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**SUPREME COURT
FILED**

FEB 22 2019

Jorge Navarrete Clerk

Deputy

In the Supreme Court of the State of California

**THE PEOPLE OF THE STATE OF
CALIFORNIA,**

Plaintiff and Respondent,

v.

ERIC J. FRAHS,

Defendant and Appellant.

Case No. S252220

Appellate District
Division Three, Case
No. G054674

Orange County
Superior Court, Case
No. 16CF0837

**RESPONDENT'S MOTION FOR JUDICIAL NOTICE;
PROPOSED ORDER**

Respondent respectfully moves this Court, pursuant to Evidence Code sections 452 and 459 and rule 8.252 of the California Rules of Court, to take judicial notice of the Assembly Floor Analysis of A.B. 1810, as

amended June 12, 2018, which is appended to this motion as Attachment No. 1.

The Assembly Floor Analysis is a relevant part of the legislative history behind the recent addition of Penal Code section 1001.36. It is appropriate to take judicial notice of committee analyses and reports. (*People v. Snyder* (2000) 22 Cal.4th 304, 309 [judicial notice of senate analysis]; *People v. Ledesma* (1997) 16 Cal.4th 90, 98 [judicial notice of assembly bill analysis]; *People v. Eubanks* (1997) 14 Cal.4th 580, 591, fn. 3 [judicial notice of committee reports].)

The Assembly Floor Analysis is relevant to the instant case because it demonstrates the reasons that motivated the Legislature to enact the pretrial diversion program in section 1001.36. Specifically, as argued in greater detail in respondent's Brief on the Merits, that analysis demonstrates that the addition of the mental health diversion program was motivated, at least in part, to reduce judicial proceedings by encouraging early resolution of cases, as well as save resources at the State Department of Hospitals by utilizing county-run facilities. The Assembly Floor Analysis was not presented to the trial court because that analysis, along with the addition of Penal Code section 1001.36, was drafted after sentencing and while this case was pending on appeal.

Here, the Court of Appeal declined to consider respondent's request for judicial notice, concluding that this legislative history was "not necessary to resolve the legal issues on appeal." (*People v. Frahs* (2018) 27 Cal.App.5th 784, 789, fn. 2.) This was error. Notably, the court did not conclude that the analysis was irrelevant or that it was otherwise improper to take judicial notice of the analysis. Nor did the court rule that the language of the statute was so clear in its intent to apply the law retroactively that there was no need to examine extrinsic aids. Given the express language of the statute, which limits "pretrial" diversion "until

adjudication” (Pen. Code, § 1001.36, subd. (c)), the court could not have reached this conclusion. Accordingly, it is appropriate to consider extrinsic sources, such as the assembly analysis.

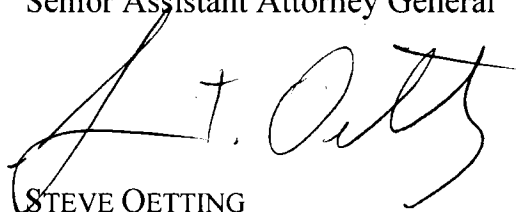
CONCLUSION

For the reasons stated above, respondent respectfully requests that the Court take judicial notice of the Assembly Floor Analysis of AB 1810 as amended on June 12, 2018.

Dated: February 20, 2019

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
GERALD A. ENGLER
Chief Assistant Attorney General
JULIE L. GARLAND
Senior Assistant Attorney General

A handwritten signature in black ink, appearing to read "S. T. Oetting", written over the typed name of Steve Oetting.

STEVE OETTING
Supervising Deputy Attorney General
Attorneys for Plaintiff and Respondent

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**[PROPOSED] ORDER GRANTING
MOTION FOR JUDICIAL NOTICE**

Good cause appearing, it is hereby ordered that Respondent's Motion for Judicial Notice of the Assembly Floor Analysis of AB 1810, as amended on June 12, 2018, is GRANTED.

Dated: _____
Chief Justice

ATTACHMENT NO. 1:
ASSEMBLY FLOOR ANALYSIS OF AB 1810
(PAGES 1 THROUGH 10)

(Without Reference to File)

CONCURRENCE IN SENATE AMENDMENTS

AB 1810 (Committee on Budget)

As Amended June 12, 2018

Majority vote. Budget Bill Appropriation Takes Effect Immediately

ASSEMBLY: (May 10, 2018) SENATE: 24-12 (June 18, 2018)

(vote not relevant)

Original Committee Reference: **BUDGET**

SUMMARY: This is the Omnibus Health Trailer Bill for 2018-19. It contains necessary changes related to the Budget Act of 2018. This bill makes various statutory changes to implement the 2018-19 budget. Specifically, **this bill:**

1) Health Care Cost Transparency Database.

