County Coordinating Council  
Staff Report**

**Meeting of. (Date)**

**Agency/Staff: (Presenters, job titles, and agencies)** Bela T. Matyas, MD, MPH, Health Officer, Solano County Department of Health and Social Services; and, Ramón Castellblanch, Professor, Health Education, San Francisco

**Agenda Item No: V.3**

**Title /Subject:** Opioid Epidemic in Perspective

**Background:**

I. Opioid epidemic in perspective

Available data are poor regarding opiate use and opiate-related Emergency Room visits, hospitalizations and deaths; the data regarding opiate prescriptions are better.

This month the Centers for Disease Control and Prevention announced that in the year ending January 2017, there were 34,572 reported drug overdose deaths (all drugs) in the U.S.

This month, the Centers for Disease Control and Prevention announced that January 2017 opioid overdose deaths were 52% higher than in January 2016, highlighting the growing importance of the opioid epidemic in the U.S.

The opioid epidemic is a composite of two, distinct opiate epidemics, the prescription opiate epidemic and the non-prescription (illegal use) opiate epidemic; the relative contribution of these two varies significantly across the U.S. and from community to community, and there is some overlap between the two, but their underlying causes and drivers differ.

II. CA Department of Public Health statistics on opioid epidemic in Solano County: the CDPH opioid dashboard shows three areas in Solano with opioid prescribing above the CA average: Vallejo, east of I-80; Benicia; and Rio Vista.

**Discussion:**

Efforts addressing the opioid epidemic in Solano County (partial list):

- a. New opiate prescription guidelines for primary care providers in Solano County have been developed by a provider workgroup and have been adopted Countywide beginning in 2014-15 by Kaiser and by healthcare providers and healthcare systems affiliated with Partnership Healthcare of California; these guidelines minimize new prescriptions, wean clients off of high dose opiates and use alternatives to opioids for pain management.
- b. Drug take-backs by the Solano County Sheriff's Office.
- c. Naloxone being made available for drug users.
- d. Medication-assisted treatment will soon be implemented by Medmark in Fairfield.
- e. Solano County is collaborating with neighboring Opiate Safety Coalitions.
- f. Solano County Medical Society – this month, the society resolved to help organize the medical community response and involvement.

- g. The Solano County Drug Court of Vallejo has no in-county residential treatment beds and nine offenders in Contra Costa County beds. It has no guaranteed access to medically-assisted treatment for opioid addiction.
- h. Police chiefs and naloxone – the Benicia and Fairfield police departments and the Sheriff's Office are moving forward to outfit first responders with naloxone.
- i. The CA Health Care Foundation has VISTA volunteers available for county non-profits.
- j. Rx take-back – The Benicia Police Dept. installing a drug take-back kiosk.

Impacts to date in Solano County: since implementation of the Kaiser and Partnership Healthcare opiate prescription guidelines:

- a. Opiate prescriptions have declined substantially;
- b. Prescribed opiate doses have been reduced significantly;
- c. Prescription opiate overdose visits to the ER have declined significantly;
- d. Opiate overdose deaths have declined significantly; and,
- e. The age distribution for opiate prescriptions has improved.

What opioid safety coalitions are doing in other counties. Most Bay Area and many CA counties have opioid safety coalitions. Their leading activities include:

- a. Promoting medically-assisted treatment for opioid addiction. They often use federally-qualified health centers for this purpose.
- b. Distributing naloxone among all first responders and care-givers.
- c. Developing and disseminating prescribing guidelines for chronic pain treatment
- d. Educating pharmacists as to their responsibilities in filling prescriptions for controlled substances
- e. Making drug take back kiosks widely available.
- f. Educating the public about the opioid epidemic and what they can do about it.
- g. Ongoing areas of concern:
- h. Insufficient resources and capacity for substance abuse treatment.
- i. Prescription guidelines are needed for specialists and dentists.
- j. The availability of cheap heroin.
- k. The availability of fentanyl and other high-potency, non-prescription opiates.

**Recommendation:** No action recommended; information only

Attachments:

- A - Solano County Public Health Presentation
- B - The Presidents Commission on Combatting Drug Addiction and the Opioid Crisis  
(Summary of Recommendations – Full report available online by clicking [here](#))

# Solano County: Opiates

City-County Coordinating Council  
November 9, 2017

Prepared by Solano Public Health



*Healthy People – Healthy Community*

# Opiate Epidemic in Solano County

- Data on opiates poor for use, ER visits, hospitalizations, and death
  - Numbers underestimated, but trends likely valid
- Composite of two, distinct opiate epidemics:
  - Prescription opiate epidemic
  - Non-prescription (illegal use) opiate epidemic
- Some overlap between the two
- Underlying causes and drivers differ

# Prescription Opiate Epidemic

- New opiate prescription guidelines in Solano
  - Provider workgroup; primary care providers targeted
  - Kaiser and Partnership Healthcare guidelines
  - Adopted Countywide beginning in 2014-15
  - Minimize new prescriptions; wean clients off of high dose opiates; use alternatives for pain management
- Drug take-backs by Sheriff's Office
- Naloxone for drug users
- Medication-assisted treatment: Medmark, FF

# Prescription Opiate Epidemic, cont.

- Collaborating with neighboring Opiate Coalitions
- Studying cohort of County clients weaned off of opiates for disposition; together with Touro and CDPH
- Impacts to date:
  - Opiate prescriptions and doses down
  - Prescription opiate overdose ER visits down
  - Opiate overdose deaths down
  - Age distribution for prescriptions improving

# Ongoing Areas of Concern

- Insufficient resources and capacity for substance abuse treatment
- Prescription guidelines needed for specialists and dentists
- Cheap heroin
- Fentanyl and other high potency opiates

# Solano County Opiates at a Glance

## SOLANO COUNTY OPIATES BY THE NUMBERS

**Prescriptions (2016)**

**343**  
THOUSAND  
Opioid prescriptions in 2016

That's almost **1** opioid prescription for every Solano resident, including children.

**Emergency Department Visits (2015)**

Opioid overdose (no heroin)	Heroin overdose
2014 (71 visits)	2015 (42 visits)
<b>34%</b>	<b>133%</b>
2015 (47 visits)	2014 (18 visits)

In 2015, the number of ED visits due to **opioid-related overdose** (excluding heroin) decreased by 34% from 2014; however, **heroin overdose** ED visits increased by 133% in the same time period.

**Hospitalizations (2015)**

**65**  
Solano residents were **HOSPITALIZED** for opioid overdose (including heroin) in 2015, a **38% increase** from the previous year.

**Deaths (2016)**

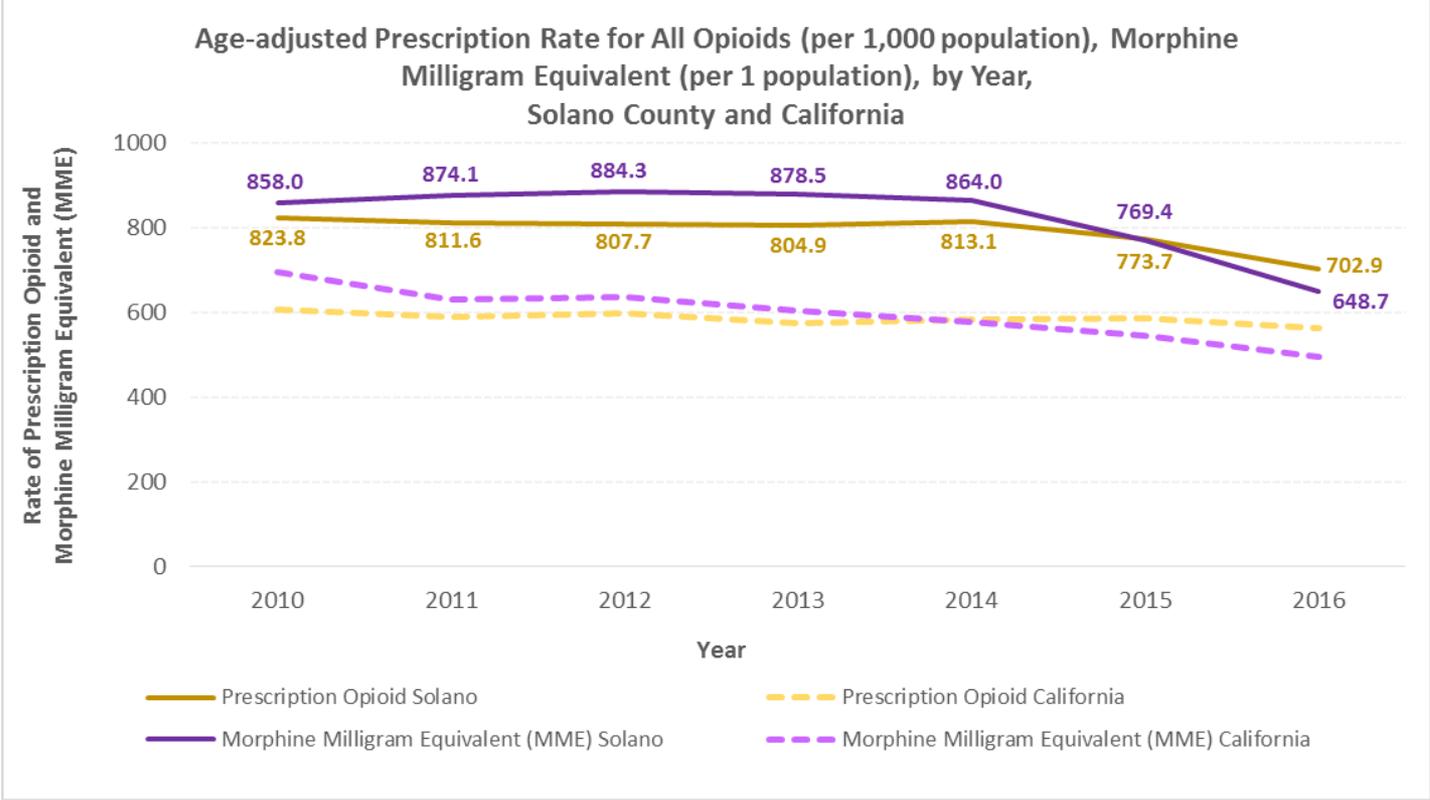
Overall opioid **DEATHS ARE DOWN** causing 14 opioid overdose deaths in 2016, compared to 19 in 2015 and 27 in 2014.

