San Gabriel Valley Council of Governments

AGENDA AND NOTICE OF THE MEETING OF THE HOMELESSNESS COMMITTEE

Wednesday, April 7, 2021 -- 8:30 AM
Teleconference Meeting
Zoom Link: https://zoom.us/j/97086426767
Livestream Link: https://youtu.be/QsPhwqpNOkw

Chair
Becky Shevlin
City of Monrovia

Vice-Chair
Margaret Clark
City of Rosemead

MEMBERS
Arcadia
Baldwin Park
Claremont
Duarte
Glendora
Irwindale
Monrovia
Pomona
Rosemead
West Covina
LA County Supervisorial District #1

EX OFFICIO
W. Huang

Thank you for participating in today's meeting. The Homelessness Committee encourages public participation and invites you to share your views on agenda items.

MEETINGS: ***Regular Meetings of the Homelessness Committee are held on the first Wednesday of each month at 8:30 AM at the West Covina Council Chambers Meeting Room (1444 W. Garvey Avenue S., West Covina, CA 91790).*** The Meeting agenda packet is available at the San Gabriel Valley Council of Government's (SGVCOG) Office, 1000 South Fremont Avenue, Suite 10210, Alhambra, CA, and on the website, www.sgvcog.org. Copies are available via email upon request (sgv@sgvcog.org). Documents distributed to a majority of the Committee after the posting will be available for review in the SGVCOG office and on the SGVCOG website. Your attendance at this public meeting may result in the recording of your voice.

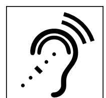
CITIZEN PARTICIPATION: Your participation is welcomed and invited at all Committee meetings. Time is reserved at each regular meeting for those who wish to address the Board. SGVCOG requests that persons addressing the Committee refrain from making personal, slanderous, profane or disruptive remarks.

TO ADDRESS THE COMMITTEE: At a regular meeting, the public may comment on any matter within the jurisdiction of the Committee during the public comment period and may also comment on any agenda item at the time it is discussed. At a special meeting, the public may only comment on items that are on the agenda. Members of the public wishing to speak are asked to complete a comment card or simply rise to be recognized when the Chair asks for public comments to speak. We ask that members of the public state their name for the record and keep their remarks brief. If several persons wish to address the Committee on a single item, the Chair may impose a time limit on individual remarks at the beginning of discussion. **The Committee may not discuss or vote on items not on the agenda.**

AGENDA ITEMS: The Agenda contains the regular order of business of the Committee. Items on the Agenda have generally been reviewed and investigated by the staff in advance of the meeting so that the Committee can be fully informed about a matter before making its decision.

CONSENT CALENDAR: Items listed on the Consent Calendar are considered to be routine and will be acted upon by one motion. There will be no separate discussion on these items unless a Committee member or citizen so requests. In this event, the item will be removed from the Consent Calendar and considered after the Consent Calendar. If you would like an item on the Consent Calendar discussed, simply tell Staff or a member of the Committee.

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the SGVCOG office at (626) 457-1800. Notification 48 hours prior to the meeting will enable the SGVCOG to make reasonable arrangement to ensure accessibility to this meeting.



MEETING MODIFICATIONS DUE TO THE STATE AND LOCAL STATE OF EMERGENCY RESULTING FROM THE THREAT OF COVID-19: On March 17, 2020, Governor Gavin Newsom issued Executive Order N-29-20 authorizing a local legislative body to hold public meetings via teleconferencing and allows for members of the public to observe and address the meeting telephonically or electronically to promote social distancing due to the state and local State of Emergency resulting from the threat of the Novel Coronavirus (COVID-19).

To follow the new Order issued by the Governor and ensure the safety of Board Members and staff for the purpose of limiting the risk of COVID-19, in-person public participation at the Homelessness Committee meeting scheduled for April 7, 2021 at 8:30 a.m. will not be allowed. To allow for public participation, the Homeless Committee will conduct its meeting through Zoom Video Communications. To participate in the meeting, download Zoom on any phone or computer device and copy and paste the following link into your browser to access the live meeting: https://zoom.us/j/97086426767. You may also access the meeting via the livestream link on the front of the agenda page.