- a) Establishes legislative intent to establish a system to collect information regarding the cost of health care, and to aggregate this data to provide greater transparency on health care costs, achieve a sustainable health care system with equitable access to affordable and quality health care for all. Establishes legislative intent to encourage health care service plans, health insurers and providers to use data to develop innovative approaches, services and programs to deliver health care that is cost-effective and responsive to enrollees' needs, including recognizing the impact of diversity and social determinants of health.
- b) Requires the Office of Statewide Health Planning and Development (OSHPD) to establish, with the intent to be completed by July 1, 2023, the California Health Care Cost Transparency Database to collect information on the costs of health care in order to create transparency on health care costs, and to inform policy decisions, reduce disparities, and reduce costs.
- c) Requires OSHPD to convene a review committee, composed of health care stakeholders and experts, as specified, to provide advice on the establishment, implementation and ongoing administration of the database, including a business plan for long-term sustainability without General Fund. Requires the review committee to:
 - i) Not have decision-making authority related to the database;
 - ii) Not have a financial interest in the recommendations made; and
 - iii) Hold public meetings with stakeholders and set its own meeting agendas.
- d) Authorizes OSHPD to consider recommendations contained in the Health Care Cost, Quality, and Equity Data Atlas Technical Feasibility Analysis dated March 1, 2017.
- e) Authorizes OSHPD to contract with third-party vendors to assist with the implementation of the database.

- f) Requires OSHPD to develop a guidance to require data submission from the specified entities, including a methodology for the collection, validation, refinement, analysis, comparison, review and improvement of health care data. Requires the guidance to consider data elements proposed by the all-Payer Claims Database Council, the University of New Hampshire, the National Association of Health Data Organizations, Medi-Cal, and Medicare, among others.
- g) Requires OSHPD to submit a report to the Legislature based on recommendations of the review committee and any third-party vendor, no later than July 1, 2020, including:
 - i) Specified information such as types of data, entities and individuals required to report data, prioritized data elements to collect, analyzed data aggregation and advice on confidentiality, privacy and security, and advice regarding existing systems, data and other resources that can be used to streamline the system.
 - ii) Additional legislation needed to ensure database receives appropriate data and to protect privacy rights and confidentiality of the data, and to enforce compliance;
 - iii) A plan for long-term non-General Fund financing to support the ongoing costs of the database.
 - iv) Identification of governance structure; and
 - v) Description of how the database can map to other datasets.
- h) Requires health care service plans, health insurers, and other specified entities to provide the following to OSHPD:
 - i) Utilization data or encounter data; and
 - ii) Pricing information for health care items, services, and medical and surgical episodes of care.
- i) Requires OSHPD to:
 - i) Consult with state entities as necessary to implement the Database;
 - ii) Ensure all policies and procedures protect privacy, security, and confidentiality of health information;
 - iii) Develop policy regarding data aggregation; and
 - iv) Discontinue implementation or operation of the database if there is a determination, after consultation with the review committee, that OSHPD is unable to obtain necessary, reliable, and relevant data.

2) Council on Health Care Delivery Systems.

- a) Makes findings and declarations about health care costs, access to care, un- and under-insured rates in California, workforce shortages, and that health care is a human right.