**6 of 7** opioid overdose deaths were due to **prescription opioid overdose.**

Main source: California Opioid Overdose Surveillance Dashboard, Safe and Active Communities Branch, California Department of Public Health. Prescription data obtained from Controlled Substance Utilization Review and Evaluation System (CURES), California Department of Justice. Emergency Department visit data obtained from Emergency Department Data, California Office of Statewide Health Planning and Development. Hospitalization data obtained from Inpatient Discharge Data, California Office of Statewide Health Planning and Development. Death data obtained from Vital Statistics Multiple Cause of Death Files, California Department of Public Health.

Created 10/4/2017, Solano Public Health, Epidemiology

# Opioid prescription and Morphine Milligram Equivalent Rates – decreased in past two years



Opioid prescription rate in Solano in 2016 was the lowest in the last 7 years, **decreasing** by almost **14%** from 2014. However, this still equals to almost **1 prescription for every Solano resident**, including children.

After a slight increase in **MME** rate from 2010-2014, MME decreased dramatically from 864.0 MMEs per resident in 2014 to 648.7 MMEs per resident in 2016; a **25% decrease in two years**.

Definitions:  
 All Opioids: Relative number of all opioid prescriptions (any quantity) filled at a pharmacy. Formula: total number of prescriptions, divided by population of the county that year, multiplied by 1,000. Buprenorphine is excluded because its use for pain is trivial statistically, compared to use for addiction.  
 Morphine Milligram Equivalent: Morphine milligram equivalents (MME) per resident per year (excluding buprenorphine) by patient location. All opioids filled at a pharmacy, translated into morphine milligram equivalents per resident per year. MME allows different types of medicines with different potencies to be compared (for example, 5 mg of oxycodone is equivalent to 7.5 mg of morphine, in terms of its effect on the body). Buprenorphine is excluded from this calculation.

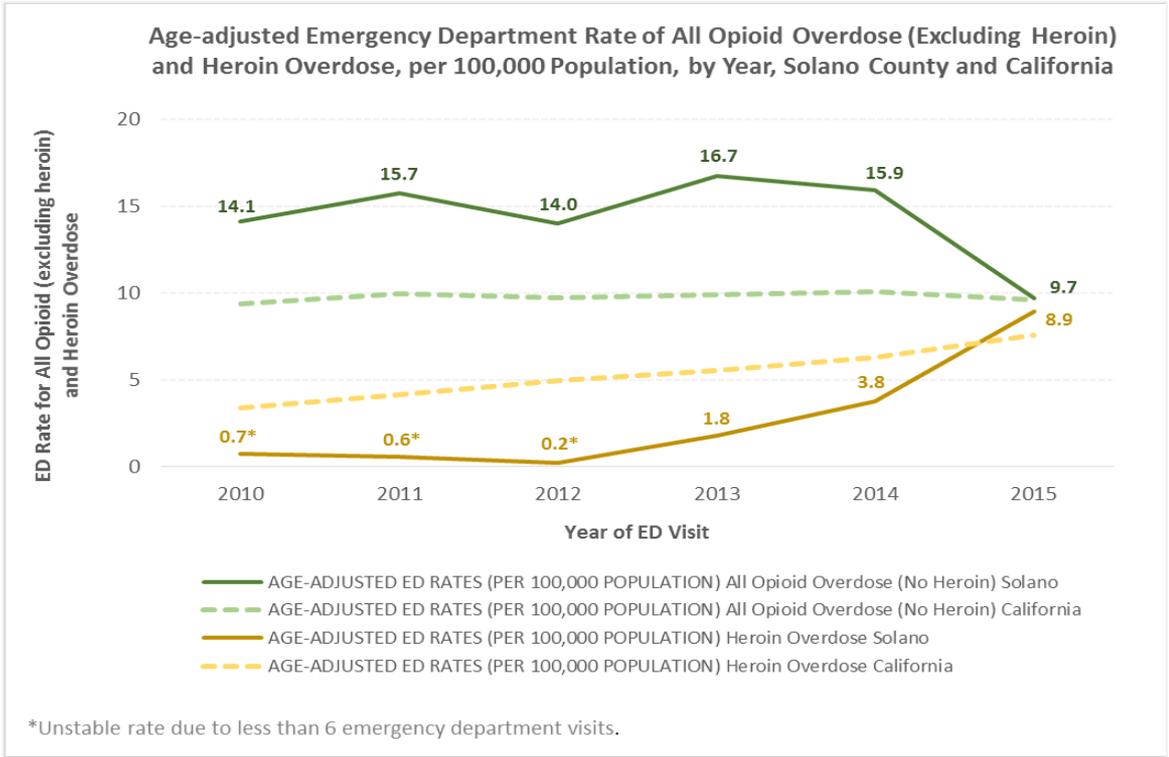
Source: California Opioid Overdose Surveillance Dashboard, Safe and Active Communities Branch, California Department of Public Health. Prescription data obtained from Controlled Substance Utilization Review and Evaluation System (CURES), California Department of Justice.

# Opioid ED Overdose Rate – sharp increase in heroin ED visits while sharp decrease in all opioid (excluding heroin) ED visits from 2014-2015

**Steady opioid (excluding heroin) ED rate from 2010-2014 (average of 15 visits per 100,000)**

**Sharp decrease of opioid ED rate from 2014 to 2015 (almost 16 visits per 100,000 to almost 10 visits per 100,000)**

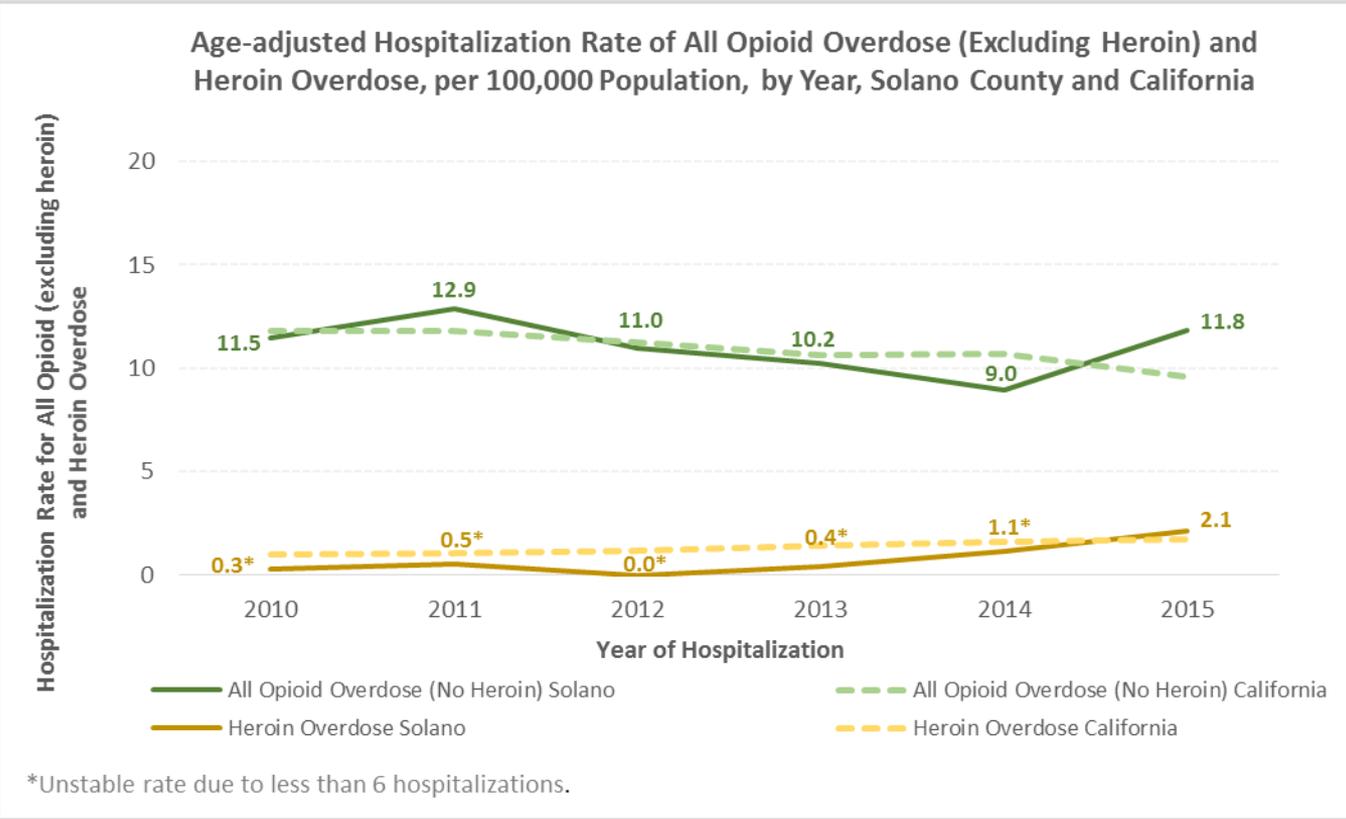
**Increasing heroin ED rate starting 2013, with a sharp increase from 2014 to 2015 (from about 4 visits per 100,000 to about 9 visits per 100,000)**



**Definitions:**  
**All Opioid overdose (no heroin):** Emergency department visits caused by non-fatal acute poisonings due to the effects of all opioids drugs, excluding heroin, regardless of intent (e.g., suicide, unintentional, or undetermined). Emergency department visits related to late effects, adverse effects, and chronic poisonings due to the effects of drugs (e.g., damage to organs from long-term drug use), are excluded from this indicator.  
**Heroin Overdose:** Emergency department visits caused by non-fatal acute poisonings due to the effects of heroin, regardless of intent (e.g., suicide, unintentional, or undetermined). Emergency department visits related to late effects, adverse effects, and chronic poisonings due to the effects of drugs (e.g., damage to organs from long-term drug use), are excluded from this indicator.

Source: California Opioid Overdose Surveillance Dashboard, Safe and Active Communities Branch, California Department of Public Health. Emergency Department visit data obtained from Emergency Department data, California Office of Statewide Health Planning and Development.