Submission of Public Comments: For those wishing to make public comments on agenda and non-agenda items you may submit comments via email or by phone.

- Email: Please submit via email your public comment to Samantha Matthews at smatthews@sgvcog.org at least 1 hour prior to the scheduled meeting time. Please indicate in the Subject Line of the email "FOR PUBLIC COMMENT." Emailed public comments will be part of the recorded meeting minutes. Public comment may be summarized in the interest of time, however the full text will be provided to all members of the Committee prior to the meeting.
- Zoom: Through Zoom, you may speak by using the web interface "Raise Hand" feature. Wait to be called upon by staff, and then you may provide verbal comments for up to 3 minutes. Public comment is taken at the beginning of the meeting for items not on the agenda. Public comment is also accepted at the beginning of each agenda item.

Any member of the public requiring a reasonable accommodation to participate in this meeting should contact Samantha Matthews at least 48 hours prior to the meeting at (626) 457-1800 or at smatthews@sgvcog.org.

PRELIMINARY BUSINESS

1. Call to Order
2. Pledge of Allegiance
3. Roll Call
4. Public Comment *(If necessary, the Chair may place reasonable time limits on all comments)*
5. Changes to Agenda Order: Identify emergency items arising after agenda posting and requiring action prior to the next regular meeting *(It is anticipated that the Committee may take action on these matters)*

CONSENT CALENDAR *(It is anticipated the Committee may take action on the following matters)*

6. Homelessness Committee Meeting Minutes – 03/03/2021 – Page 1
   Recommended Action: Approve.

PRESENTATIONS *(It is anticipated the Committee may take action on the following matters)*

7. City of Industry Behavioral Health Urgent Care Center, La Trisha Boothe, Outreach Specialist, Star View Behavioral Health Urgent Care Centers – Page 4
   Recommended Action: For information only.

ACTION ITEMS *(It is anticipated the Committee may take action on the following matters)*

8. Increasing Behavioral Health Treatment Act, Joseph Ciccone, Senior Advisor, Congresswoman Grace F. Napolitano – Page 9
   Recommended Action: Recommend Governing Board support the Increasing Behavioral Health Treatment Act (Napolitano).

9. AB 1340 (Santiago) Mental Health Services, Samantha Matthews, Management Analyst, SGVCOG – Page 21
   Recommended Action: Recommend Governing Board support AB 1340 (Santiago).

10. SGVCOG Homelessness Programs Funding Reallocation, Samantha Matthews, Management Analyst, SGVCOG – Page 33
    Recommended Actions:
    (1) Recommend Governing Board re-allocate the remaining funding from the Regional Coordination Program to the Homelessness Plan Implementation Program;
    (2) Recommend Governing Board approve the "City Additional Funding Application";
    (3) Recommend Governing Board change the Prevention and Diversion Program to the Prevention, Diversion, and Rapid Rehousing Program, allowing funds to be provided to people actively experiencing homelessness; and
    (4) Recommend Governing Board authorize Executive Director to award additional funding to cities and amend City Memorandums of Agreement (MOAs) based on approved application guidelines.

UPDATE ITEMS *(It is anticipated the Committee may take action on the following matters)*

11. State Budget and Legislative Updates, Tim Egan, SGVCOG Lobbyist – Page 38
    Recommended Action: For information only.
12. Mental Health Legislative Updates, Samuel Pedersen, Management Aide, SGVCOG – Page 41

Recommended Action: For information only.

13. Project Roomkey, Project Homekey, and LAHSA COVID-19 Recovery, Samantha Matthews, Management Analyst, SGVCOG – Page 45
Recommended Action: For information only.

14. LA Alliance for Human Rights et al. v. City of Los Angeles et al., Samantha Matthews, Management Analyst, SGVCOG – Page 48
Recommended Action: For information only.