- b) Establishes legislative intent to achieve universal health coverage in California, ensure all Californians have access to affordable coverage, address health care workforce shortages, and ensure access for all Californians to culturally and linguistically-appropriate health care.
 - c) Establishes the Council on Health Care Delivery Systems, as of January 1, 2019, as an independent body to develop a plan that includes options for advancing progress toward achieving a health care delivery system that provides coverage and access through a unified financing system for all Californians. Authorizes the California Health and Human Services agency to staff the Council. Implements the creation of this council by requiring:
 - i) The council to meet on or before July 1, 2019 and to meet at least quarterly at easily-accessible locations;
 - ii) The council to be comprised of five members, three appointed by the Governor, one by the Senate and one by the Assembly, who serve without compensation;
 - iii) The council to elect a chairperson on an annual basis;
 - d) Authorizes the council to establish advisory committees made up of members of the public.
 - e) Requires the council to:
 - i) Submit to the Legislature and Governor, and post on the Agency's website, a plan with options that include a timeline of benchmarks and steps necessary to implement health care delivery system changes including steps necessary to achieve a unified financing system, on or before October 1, 2021; and
 - ii) Provide an update on its progress to the Governor and the health committees of the Legislature on or before January 1, 2020, and every six months thereafter.
 - f) Requires the plan to include: key design options, potential requirements for federal waivers and federal statutory changes related to federal funds, current statutory requirements that could improve health care, options for financing, analysis of the need for voter approval, and the need for information technology systems and financial management systems.
- 3) **Health Benefit Exchange Affordability Options.** Requires the Exchange, in consultation with stakeholders and the Legislature, to develop options for providing financial assistance to low- and middle-income Californians to help them access health care coverage with respect to individual coverage made available in the Exchange. Specifically, the bill requires the Exchange to:
- a) Submit these options to the Legislature, Governor and Council on Health Care Delivery Systems by February 1, 2019, and post on their website;

- b) Include options for individuals paying a significant percentage of their income on premiums, even with federal financial assistance, and for those with an annual income of up to 600% of federal poverty; and
 - c) Consider maximizing all available federal funding and determine whether federal financial participation for Medi-Cal would be jeopardized.
- 4) **Breast and Cervical Cancer Treatment Caps.** Eliminates length-of-treatment caps for breast and cervical cancer treatments within the Breast and Cervical Cancer Treatment Program.
- 5) **Diabetes Prevention Program.** Streamlines the requirements of the Diabetes Prevention Program in order to implement the program in accordance with the federal Centers for Disease Control and Prevention Diabetes Prevention Recognition Program by removing program eligibility requirements related to age, body mass index and other specific qualifications.
- 6) **Erroneous Payments Recoupment Process.** Requires the Department of Health Care Services to arrange reasonable processes for the recoupment of erroneous overpayments to providers, when requested by providers who demonstrate hardship. Requires the Department to post on its website the mechanism by which providers may request a modification to the timing of the provider's required recoupment.
- 7) **Cost-Based Reimbursement clinics.** Establishes a directed payment program for certain cost-based reimbursement clinics (CBRCs), effective no sooner than July 1, 2019, to expand cost-based reimbursement for CBRCs that contract with managed care plans for services provided to Medi-Cal beneficiaries. Specifically, this bill:
- a) Requires the Department of Health Care Services to increase the capitation amounts paid to affected plans in each fiscal year by the amount the department deems necessary for the plan to comply with these new requirements;
 - b) Prohibits the directed payments to supplant amounts that would otherwise be payable by a plan to a CBRC, and prohibits the plan from imposing a fee or retention amount that would result in a reduction to the amounts required herein;
 - c) Authorizes the nonfederal share of the increases to be funded through voluntary, intergovernmental transfers from affected counties or other public entities;
 - d) Requires that the first \$30 million of nonfederal share in each fiscal year shall be financed by other state funds appropriated to the Department for this purpose;
 - e) Requires the Department to consult with affected counties periodically, as deemed appropriate, on the likeliness of federal approval and financial and programmatic support of these payments to the Medi-Cal program, thereafter authorizes the Department to either 1) reduce the size of the payments in that year; or 2) not implement the payments for the applicable year or years.
- 8) **Public Free-Standing Non-Hospital Based Clinics Supplemental Reimbursement Program.** Repeals this program.