# Opioid Overdose Hospitalization Rate – increased from 2014-2015



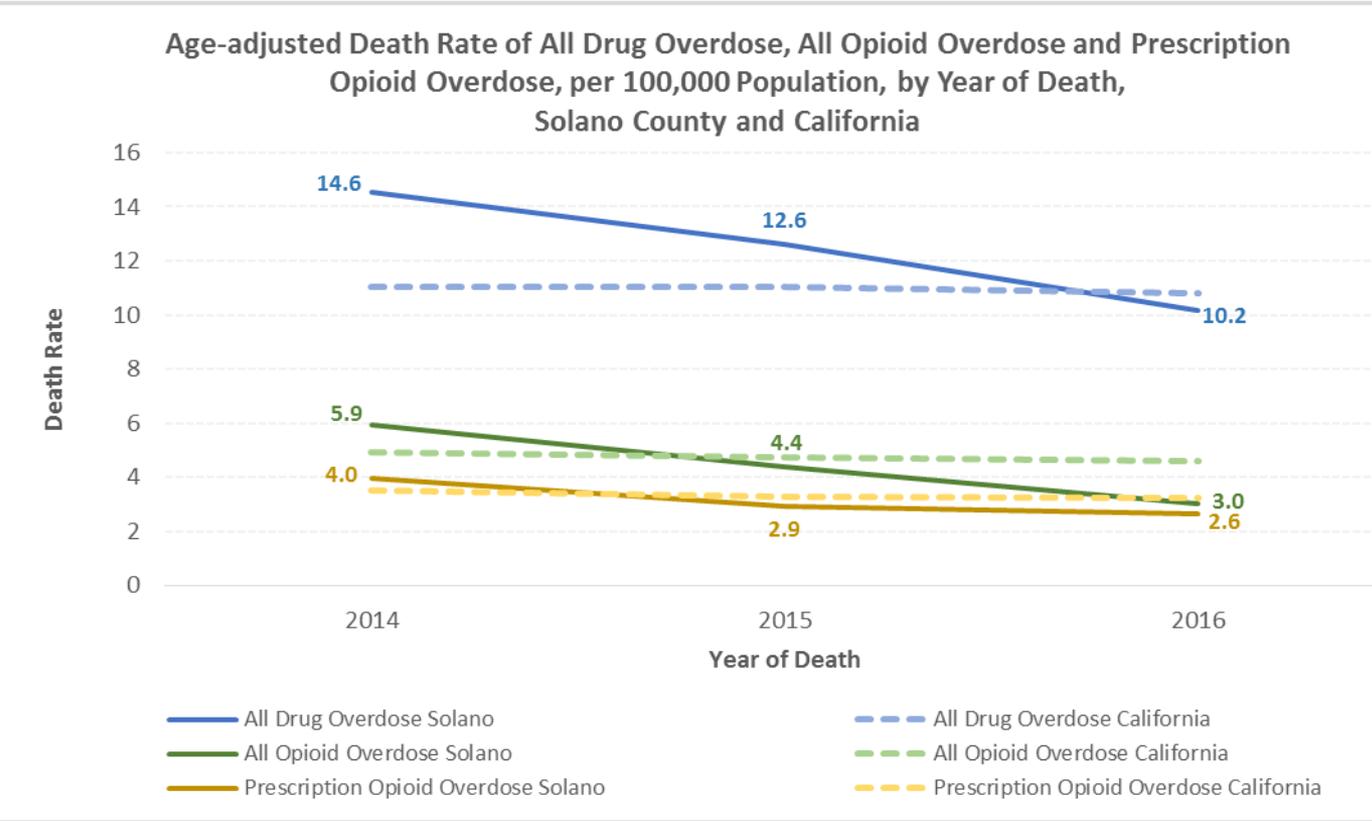
After a steady 4-year decline of age-adjusted **opioid** (excluding heroin) **hospitalization rate** from 2011-2014, the rate **increased 32%** from 2014 to 2015.

Age-adjusted hospitalization rate for **heroin overdose** increased from 2013 to 2015.

Definitions:  
**All Opioid Overdose (no heroin):** Hospitalizations caused by non-fatal acute poisonings due to the effects of all opioids drugs, excluding heroin, regardless of intent (e.g., suicide, unintentional, or undetermined). Hospitalizations related to late effects, adverse effects, and chronic poisonings due to the effects of drugs (e.g., damage to organs from long-term drug use), are excluded from this indicator.  
**Heroin Overdose:** Hospitalizations caused by non-fatal acute poisonings due to the effects of heroin, regardless of intent (e.g., suicide, unintentional, or undetermined). Hospitalizations related to late effects, adverse effects, and chronic poisonings due to the effects of drugs (e.g., damage to organs from long-term drug use), are excluded from this indicator.

Source: California Opioid Overdose Surveillance Dashboard, Safe and Active Communities Branch, California Department of Public Health. Hospitalization data obtained from Inpatient Discharge Data, California Office of Statewide Health Planning and Development.

# Opioid Overdose Death Rate – declining rates



Overall, there is a **decreasing** trend in death rate for **all drug**, **all opioid** and **prescription opioid** overdoses in the last three years.

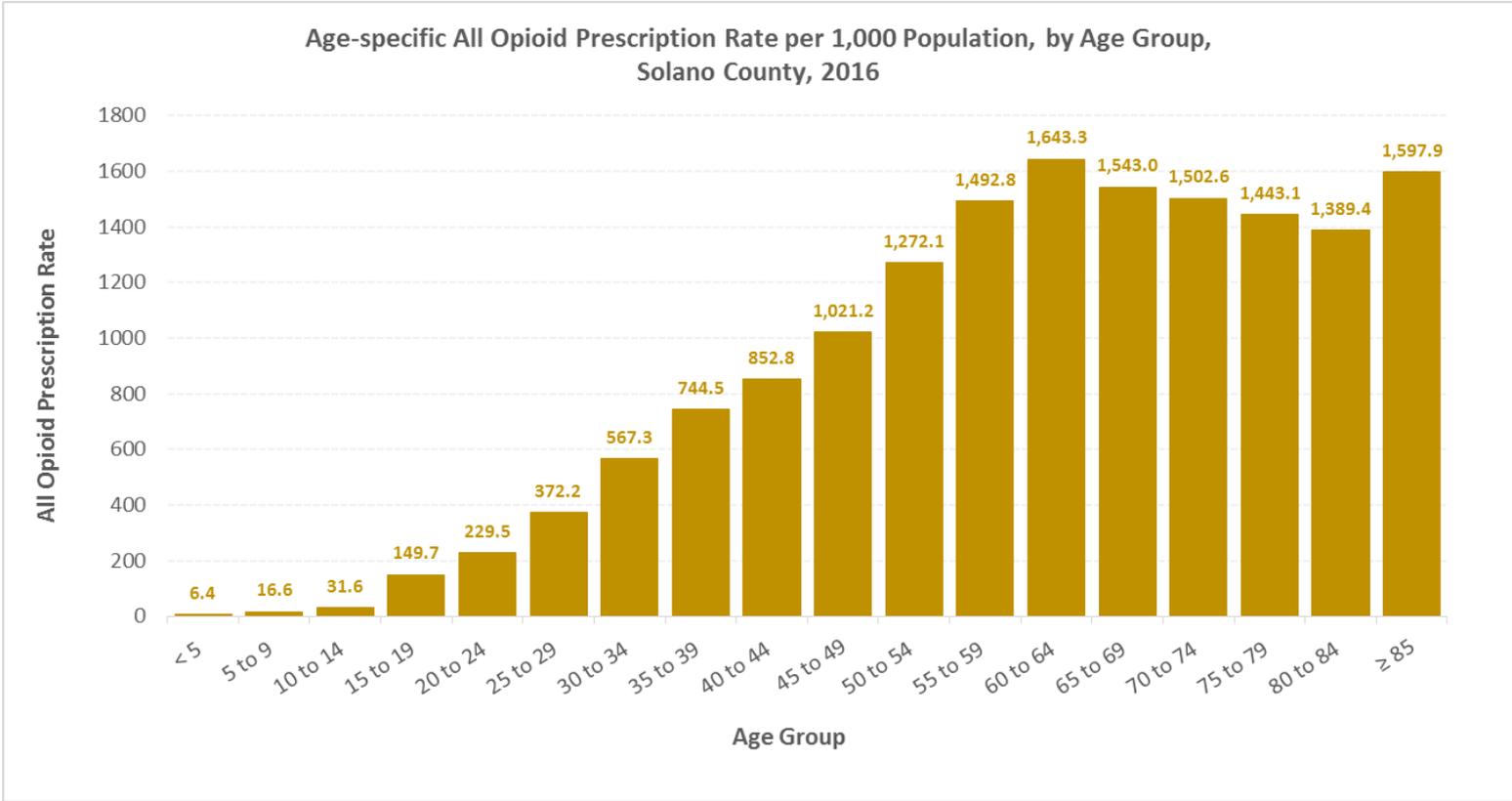
**Almost all opioid overdose** deaths in Solano County in 2016 were from **prescription opioid** overdoses.

There was almost a **50% decrease** in all opioid death rate from 2014 to 2016

Definitions:  
**Death-All Drugs:** This indicator includes all overdose deaths, regardless of intent (e.g., unintentional, suicide, assault, or undetermined). This indicator does not include: (1) deaths related to chronic use of drugs (e.g., damage to organs from long-term drug use), 2) deaths due to alcohol and tobacco, and 3) deaths that occur under the influence of drugs, but do not involve acute poisoning (e.g., a car crash that occurred because the driver was drowsy from taking a prescription drug).  
**Death-All Opioid:** Acute poisoning deaths involving opioids such as prescription opioid pain relievers (i.e. hydrocodone, oxycodone, and morphine) and heroin and opium. Death related to chronic use of drugs excluded from this indicator.  
**Death-Prescription Opioid:** Acute poisoning deaths involving prescribed opioid pain relievers such as hydrocodone, oxycodone, morphine, and fentanyl. Death related to chronic use of drugs excluded from this indicator.

Source: California Opioid Overdose Surveillance Dashboard, Safe and Active Communities Branch, California Department of Public Health. Death data obtained from Vital Statistics Multiple Cause of Death Files, California Department of Public Health.