- 9) **Community Treatment Facilities Technical Adjustment.** Eliminates the annual appropriation of \$45,000 General Fund to the Department of Health Care Services for the Community Treatment Facilities Program.
- 10) **General Fund Loan Authority.** Increases the authority for the maximum General Fund loan amount, and corresponding federal funds, from \$1 billion to \$2 billion in the event of a General Fund deficiency in the Medi-Cal program budget. Also clarifies that a General Fund loan may be repaid in the following state fiscal year (SFY) from the SFY in which the loan was provided. Authorizes the loan to be repaid either through the Budget act or by using the proceeds of a supplemental appropriations bill, and requires the Department of Health Care Services to inform the State Controller of the bill and SFY in which the loan will be repaid. Requires legislative notification when a loan is approved for the Medi-Cal program within 10 days of authorizing the loan, including the reasons for the transfer and the fiscal assumptions used to calculate the loan amount.
- 11) **Black Infant Health.** Establishes the California Perinatal Equity Initiative to expand the scope of interventions provided under the Black Infant Health Program. Specifically, the bill:
- a) Makes findings and declarations that there continues to be a statewide gap between mortality rates for black infants and those for other populations. The bill requires the initiative to foster Community Centers of Excellence in perinatal health and requires the Department to develop a process to allocate funds to up to 15 county health departments to improve black infant birth outcomes and infant mortality;
 - b) Establishes legislative intent to: promote the establishment of Community Centers of Excellence in perinatal health based on public health science on the causes of persistent inequality and current best practices to narrow the gap; and to direct funding to county health departments to create changes in public awareness and in public health and clinical practice.
 - c) Requires the Department of Public Health to expand the scope of intervention provided under the Black Infant Health Program;
 - d) Authorizes counties to participate in the program on an optional basis;
 - e) Specifies uses of the funding as being for: creating a local grant program to develop Community Centers of Excellence in perinatal health; providing technical assistance to recipients of local grants such as hospitals, clinics, or other community-based organizations; carrying out local public awareness efforts on birth outcome inequalities and the value of preconception health, group prenatal care, interventions to prevent preterm births and social support; participating in collaborative statewide learning efforts; and collecting and reporting data and information on process and outcome measures on programs and activities supported with these funds;
 - f) Requires the Department to consult with stakeholders, as specified; and
 - g) Prohibits the use of these funds to supplant funds from other sources.
- 12) **Syringe Exchange Programs.** Reauthorizes and makes changes to State-authorized syringe exchange programs by:

- a) Deleting the sunset;
- b) Reducing the public comment period from 90 to 45 days;
- c) Allowing the state to purchase materials necessary to prevent the spread of communicable diseases and to prevent drug overdose, injury or disability and protects all staff and volunteers participating in syringe exchange programs from being subject to criminal prosecution for the possession, furnishing, or transfer of these materials; and
- d) Authorizing the Department, if it determines that a state authorized syringe exchange program continues to meet all standards and a public health need exists, may administratively approve amendments to a program's operations, including modifications to the time, location and type of services provided, without being subject to the public noticing requirements. Authorizes the Department 30 days to respond to a request for amendment, and if the Department does not respond in writing within 30 business days, deems the request denied.

13) PrEP Assistance Program. Expands and clarifies coverage under the PrEP Assistance Program. Specifically, this bill:

- a) Expands program eligibility to those who may consent to medical care related to the prevention of sexually transmitted diseases, per Section 6926 of the Family Code;
- b) Requires that unemancipated minors between 12 and 17 years of age be considered a family size of one for determining financial eligibility for this program;
- c) Extends funding to cover the costs of HIV medications and related medical services to uninsured individuals;
- d) Clarifies that the use of the drug manufacturer's medication assistance program is not required if it is not accepted by the health plan or pharmacy contracted with the health plan;
- e) Requires coverage of the costs of both PrEP (Pre-Exposure Prophylaxis)-related and PEP (Post-Exposure Prophylaxis)-related medical services for insured individuals;
- f) Subsidizes premiums to purchase or maintain health insurance coverage for individuals using PrEP if the director determines it is feasible and would result in cost savings to the state;
- g) Clarifies that, for this program, an insured individual on a parent's or partner's health plan shall be considered uninsured if he or she is unable to use his or her health insurance coverage for confidentiality or safety reasons; and
- h) Authorizes the program to subsidize HIV-prevention medication costs for: i) up to 14 days of PrEP and PEP medications; and ii) up to 28 days of PEP medications for a victim of sexual assault.

14) Lead Construction Certification Program. Establishes the program fee at \$87 beginning July 1, 2018, and authorizes the program to increase program fees to cover the costs of operating this program, with the intent to reduce the application processing time from 120 to

60 days. Requires the Department to prepare a report to the budget committees of the Legislature, and post the report on its website, by February 1 of any year in which the Department raises or establishes new or additional fees.