# Opioid prescription Rate by Age-Group

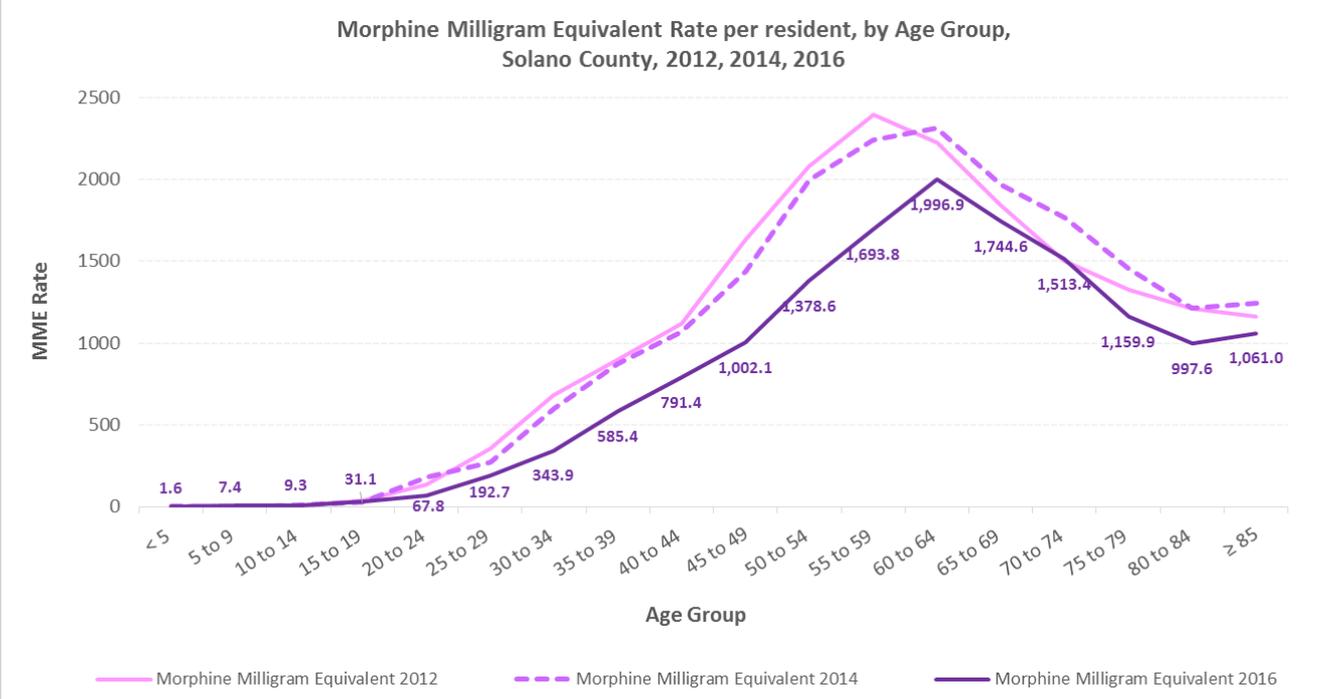


**Highest opioid prescription rate among adults 55 years old and older.**

Definition:  
**All Opioids:** Relative number of all opioid prescriptions (any quantity) filled at a pharmacy. Formula: total number of prescriptions, divided by population of the county that year, multiplied by 1,000. Buprenorphine is excluded because its use for pain is trivial statistically, compared to use for addiction.

Source: California Opioid Overdose Surveillance Dashboard, Safe and Active Communities Branch, California Department of Public Health. Prescription data obtained from Controlled Substance Utilization Review and Evaluation System (CURES), California Department of Justice.

# Morphine Milligram Equivalent Rate by Age-Group – *substantial decrease in the past 2 years*

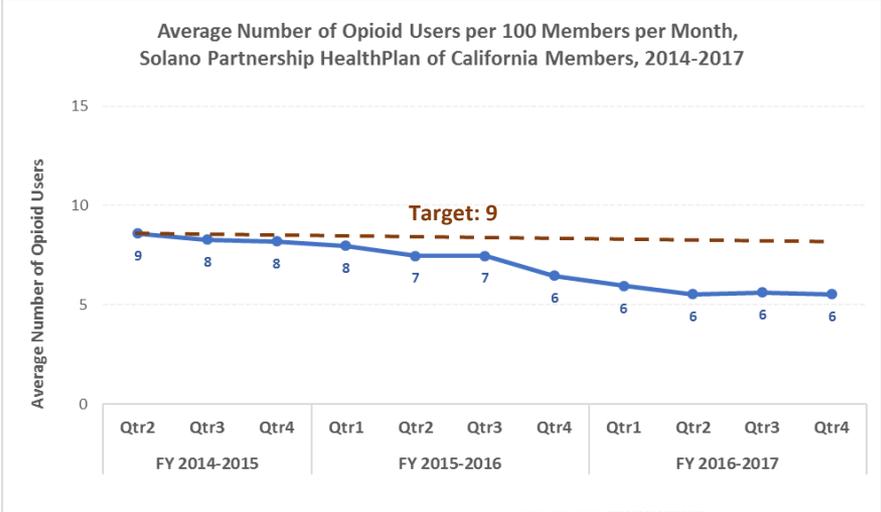
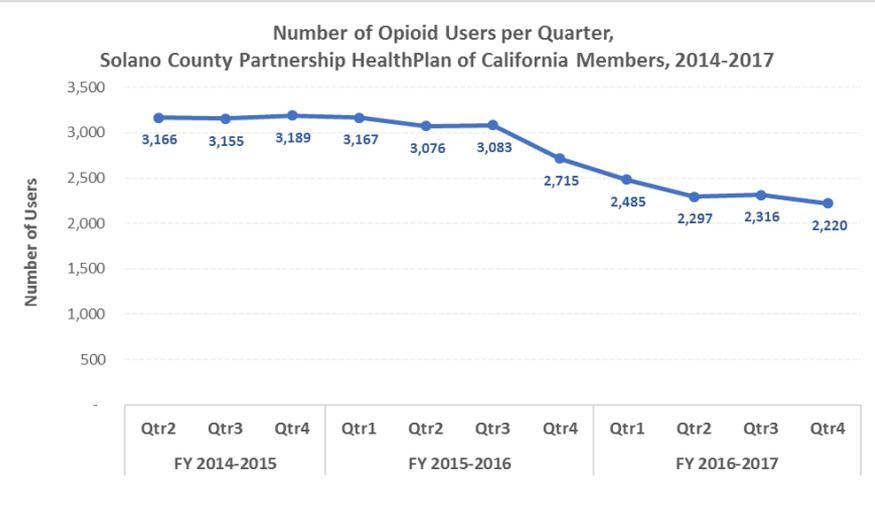


Average MME has **decreased substantially** since the implementation of new opioid prescription guidelines in 2014 (note the gap between the curves for 2014 and 2016, especially for ages 45-70 years)

Definition: **Morphine Milligram Equivalent:** Morphine milligram equivalents (MME) per resident per year (excluding buprenorphine) by patient location. All opioids filled at a pharmacy, translated into morphine milligram equivalents per resident per year. MME allows different types of medicines with different potencies to be compared (for example, 5 mg of oxycodone is equivalent to 7.5 mg of morphine, in terms of its effect on the body). Buprenorphine is excluded from this calculation.

Source: California Opioid Overdose Surveillance Dashboard, Safe and Active Communities Branch, California Department of Public Health. Prescription data obtained from Controlled Substance Utilization Review and Evaluation System (CURES), California Department of Justice.

# Partnership HealthPlan of California (Solano data) – declining number of opioid users

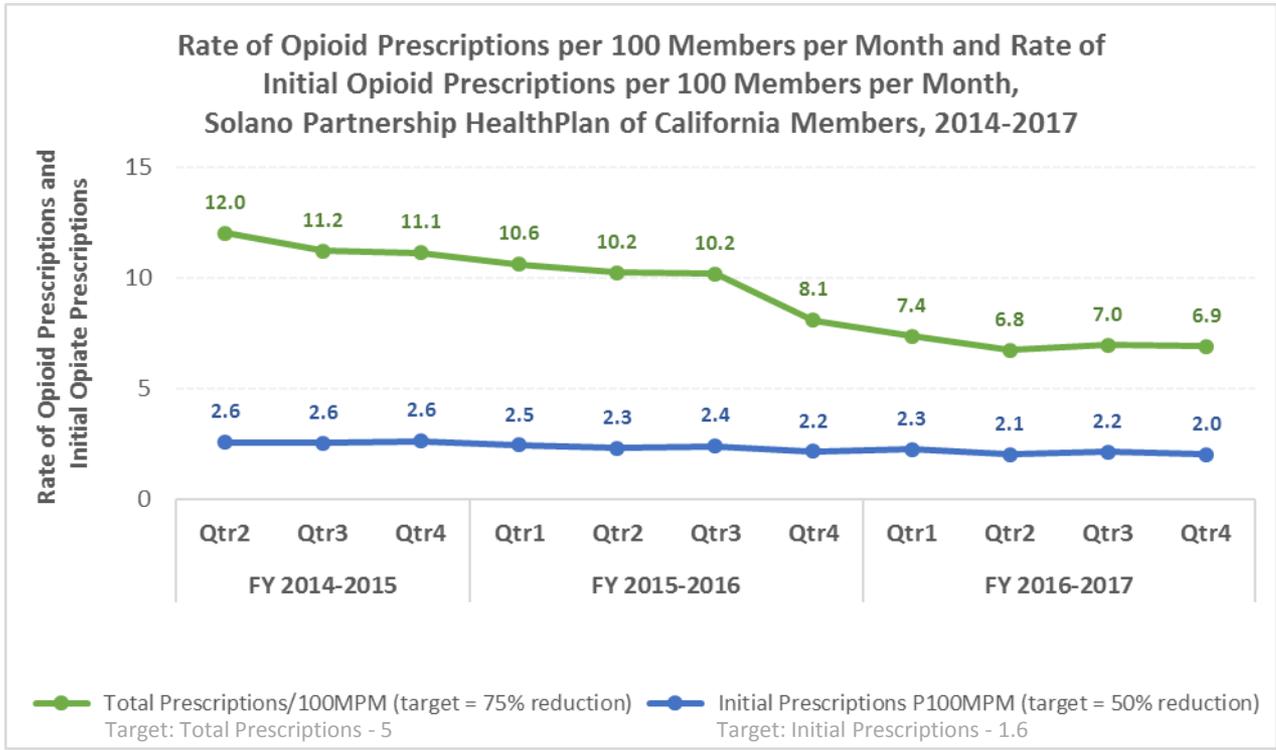


After an average of about 3,100 opioid users per quarter from the 2<sup>nd</sup> quarter of 2014-2015 among Partnership HealthPlan of California (PHC) members, the number of opioid users started to decline in the 4<sup>th</sup> quarter of 2015-2016, leading to a **28% decrease** in the **number of opioid users** from the 3<sup>rd</sup> quarter of 2015-2016 to the 4<sup>th</sup> quarter of 2016-2017.