- 15) **Licensing and Certification – Los Angeles Facilities Fee.** Authorizes the Department of Public Health to assess a supplemental license fee on facilities located in Los Angeles County to cover additional costs of regulating the health care facilities located in Los Angeles County, beginning in 2018-19. Requires the department to calculate the supplemental fee based on the difference between the estimated costs of regulating facility types licensed in Los Angeles County between those facilities for which licensing and certification activities are conducted by Los Angeles County versus those facilities for which licensing and certification facilities are conducted by the State. Requires that the additional fee revenue be used to cover the costs to administer and enforce state licensure standards and other federal compliance activities for facilities located in Los Angeles. Requires that the fees be based upon the fee methodology published in the Annual Fee Report.
- 16) **Licensing and Certification – Federal Standards.** Reinstates authority to use federal certification standards for state licensure of chronic dialysis clinics, rehabilitation clinics, and ambulatory surgical clinics, and during the rulemaking process for Intermediate Care Facilities/Developmentally Disabled regulations.
- 17) **Incompetent to Stand Trial Mental Health Diversion Program.** Implements a mental health diversion program with a focus on reducing the number of Incompetent to Stand Trial referrals to the Department of State Hospitals. Specifically, this bill:
- a) Requires the Department to consider local discretion and flexibility in diversion activities that meet the community's needs.
 - b) Authorizes the Department to solicit proposals from, and contract with, a county to help fund the development or expansion of pretrial diversion for the population for whom the following circumstances exist:
 - i) Individuals diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder who have the potential to be found incompetent to stand trial for felony charges, or who have been found incompetent to stand trial;
 - ii) There is a significant relationship between the individual's serious mental disorder and the charged offense or between the individual's conditions of homelessness and the charged offense; and
 - iii) The individual does not pose an unreasonable risk of danger to public safety if treated in the community.
 - c) Requires a county applying for funding under this program to designate a lead entity and show support from other county entities, including courts.
 - d) Requires the Department to consult with the Council on Criminal Justice and Behavioral Health on reviewing county proposals for these funds, and shall prioritize proposals that demonstrate the potential to reduce incompetent to stand trial referrals to the Department and demonstrate the following:

- i) The proposal includes the provision of clinically appropriate or evidence-based mental health treatment and wraparound services across a continuum of care;
 - ii) Collaboration between community stakeholders and government agencies; and
 - iii) Connection of individuals to services in the community after they have completed diversion.
- e) Authorizes the Department to include funding in a contract with a county to:
- i) Cover the costs of postbooking assessment of defendants likely to be found incompetent to stand trial on felony charges to determine if the defendant would benefit from diversion; and
 - ii) Cover the costs of in-jail treatment prior to placement in the community for up to an average of 15 days for defendants who have been approved by the court for diversion.
- f) Requires a county in contract with the Department to implement a diversion program to report data and outcomes to the Department within 90 days of the end of each quarter, regarding the individuals targeted by the contract and in the program, including specified types of information.
- g) Requires a county to provide a 20% match in order to receive funds for this purpose, or 10% match for small counties -- population of 200,000 or less.
- h) Prohibits the use of these funds to supplant funds from other sources.
- i) Requires the Department to have access to the arrest records and state summary of criminal history of defendants participating or who have participated in the diversion program, solely for the purpose of looking at the recidivism rate for those defendants.
- j) Authorizes a court to grant pretrial diversion to a defendant who meets the requirements established in this bill, including:
- i) The court is satisfied that the defendant suffers from a mental disorder including, but not limited to, bipolar disorder, schizophrenia, schizoaffective disorder, or post-traumatic stress disorder, and excluding antisocial personality disorder, borderline personality disorder, and pedophilia;
 - ii) The court is satisfied that the defendant's mental disorder played a significant role in the commission of the charged offense;
 - iii) The defendant's symptoms motivating the criminal behavior would respond to mental health treatment, in the opinion of a qualified mental health expert;
 - iv) The defendant consents to diversion and waives his or her right to a speedy trial, except those found to be incompetent to stand trial;
 - v) The defendant agrees to comply with treatment as a condition of diversion; and

- vi) The court is satisfied that the defendant will not pose an unreasonable risk of danger to public safety if treated in the community.
- k) Defines "pretrial diversion" to mean the postponement of prosecution, temporarily or permanently, to allow the defendant to undergo mental health treatment, subject to all of the following:
 - i) The court is satisfied that the recommended inpatient or outpatient program of mental health treatment will meet the needs of the defendant; and
 - ii) The defendant may be referred to a program of mental health treatment utilizing existing inpatient or outpatient mental health resources.
- l) Requires mental health providers serving defendants in this program to provide regular treatment progress reports to the court, the defense, and the prosecutor.
- m) Limits the period of time for which criminal proceedings may be diverted to no longer than two years.
- n) Requires the court to hold a hearing to determine whether criminal proceedings should be reinstated, whether treatment should be modified or whether the defendant should be conserved and referred to conservatorship proceedings if any of the following circumstances exist:
 - i) The defendant is charged with an additional misdemeanor that reflects a propensity for violence;
 - ii) The defendant is charged with an additional felony;
 - iii) The Defendant is engaged in criminal conduct rendering him or her unsuitable for diversion;
 - iv) The defendant is performing unsatisfactorily in the assigned program; or
 - v) The defendant is gravely disabled.
- o) Requires the court to dismiss the defendant's criminal charges if the defendant performed satisfactorily in diversion, by complying with the requirements of diversion, avoided significant new violations of law unrelated to the defendant's mental health condition, and has a plan in place for long-term mental health care.
- p) Requires the court clerk to file a record with the Department of Justice indicating the disposition of the case diverted.
- q) Requires the charges to be deemed never to have occurred should diversion be completed successfully and prohibits a record pertaining to an arrest resulting in successful completion of diversion to be used to deny employment, benefit, license or certificate.
- r) Requires defendants to be advised that, regardless of the successful completion of diversion, both of the following apply:

- i) The arrest may be disclosed to any peace officer application request or in the course of an interview for a position as a peace officer; and
 - ii) A sealed record has no effect on a criminal justice agency's ability to access and use sealed records on the relevant arrest.
 - s) Prohibits the use of the defendant's mental health records to be used in any other proceeding without the defendant's consent, with exceptions as specified.
 - t) Requires that, to the extent not prohibited by federal law, the defendant's mental health treatment providers, the public guardian or conservator and the court shall have access to the defendant's medical and psychological records, including progress reports, for the purpose of providing care and treatment.
- 18) **Competency Restoration Assessments.** Allows courts to make a determination that a defendant/patient, who has been found to be Incompetent to Stand Trial, has regained competency prior to admission into the proposed Los Angeles County Restoration in Community Treatment Program facility or a Department of State Hospitals facility where such patient would receive restoration of competency services.

COMMENTS: This bill is a budget trailer bill within the overall 2018-19 budget package to implement actions taken affecting the Departments of Health Care Services, Public Health, the California Health and Human Services Agency, and the California Health Benefits Exchange.

Analysis Prepared by: Andrea Margolis / BUDGET / (916) 319-2099

FN: 0003537

DECLARATION OF ELECTRONIC SERVICE AND SERVICE BY U.S. MAIL

Case Name: **People v. Frahs**

No.: **S252220**

I declare: I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar, at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collecting and processing electronic and physical correspondence. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service with postage thereon fully prepaid that same day in the ordinary course of business. Correspondence that is submitted electronically is transmitted using the TrueFiling electronic filing system. Participants who are registered with TrueFiling will be served electronically. Participants in this case who are not registered with TrueFiling will receive hard copies of said correspondence through the mail via the United States Postal Service or a commercial carrier.

On February 21, 2019, I electronically served the attached **RESPONDENT'S MOTION FOR JUDICIAL NOTICE; PROPOSED ORDER** by transmitting a true copy via this Court's TrueFiling system. Because one or more of the participants in this case have not registered with the Court's TrueFiling system or are unable to receive electronic correspondence, on February 22, 2019, I placed a true copy thereof enclosed in a sealed envelope in the internal mail collection system at the Office of the Attorney General at 600 West Broadway, Suite 1800, P.O. Box 85266, San Diego, CA 92186-5266, addressed as follows:

Service via TrueFiling:

1) Appellate Defenders, Inc. and Arthur Martin, Staff Attorney
Appellate Defenders, Inc.

Counsel for Petitioner

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abm@adi-sandiego.com

2) Orange County District Attorney's Office

Attn: Criminal Appeals

Appellate@da.ocgov.com

3) San Bernardino County District Attorney's Office

(Pub/Depublication Requestor)

Attn: (a) Appellate Services;

(b) Robert P. Brown

appellateservices@sbcda.org

rbrown@sbcda.org

4) San Diego County District Attorney's Office (Pub/Depublication Requestor)

Attn: (a) Brooke Eternadi Tafreshi;

(b) Summer Stephan;

(c) Mark A. Amador;

(d) James E. Atkins

Service via U.S. Mail

1) Susan L. Ferguson

Law Offices of Susan L. Ferguson

4816 Arcola Avenue

North Hollywood, CA 91601

2) Clerk, Criminal Appeals

ATTN: Honorable Glenn R. Salter

Orange County Superior Court

700 Civic Center Drive West

Santa Ana, CA 92701

(Continued on page 2)

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct and that this declaration was executed on February 21, 2019, at San Diego, California.

L. Blume
Declarant

L. Blume
Signature

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