The average rate of opioid users per 100 PHC members per month (MPM) has **declined steadily from 2014-2017** and has been **below the target** of 9 users per 100 MPM since the 3<sup>rd</sup> quarter of 2014-2015.

Source: Data provided by Partnership HealthPlan of California.

# Partnership HealthPlan of California (Solano data) – declining rates of all opioid and initial opioid prescriptions



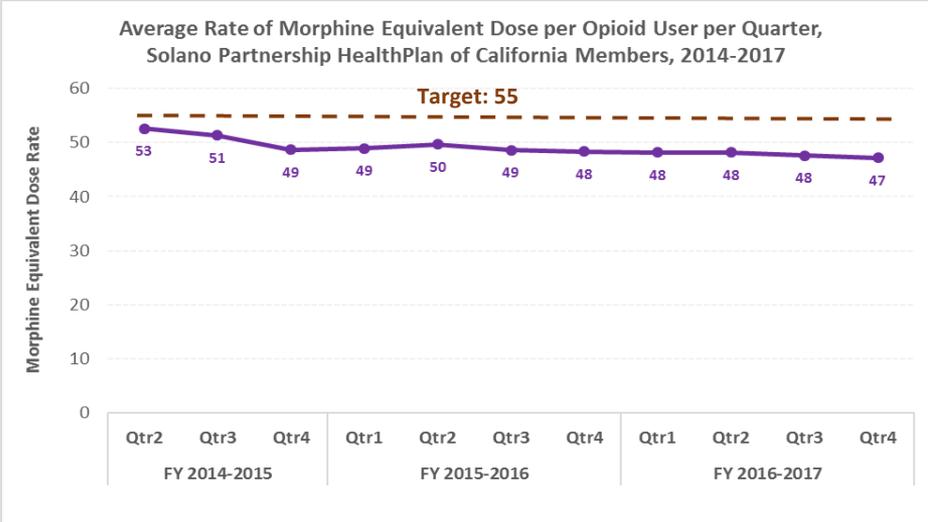
The opioid prescription rate among PHC members **declined by 42%** in the last 11 quarters. However, it is still **above the target rate** of 5 opioid prescriptions per 100 members per month.

The rate of initial opioid prescriptions among PHC members has also **declined** in the last 11 quarters; it remains above the target of 1.6 initial prescriptions per 100 members per month.

Definitions:  
**Opioid Prescription:** This is the rate of opioid prescriptions per member per month. Calculation: total prescriptions/member months x pending number of members.  
**Initial Opioid Prescription:** This is the rate of initial opioid prescriptions per member per month. Calculation: initial prescriptions/member months x pending number of members. "Initial" is defined as opioid utilization in the measurement period with no utilization in the 90 days before the first day of the measurement period.

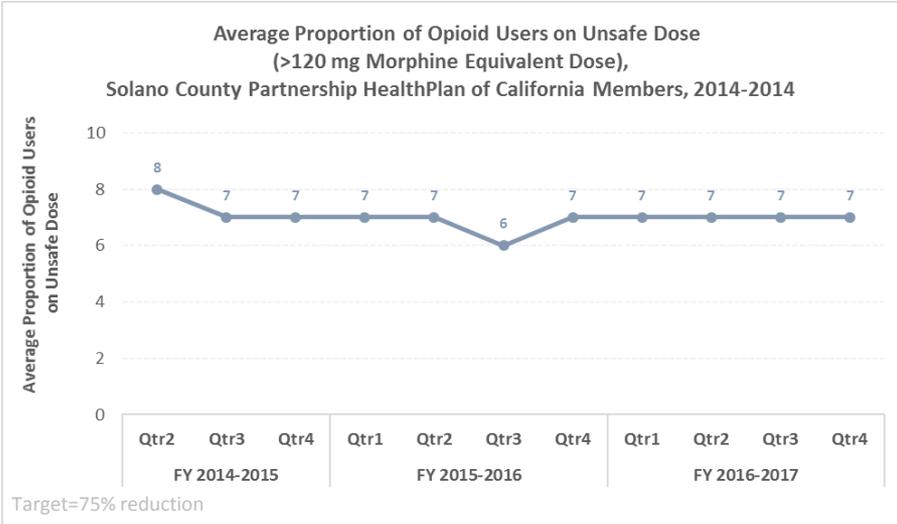
Source: Data provided by Partnership HealthPlan of California.

# Partnership HealthPlan of California (Solano data) – average MED hitting the target rate but unsafe dose target not met



The average rate of Morphine Equivalent Dose (MED) among PHC members has remained below the target rate of 55 MED per opioid user per quarter (note, this is good!).

The average proportion of opioid users on unsafe dose has remained level at around 7 opioid users per quarter.



Target=75% reduction

Definition:  
**Unsafe Dose:** This is the percentage of total opioid users on a dose >120 mg MED. Denominator-all members prescribed opioids during the measurement period. Numerator-members in denominator whose prescribed average total daily dose was >120 mg MED.

Source: Data provided by Partnership HealthPlan of California.



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# THE PRESIDENT'S COMMISSION ON COMBATING DRUG ADDICTION AND THE OPIOID CRISIS

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## Roster of Commissioners

Governor Chris Christie, Chairman  
Governor Charlie Baker  
Governor Roy Cooper  
Congressman Patrick J. Kennedy  
Professor Bertha Madras, Ph.D.  
Florida Attorney General Pam Bondi



**THE PRESIDENT'S COMMISSION**

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**ON COMBATING DRUG ADDICTION AND THE OPIOID CRISIS**

**Governor Chris Christie**

Chairman

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Florida Attorney General Pam Bondi

Governor Roy Cooper  
Professor Bertha Madras, Ph.D.

November 1, 2017

The Honorable Donald J. Trump  
President of the United States  
The White House  
1600 Pennsylvania Avenue NW  
Washington, DC 20500

Dear President Trump,

On behalf of the President's Commission on Combating Drug Addiction and the Opioid Crisis, we thank you for entrusting us with the responsibility of developing recommendations to combat the addiction crisis that is rampantly impacting our country.

Your speech in the East Room of the White House, along with the remarks of the First Lady, made it clear to the country that fighting this epidemic is a top priority of your Administration. On behalf of the Commission, we thank you for your leadership on this issue and on the clarity of your call to action.

When you declared the opioid crisis a national public health emergency under federal law on October 26, 2017, you acknowledged this crisis as one of epic proportion, impacting nearly every community across all 50 states. You signaled to the country that the force of the federal government should and will mobilize to reverse the rising tide of overdose deaths. You gave the millions of Americans fighting addiction hope that we can overcome this crisis, and we are prepared to win the fight.

Mr. President, as you acknowledged when you addressed the nation last week, the reason behind the urgent recommendations presented to you today by this Commission is that the leading cause of unintentional death in the United States is now drug overdose deaths.

Our people are dying. More than 175 lives lost every day. If a terrorist organization was killing 175 Americans a day on American soil, what would we do to stop them? We would do anything and everything. We must do the same to stop the dying caused from within. I know you will.

Without comprehensive action, including your national public health emergency, the death count will continue to rise. I know that is unacceptable to you. I know you will win this fight for the people who elected you.

You've met hundreds of parents who have buried their children, so these numbers are no longer simply statistics. Instead, they represent the injured student-athlete who becomes addicted after first prescription, ending her academic and athletic career, the newborn infant who is red and screaming from withdrawal pain, the grandparents using their retirement savings to raise young kids when the parents can't, the mom who just buried her only son, and the addict who cycles in and out of jail, simply because without access to treatment he is unable to stay sober and meet the terms of his parole.

It is time we all say what we know is true: addiction is a disease. However, we do not treat addiction in this country like we treat other diseases. Neither government nor the private sector has committed the support necessary for research, prevention, and treatment like we do for other diseases.

The recommendations herein, and the interim recommendations submitted by the Commission in July, are designed to address this national priority. These recommendations will help doctors, addiction treatment providers, parents, schools, patients, faith-based leaders, law enforcement, insurers, the medical industry, and researchers fight opioid abuse and misuse by reducing federal barriers and increasing support to effective programs and innovation.

Obviously, many of the recommendations that follow will require appropriations from Congress into the Public Health Emergency Fund, for block grants to states and to DOJ for enforcement and judicial improvements. It is not the Commission's charge to quantify the amount of these resources, so we do not do so in this report.

You have made fighting the opioid epidemic a national priority, Mr. President. And, the country is ready to follow your lead. Now, we urge Congress to do their constitutionally delegated duty and appropriate sufficient funds (as soon as possible) to implement the Commission's recommendations. 175 Americans are dying a day. Congress must act.

Here is what your Administration has already done:

- You acted to remove one of the biggest federal barriers to treatment by announcing the launch of a new policy to overcome the restrictive, decades-old federal rule that prevents states from providing more access to care at treatment facilities with more than 16 beds. This action will take people in crisis off waiting lists where they are at risk of losing their battle to their disease and put them into a treatment bed and on the path to recovery. We urge all Governors to apply to CMS for a waiver. This policy will – without any doubt – save lives. Governors across this nation thank you for listening to our call for help.
- In the interim report, the Commission also called for prescriber education and enhanced access to medication-assisted treatment for those already suffering from addiction. You acknowledged the need for these recommendations and directed all federally employed prescribers to receive special training to fight this epidemic. This is a bold step by you to deal with this issue.
- We recommended that the Department of Justice, which has already acted forcefully to stop the flow of illicit synthetic drugs into this country through the U.S. Postal Service,

continue its efforts. The aggressive enforcement action being taken by your Administration is critical in our efforts to reduce the rise of overdose deaths in this country.

- National Institutes of Health (NIH) Director Dr. Francis Collins has been partnering with pharmaceutical companies to develop non-addictive painkillers and new treatments for addiction and overdose. The Commission worked with Dr. Collins to convene a meeting with industry leadership to discuss innovative ways to combat the opioid crisis. The Commission also held a public meeting to highlight the progress and innovation occurring today resulting from the NIH's work. This type of scientific progress is a positive step to help free the next generation from the widespread suffering addiction is causing today.

Our interim recommendations called for more data sharing among state-based prescription drug monitoring programs and recognized the need to address patient privacy regulations that make it difficult for health providers to access information and make informed healthcare decisions for someone who has a substance use disorder. We recommended that all law enforcement officers across the country be equipped with life-saving naloxone.

Finally, we recommended full enforcement of the Mental Health Parity and Addiction Equity Act to ensure that health plans cannot provide less favorable benefits for mental health and substance use diagnoses than physical health ailments. You will see further recommendations in our final report regarding the Parity Act and calling for the Department of Labor to have enhanced penalty and enforcement powers directly against insurers failing those who depend on them for life-saving treatment.

All the interim recommendations remain extremely relevant today and are critical tools to reduce ever increasing overdose deaths plaguing our citizens. The Commission is grateful the Administration has begun the hard work of implementing these initiatives. We urge you to implement the others as soon as possible.

Today, the Commission, as one its most urgent recommendations among the more than 50 provided in the final report, is calling for an expansive national multi-media campaign to fight this national health emergency.

This campaign, including aggressive television and social media outreach, must focus on telling our children of the dangers of these drugs and addiction, and on removing stigma as a barrier to treatment by emphasizing that addiction is not a moral failing, but rather a chronic brain disease with evidence-based treatment options. People need to be aware of the health risks associated with opioid use, and they must stop being afraid or ashamed of seeking help when facing their addiction.

Today, only 10.6% of youth and adults who need treatment for a substance use disorder receive that treatment. This is unacceptable. Too many people who could be helped are falling through the cracks and losing their lives as a result.

Many states, including my State of New Jersey, have undertaken this media strategy with significant positive results. However, having a nation-wide campaign will serve to reinforce the message and ensure, for example, that youth and young adults no longer believe that experimenting with pills from a doctor is safer than experimenting with illegal substances from a drug dealer.

As part of its prevention recommendations, the Commission also calls for better educating

middle school, high school, and college students with the help of trained professionals such as nurses and counselors who can assess at-risk kids. Children have not escaped the consequences of addiction and our efforts to reduce overdose deaths must start early. Mrs. Trump's dedication and leadership in helping our nation's children will make this a top priority and help save innocent young lives.

One of the most important recommendations in this final report is getting federal funding support more quickly and effectively to state governments, who are on the front lines of fighting this addiction battle every day. Bureaucracy, departmental silos, and red tape must not be accepted as the norm when dealing with funding to combat this epidemic. Saving time and resources, in this instance, will literally save lives.

Accordingly, we are urging Congress and the Administration to **block grant federal funding for opioid-related and SUD-related activities to the states**. There are multiple federal agencies and multiple grants within those agencies that cause states a significant administrative burden from an application and reporting perspective. Money is being wasted and accountability for results is not as intense as it should be. Block granting them would allow more resources to be spent on administering life-saving programs. This was a request to the Commission by nearly every Governor, regardless of party, across the country. And as a Commission that has three governors as members, all of whom know the frustration of jumping through multiple hoops to receive the funding we need to help our constituents in this fight, we wholeheartedly agree.

Throughout the comprehensive recommendations of its final report, the Commission also identifies the need to focus on, deploy and assess evidence-based programs that can be funded through these proposed block grants. Many of the recommendations acknowledge a need for better data analysis and accountability to ensure that any critical dollars are spent on what works best to fight this disease.

From its review of the federal budget aimed at addressing the opioid epidemic, the Commission identified a disturbing trend in federal health care reimbursement policies that incentivizes the wide-spread prescribing of opioids and limits access to other non-addictive treatments for pain, as well as addiction treatment and medication-assisted treatment.

First, individuals with acute or chronic pain must have access to non-opioid pain management options. Everything from physical therapy, to non-opioid medications, should be easily accessible as an alternative to opioids. The Commission heard from many innovative life sciences firms with new and promising products to treat patients' pain in non-addictive, safer ways; but they have trouble competing with cheap, generic opioids that are so widely used. We should incentivize insurers and the government to pay for non-opioid treatments for pain beginning right in the operating room and at every treatment step along the way.

In some cases, non-addictive pain medications are bundled in federal reimbursement policies so that hospitals and doctors are essentially not covered to prescribe non-opioid pain management alternatives. These types of policies, which the federal government can fix, are a significant deterrent to turning the tide on the health crisis we are facing. We urge you to order HHS to fix it.

Second, as a condition of full reimbursement of hospitals, CMS requires that hospitals randomly survey discharged patients. HHS previously included pain question response information in calculations of incentive payment, but in 2017 thankfully abandoned this practice. However, all pain survey questions were not withdrawn from the surveys. The Commission recommends that CMS remove pain questions entirely when assessing consumers so that providers won't ever use opioids inappropriately to raise their survey scores. We urge you to order HHS to do this immediately.

The expectation of eliminating a patient's pain as an indication of successful treatment, and seeing pain as the fifth vital sign, which has been stated by some medical professionals as unique to the United States, was cited as a core cause of the culture of overprescribing in this country that led to the current health crisis. This must end immediately.

The Department of Labor must be given the real authority to regulate the health insurance industry. The health insurers are not following the federal law requiring parity in the reimbursement for mental health and addiction. They must be held responsible. The Secretary of Labor testified he needs the ability to fine violators and to individually investigate insurers not just employers. We agree with Secretary Acosta. If we do not get Congress to give him these tools, we will be failing our mission as badly as health insurance companies are failing their subscribers on this issue today leading to deaths.

Also contributing to this problem is the fact that HHS/CMS, the Indian Health Service, Tricare, and the VA still have reimbursement barriers to substance abuse treatment, including limiting access to certain FDA-approved medication-assisted treatment, counseling, and inpatient/residential treatment.

It's imperative that federal treatment providers lead the way to treating addiction as a disease and remove these barriers. Each of these primary care providers employed by the above-mentioned federal health systems should screen for SUDs and, directly or through referral, provide treatment within 24-to-48 hours. Each physician employee should be able to prescribe buprenorphine (if that is the most appropriate treatment for the patient) in primary care settings. As President, you can make this happen immediately. We urge you to do so.

A good example of this federal leadership occurred when Department of Veterans Affairs Secretary Shulkin, in response to the Commission's interim report release, immediately launched eight best practices for pain management in the VA health-care system. These guidelines included everything from alternatives and complimentary care, counseling and patient monitoring to peer education for front-line providers, informed consent of patients and naloxone distribution for Veterans on long-term opioid therapy. I had the opportunity to visit with doctors and patients at the Louis Stokes Northeast Ohio VA Healthcare System and witnessed first-hand the positive results of a hospital that has embraced a different continuum of care for pain management. The VA doctors, which included behavioral health specialists, acknowledge and treat those with addiction in the full complement of ways the medical community would tackle other chronic diseases. Let's use these VA practices as an example for our entire healthcare system.

As you will see in the Commission's recommendations, the Federal Government has a number of avenues through which it can ensure that individuals with addiction disorders get the

help they need; including changing CMS reimbursement policies, enforcing parity laws against non-compliant insurers, promoting access to rural communities through such tools as telemedicine, and incenting a larger treatment workforce to address the broad scope of the crisis.

For individuals with a substance use disorder, ensuring life-saving access to affordable health care benefits is an essential tool in fighting the opioid epidemic. Look at Indiana as an example. After Indiana used an insurance access program to rapidly respond to a rural, opioid-related health crisis, the Indiana Department of Health reported that such a program opened the door to life changing medical treatment.

We are recommending that a drug court be established in every one of the 93 federal district courts in America. It is working in our states and can work in our federal system to help treat those who need it and lower the federal prison population. For many people, being arrested and sent to a drug court is what saved their lives, allowed them to get treatment, and gave them a second chance.

Drug Courts are known to be significantly more effective than incarceration, but 44% of U.S. Counties do not have an adult drug court. DOJ should urge states to establish state drug courts in every county. When individuals violate the terms of probation or parole with substance use, they need to be diverted to drug court, rather than back to incarceration. Further, drug courts need to embrace the use of medication-assisted treatment for their populations, as it clearly improves outcomes. The criminal justice system should accept that medication, when clinically appropriate, can lead to lasting recovery; abstinence-only sobriety is not the only path to recovery.

Lastly, the Commission's recommendations identify multiple ways to reduce the supply of licit and illicit opioids and enhanced enforcement strategies. Recognizing the growing threat of synthetic opioids such as fentanyl, the Commission recommends enhanced penalties for trafficking of fentanyl and fentanyl analogues and calls for additional technologies and drug detection methods to expand efforts to intercept fentanyl before entering the country.

To help protect first responders, who are also on the front lines fighting this epidemic responding to overdoses sometimes multiple times a day, the Commission recommends the White House develop a national outreach strategy coordinating with Governors for the release and adoption of the Office of Homeland Security National Security Council's new Fentanyl Safety Recommendations for First Responders. The Commission thanks White House Homeland Security Advisor Tom Bossert for his support and hard work already on this initiative.

Many other thoughtful, vital recommendations are included herein. These recommendations were informed by expert testimony provided during the Commission's public meetings, which included treatment providers and experts, pharmaceutical innovators and insurers. They also were informed by thousands of written submissions accepted by the Commission as part of its public process.

The Commission acknowledges that there is an active movement to promote the use of marijuana as an alternative medication for chronic pain and as a treatment for opioid addiction. Recent research out of the NIH's National Institute on Drug Abuse found that marijuana use led to a 2 ½ times greater chance that the marijuana user would become an opioid user and abuser.

The Commission found this very disturbing. There is a lack of sophisticated outcome data on dose, potency, and abuse potential for marijuana. This mirrors the lack of data in the 1990's and early 2000's when opioid prescribing multiplied across health care settings and led to the current epidemic of abuse, misuse and addiction. The Commission urges that the same mistake is not made with the uninformed rush to put another drug legally on the market in the midst of an overdose epidemic.

The Commission extends our sincere gratitude to all of the individuals, organizations, families, companies, state officials, federal agency staff, and clinical professionals who provided personal stories, creative solutions, and thoughtful input to the Commission. The Commission members received thousands of letters, took hundreds of phone calls and meetings, and heard testimony from prominent organizations including non-profits, professional societies, pharmaceutical companies, health insurance providers, and most importantly, individuals and families that have been in the throes of addiction. These letters, conversations, and meetings were the impetus for the vast majority of recommendations made in this report.

The Commission is confident that, if enacted quickly, these recommendations will strengthen the federal government, state, and local response to this crisis. But it will take all invested parties to step up and play a role: the federal executive branch, Congress, states, the pharmaceutical industry, doctors, pharmacists, academia, and insurers. The responsibility is all of ours. We must come together for the collective good and acknowledge that this disease requires a coordinated and comprehensive attack from all of us.

The time to wait is over. The time for talk is passed. 175 deaths a day can no longer be tolerated. We know that you will not stand by; we believe you will force action.

Along with my fellow Commission members, and the thousands of people who contributed to this report by sharing their stories and ideas for solutions, I look forward to seeing these policy changes implemented. Thank you again for the opportunity to serve, and most of all thank you for your commitment to addressing this vital national public health emergency.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Christie", written in a cursive style.

Governor Chris Christie  
Governor of New Jersey  
Chairman, President's Commission on Combating  
Drug Addiction and the Opioid Crisis

## Summary of Recommendations

### **Federal Funding and Programs**

1. The Commission urges Congress and the Administration to block grant federal funding for opioid-related and SUD-related activities to the states, where the battle is happening every day. There are multiple federal agencies and multiple grants within those agencies that cause states a significant administrative burden from an application and reporting perspective. Creating uniform block grants would allow more resources to be spent on administering life-saving programs. This was a request to the Commission by nearly every Governor, regardless of party, across the country.
2. The Commission believes that ONDCP must establish a coordinated system for tracking all federally-funded initiatives, through support from HHS and DOJ. If we are to invest in combating this epidemic, we must invest in only those programs that achieve quantifiable goals and metrics. We are operating blindly today; ONDCP must establish a system of tracking and accountability.
3. To achieve accountability in federal programs, the Commission recommends that ONDCP review is a component of every federal program and that necessary funding is provided for implementation. Cooperation by federal agencies and the states must be mandated.

### **Opioid Addiction Prevention**

4. The Commission recommends that Department of Education (DOE) collaborate with states on student assessment programs such as Screening, Brief Intervention and Referral to Treatment (SBIRT). SBIRT is a program that uses a screening tool by trained staff to identify at-risk youth who may need treatment. This should be deployed for adolescents in middle school, high school and college levels. This is a significant prevention tool.
5. The Commission recommends the Administration fund and collaborate with private sector and non-profit partners to design and implement a wide-reaching, national multi-platform media campaign addressing the hazards of substance use, the danger of opioids, and stigma. A similar mass media/educational campaign was launched during the AIDs public health crisis.

### **Prescribing Guidelines, Regulations, Education**

6. The Commission recommends HHS, the Department of Labor (DOL), VA/DOD, FDA, and ONDCP work with stakeholders to develop model statutes, regulations, and policies that ensure informed patient consent prior to an opioid prescription for chronic pain. Patients need to understand the risks, benefits and alternatives to taking opioids. This is not the standard today.
7. The Commission recommends that HHS coordinate the development of a national curriculum and standard of care for opioid prescribers. An updated set of guidelines for prescription pain medications should be established by an expert committee composed of various specialty

practices to supplement the CDC guideline that are specifically targeted to primary care physicians.

8. The Commission recommends that federal agencies work to collect participation data. Data on prescribing patterns should be matched with participation in continuing medical education data to determine program effectiveness and such analytics shared with clinicians and stakeholders such as state licensing boards.
9. The Commission recommends that the Administration develop a model training program to be disseminated to all levels of medical education (including all prescribers) on screening for substance use and mental health status to identify at risk patients.
10. The Commission recommends the Administration work with Congress to amend the Controlled Substances Act to allow the DEA to require that all prescribers desiring to be relicensed to prescribe opioids show participation in an approved continuing medical education program on opioid prescribing.
11. The Commission recommends that HHS, DOJ/DEA, ONDCP, and pharmacy associations train pharmacists on best practices to evaluate legitimacy of opioid prescriptions, and not penalize pharmacists for denying inappropriate prescriptions.

#### PDMP Enhancements

12. The Commission recommends the Administration's support of the Prescription Drug Monitoring (PDMP) Act to mandate states that receive grant funds to comply with PDMP requirements, including data sharing. This Act directs DOJ to fund the establishment and maintenance of a data-sharing hub.
13. The Commission recommends federal agencies mandate PDMP checks, and consider amending requirements under the Emergency Medical Treatment and Labor Act (EMTALA), which requires hospitals to screen and stabilize patients in an emergency department, regardless of insurance status or ability to pay.
14. The Commission recommends that PDMP data integration with electronic health records, overdose episodes, and SUD-related decision support tools for providers is necessary to increase effectiveness.
15. The Commission recommends ONDCP and DEA increase electronic prescribing to prevent diversion and forgery. The DEA should revise regulations regarding electronic prescribing for controlled substances.
16. The Commission recommends that the Federal Government work with states to remove legal barriers and ensure PDMPs incorporate available overdose/naloxone deployment data, including the Department of Transportation's (DOT) Emergency Medical Technician (EMT) overdose database. It is necessary to have overdose data/naloxone deployment data in the PDMP to allow users of the PDMP to assist patients.

### Supply Reduction and Enforcement Strategies

17. The Commission recommends community-based stakeholders utilize Take Back Day to inform the public about drug screening and treatment services. The Commission encourages more hospitals/clinics and retail pharmacies to become year-round authorized collectors and explore the use of drug deactivation bags.
18. The Commission recommends that CMS remove pain survey questions entirely on patient satisfaction surveys, so that providers are never incentivized for offering opioids to raise their survey score. ONDCP and HHS should establish a policy to prevent hospital administrators from using patient ratings from CMS surveys improperly.
19. The Commission recommends CMS review and modify rate-setting policies that discourage the use of non-opioid treatments for pain, such as certain bundled payments that make alternative treatment options cost prohibitive for hospitals and doctors, particularly those options for treating immediate post-surgical pain.
20. The Commission recommends a federal effort to strengthen data collection activities enabling real-time surveillance of the opioid crisis at the national, state, local, and tribal levels.
21. The Commission recommends the Federal Government work with the states to develop and implement standardized rigorous drug testing procedures, forensic methods, and use of appropriate toxicology instrumentation in the investigation of drug-related deaths. We do not have sufficiently accurate and systematic data from medical examiners around the country to determine overdose deaths, both in their cause and the actual number of deaths.
22. The Commission recommends reinstating the *Arrestee Drug Abuse Monitoring* (ADAM) program and the *Drug Abuse Warning Network* (DAWN) to improve data collection and provide resources for other promising surveillance systems.
23. The Commission recommends the enhancement of federal sentencing penalties for the trafficking of fentanyl and fentanyl analogues.
24. The Commission recommends that federal law enforcement agencies expressly target Drug Trafficking Organizations and other individuals who produce and sell counterfeit pills, including through the internet.
25. The Commission recommends that the Administration work with Congress to amend the law to give the DEA the authority to regulate the use of pill presses/tableting machines with requirements for the maintenance of records, inspections for verifying location and stated use, and security provisions.
26. The Commission recommends U.S. Customs and Border Protection (CBP) and the U.S. Postal Inspection Service (USPIS) use additional technologies and drug detection canines to expand efforts to intercept fentanyl (and other synthetic opioids) in envelopes and packages at international mail processing distribution centers.
27. The Commission recommends Congress and the Federal Government use advanced electronic data on international shipments from high-risk areas to identify international suppliers and their U.S.-based distributors.

28. The Commission recommends support of the Synthetics Trafficking and Overdose Prevention (STOP) Act and recommends the Federal Government work with the international community to implement the STOP Act in accordance with international laws and treaties.
29. The Commission recommends a coordinated federal/DEA effort to prevent, monitor and detect the diversion of prescription opioids, including licit fentanyl, for illicit distribution or use.
30. The Commission recommends the White House develop a national outreach plan for the *Fentanyl Safety Recommendations for First Responders*. Federal departments and agencies should partner with Governors and state fusion centers to develop and standardize data collection, analytics, and information-sharing related to first responder opioid-intoxication incidents.

### **Opioid Addiction Treatment, Overdose Reversal, and Recovery**

31. The Commission recommends HHS, CMS, Substance Abuse and Mental Health Services Administration, the VA, and other federal agencies incorporate quality measures that address addiction screenings and treatment referrals. There is a great need to ensure that health care providers are screening for SUDs and know how to appropriately counsel, or refer a patient. HHS should review the scientific evidence on the latest OUD and SUD treatment options and collaborate with the U.S. Preventive Services Task Force (USPSTF) on provider recommendations.
32. The Commission recommends the adoption of process, outcome, and prognostic measures of treatment services as presented by the National Outcome Measurement and the American Society of Addiction Medicine (ASAM). Addiction is a chronic relapsing disease of the brain which affects multiple aspects of a person's life. Providers, practitioners, and funders often face challenges in helping individuals achieve positive long-term outcomes without relapse.
33. The Commission recommends HHS/CMS, the Indian Health Service (IHS), Tricare, the DEA, and the VA remove reimbursement and policy barriers to SUD treatment, including those, such as patient limits, that limit access to any forms of FDA-approved medication-assisted treatment (MAT), counseling, inpatient/residential treatment, and other treatment modalities, particularly fail-first protocols and frequent prior authorizations. All primary care providers employed by the above-mentioned health systems should screen for alcohol and drug use and, directly or through referral, provide treatment within 24 to 48 hours.
34. The Commission recommends HHS review and modify rate-setting (including policies that indirectly impact reimbursement) to better cover the true costs of providing SUD treatment, including inpatient psychiatric facility rates and outpatient provider rates.
35. Because the Department of Labor (DOL) regulates health care coverage provided by many large employers, the Commission recommends that Congress provide DOL increased authority to levy monetary penalties on insurers and funders, and permit DOL to launch investigations of health insurers independently for parity violations.
36. The Commission recommends that federal and state regulators should use a standardized tool that requires health plans to document and disclose their compliance strategies for non-quantitative treatment limitations (NQTL) parity. NQTLs include stringent prior authorization

and medical necessity requirements. HHS, in consultation with DOL and Treasury, should review clinical guidelines and standards to support NQTL parity requirements. Private sector insurers, including employers, should review rate-setting strategies and revise rates when necessary to increase their network of addiction treatment professionals.

37. The Commission recommends the National Institute on Corrections (NIC), the Bureau of Justice Assistance (BJA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and other national, state, local, and tribal stakeholders use medication-assisted treatment (MAT) with pre-trial detainees and continuing treatment upon release.
38. The Commission recommends DOJ broadly establish federal drug courts within the federal district court system in all 93 federal judicial districts. States, local units of government, and Indian tribal governments should apply for drug court grants established by 34 U.S.C. § 10611. Individuals with an SUD who violate probation terms with substance use should be diverted into drug court, rather than prison.
39. The Commission recommends the Federal Government partner with appropriate hospital and recovery organizations to expand the use of recovery coaches, especially in hard-hit areas. Insurance companies, federal health systems, and state payers should expand programs for hospital and primary case-based SUD treatment and referral services. Recovery coach programs have been extraordinarily effective in states that have them to help direct patients in crisis to appropriate treatment. Addiction and recovery specialists can also work with patients through technology and telemedicine, to expand their reach to underserved areas.
40. The Commission recommends the Health Resources and Services Administration (HRSA) prioritize addiction treatment knowledge across all health disciplines. Adequate resources are needed to recruit and increase the number of addiction-trained psychiatrists and other physicians, nurses, psychologists, social workers, physician assistants, and community health workers and facilitate deployment in needed regions and facilities.
41. The Commission recommends that federal agencies revise regulations and reimbursement policies to allow for SUD treatment via telemedicine.
42. The Commission recommends further use of the National Health Service Corp to supply needed health care workers to states and localities with higher than average opioid use and abuse.
43. The Commission recommends the National Highway Traffic Safety Administration (NHTSA) review its National Emergency Medical Services (EMS) Scope of Practice Model with respect to naloxone, and disseminate best practices for states that may need statutory or regulatory changes to allow Emergency Medical Technicians (EMT) to administer naloxone, including higher doses to account for the rising number of fentanyl overdoses.
44. The Commission recommends HHS implement naloxone co-prescribing pilot programs to confirm initial research and identify best practices. ONDCP should, in coordination with HHS, disseminate a summary of existing research on co-prescribing to stakeholders.
45. The Commission recommends HHS develop new guidance for Emergency Medical Treatment and Labor Act (EMTALA) compliance with regard to treating and stabilizing SUD patients and provide resources to incentivize hospitals to hire appropriate staff for their emergency rooms.

46. The Commission recommends that HHS implement guidelines and reimbursement policies for Recovery Support Services, including peer-to-peer programs, jobs and life skills training, supportive housing, and recovery housing.
47. The Commission recommends that HHS, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Administration on Children, Youth and Families (ACYF) should disseminate best practices for states regarding interventions and strategies to keep families together, when it can be done safely (e.g., using a relative for kinship care). These practices should include utilizing comprehensive family centered approaches and should ensure families have access to drug screening, substance use treatment, and parental support. Further, federal agencies should research promising models for pregnant and post-partum women with SUDs and their newborns, including screenings, treatment interventions, supportive housing, non-pharmacologic interventions for children born with neonatal abstinence syndrome, medication-assisted treatment (MAT) and other recovery supports.
48. The Commission recommends ONDCP, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Department of Education (DOE) identify successful college recovery programs, including "sober housing" on college campuses, and provide support and technical assistance to increase the number and capacity of high-quality programs to help students in recovery.
49. The Commission recommends that ONDCP, federal partners, including DOL, large employers, employee assistance programs, and recovery support organizations develop best practices on SUDs and the workplace. Employers need information for addressing employee alcohol and drug use, ensure that employees are able to seek help for SUDs through employee assistance programs or other means, supporting health and wellness, including SUD recovery, for employees, and hiring those in recovery.
50. The Commission recommends that ONDCP work with the DOJ, DOL, the National Alliance for Model State Drug Laws, the National Conference of State Legislatures, and other stakeholders to develop model state legislation/regulation for states to decouple felony convictions and eligibility for business/occupational licenses, where appropriate.
51. The Commission recommends that ONDCP, federal agencies, the National Alliance for Recovery Residents (NARR), the National Association of State Alcohol and Drug Abuse Directors (NASADAD), and housing stakeholders should work collaboratively to develop quality standards and best practices for recovery residences, including model state and local policies. These partners should identify barriers (such as zoning restrictions and discrimination against MAT patients) and develop strategies to address these issues.

## **Research and Development**

52. The Commission recommends federal agencies, including HHS (National Institutes of Health, CDC, CMS, FDA, and the Substance Abuse and Mental Health Services Administration), DOJ, the Department of Defense (DOD), the VA, and ONDCP, should engage in a comprehensive review of existing research programs and establish goals for pain management and addiction research (both prevention and treatment).

53. The Commission recommends Congress and the Federal Government provide additional resources to the National Institute on Drug Abuse (NIDA), the National Institute of Mental Health (NIMH), and National Institute on Alcohol Abuse and Alcoholism (NIAAA) to fund the research areas cited above. NIDA should continue research in concert with the pharmaceutical industry to develop and test innovative medications for SUDs and OUDs, including long-acting injectables, more potent opioid antagonists to reverse overdose, drugs used for detoxification, and opioid vaccines.
54. The Commission recommends further research of Technology-Assisted Monitoring and Treatment for high-risk patients and SUD patients. CMS, FDA, and the United States Preventative Services Task Force (USPSTF) should implement a fast-track review process for any new evidence-based technology supporting SUD prevention and treatments.
55. The Commission recommends that commercial insurers and CMS fast-track creation of Healthcare Common Procedure Coding System (HCPCS) codes for FDA-approved technology-based treatments, digital interventions, and biomarker-based interventions. NIH should develop a means to evaluate behavior modification apps for effectiveness.
56. The Commission recommends that the FDA establish guidelines for post-market surveillance related to diversion, addiction, and other adverse consequences of controlled substances.

**SOLANO  
City-County Coordinating Council  
Staff Report**

**Meeting of:** November 9, 2017  
**Agenda Item No:** V4

**Agency/Staff:** Michelle Heppner, Solano County

**Title /Subject:** Proposed 2018 CCCC Meeting Schedule and Work Plan

**Background/Discussion:**

Annually the CCCC reviews and approves its meeting schedule and work plan for the upcoming year. Staff requests the CCCC review and approve the proposed 2018 CCCC Meeting Schedule (Attachment A) and proposed 2018 CCCC Work Plan.

**Recommendation:**

Review and approve the proposed CCCC Meeting Schedule and CCCC Work Plan.

Attachments:

- A: Proposed CCCC 2018 Meeting Schedule
- B: Proposed CCCC 2018 Work Plan

MEMBERS

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*Mayor, City of Benicia*

John Vasquez  
Vice Chair  
*Supervisor, Solano County,  
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District 5*

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*Solano Transportation  
Authority*

Jim Lindley  
*City of Dixon*

**SOLANO  
City-County Coordinating Council**

**Proposed 2018 Meeting Schedule**

Meeting Location & time (unless otherwise scheduled):

Solano County Water Agency  
810 Vaca Valley Parkway, Suite 203  
Vacaville, CA 95688

7:00 p.m. to 9:00 p.m.

**2018 Meeting Dates**

January 11, 2018	Regular Meeting
March 8, 2018	Regular Meeting
May 10, 2018	Regular Meeting
August 9, 2018	Regular Meeting / Workshop
November 8, 2018	Regular Meeting

**SOLANO  
City-County Coordinating Council  
Proposed 2018 Work Plan**

**January 11, 2018**

**Proposed meeting topics:**

- Legislative Update and Report on the Governor's January State Budget Plan (If available)
- Review and Adoption of 2018 CCCC State and Federal Legislative Platform
- Joint Land Use Study (JLUS) Final Approval
- Annual Update on Air Quality – (BAAQMD and YSAQMD)
- Sea Level Rise – BCDC, Delta Protection Commission, and Central Valley Flood
- Flood Safe Program (City Planners)

**Include informational items on agenda:**

- Updated 2018 CCCC Member Roster

**March 8, 2018**

**Proposed meeting topics:**

- Travis Sustainable Study
- Plan Bay Area Update (Bob Macaulay, STA)
- Update on Affordable Care Act (Cadillac Tax) - (H&SS)
- Foster Care Implementation (H&SS)

**May 10, 2018**

**Proposed meeting topics:**

- Report on Governor's May State Budget Revisions and Local and State Ballot Measures
- Update on Regional Approach to Addressing Homelessness (CAP Solano members & Staff, Homebase & H&SS)

**August 9, 2018**

**Proposed meeting topics:**

- Workshop on Economic Diversity / Gap in Education for Future Employers

**November 8, 2018**

**Proposed meeting topics:**

- Kick-off for developing the 2019 Legislative Platform
- Review and Adoption of 2019 CCCC Meeting Schedule and Work Plan

**Future Suggested Meeting Topics**

**Proposed meeting topics:**

- Transit of HazMat and Fossil Fuels
- Regional Park Initiative
- Priority Development Areas

- Priority Conservation Areas
- Travis AFB Collaboration
  - TCC
    - KC10 Retirement / New mission
    - Military Budget
  - P4 Community Partnerships / OEA Grant Funding
- CalCOG – Transportation and Housing (Guest Speaker)
- School siting – Safe Routes to Schools
- Delta Update DCC and BDCP (SCWA vs. CCCC)
- Local Affordable Care Act Implementation