LIAISON REPORTS *(It is anticipated the Committee may take action on the following matters)*

15. San Gabriel Valley Regional Housing Trust
16. San Gabriel Valley Consortium on Homelessness
17. LA County Homeless Initiative
18. United Way Everyone In
19. Union Station Homeless Services

CHAIR'S REPORT

ADJOURN

SGVCOG Homelessness Committee Unapproved Minutes
Date: March 3, 2021
Time: 8:30 AM
Location: Zoom teleconference

PRELIMINARY BUSINESS

1. Call to Order
The meeting was called to order at 8:34 AM

2. Pledge of Allegiance

3. Roll Call

Members Present
Y. Ruizesparza, Baldwin Park
J. Schulz, Duarte
K. Davis, Glendora
M. Ortiz, Irwindale
B. Shevlin, Monrovia
W. Huang, Pasadena
D. Holley, Pomona
M. Clark, Rosemead

Members Absent
Arcadia
Claremont
LA County Dist. 1

Guests
R. Cole, Advisor on Housing and Homelessness
T. Egan, SGVCOG Lobbyist

SGVCOG Staff
M. Creter
S. Matthews
C. Sims
B. McCullom
A. Fung
A. Bordallo
B. Acevedo
K. Ward
P. Hubler

4. Public Comment: None

5. Changes to Agenda Order: No changes to agenda order.

CONSENT CALENDAR

6. Homelessness Committee Meeting Minutes – 02/03/21
Recommended Action: Approve.

7. Homelessness Coordination Quarterly Report
Recommended Action: Receive and file.

There was a motion to approve consent calendar items 6-7 M/S: (M.Ortiz/K. Davis)

[Motion Passed]

AYES:	Baldwin Park, Duarte, Glendora, Irwindale, Monrovia, Pomona, Rosemead
NOES:	
ABSTAIN:	
ABSENT:	Arcadia, Claremont, LA County District 1

PRESENTATIONS

8. Tiny Home Emergency Shelter Pilot Program

Michael Klein, Deputy Director of Public Works for the City of Redondo Beach share a presentation on their recently completed tiny home village. SGVCOG staff provided information on how interested cities can still express their interest in participating in the SGVRHT pilot, and how the pilot meets the mental health needs of participants.

ACTION ITEM

9. Support– Senate Bill 15 (Portantino), Incentives to Provide Workforce Housing at Commercial Sites

Paul Hubler, SGVCOG Director of Government and Community Relations provided a presentation on Senate Bill 15 (Portantino) which would provide state grant incentives for cities to rezone idle big box retail sites or commercial shopping centers to accommodate workforce multifamily housing.

There was a motion to recommend the Governing Board authorize the President to send a letter in support of Senate Bill 15 (Portantino). M/S: (M. Clark, K. Davis)

[Motion Passed]

AYES:	Baldwin Park , Claremont, Glendora, Irwindale, Monrovia , Pomona, Rosemead
NOES:	
ABSTAIN:	
ABSENT:	Arcadia, Claremont, Duarte, LA County District 1

UPDATE ITEMS

10. State Budget and Legislative Updates
T. Egan, SGVCOG lobbyist, provided an update on expected upcoming State bills and budget allocations related to homelessness, and outlined a report from the State Auditor.

11. 2021-22 Measure H Funding Recommendations Process

The agenda packet included an update on the process for the public to provide feedback on the Measure H funding recommendations for the coming fiscal year and the potential implications of those recommendations for cities and councils of governments.

12. Project Roomkey, Project Homekey, and the LAHSA COVID-19 Recovery Plan

The agenda packet included an update on the demobilization of Project Roomkey sites, the purchase of motels under Project Homekey, and related efforts to house those most vulnerable to COVID-19.

13. LA Alliance for Human Rights et al. v. City of Los Angeles et al.
The agenda packet included an update on publicly released information related to this lawsuit.

LIAISON REPORTS

14. Liaison reports were included in the agenda packet.

CHAIR'S REPORT

Chair Shevlin highlighted the award the San Gabriel Valley Regional Housing Trust received through the State Local Housing Trust Fund program and the plans to schedule a round table on the SGVCOG White Paper on LAHSA Reform.

ADJOURN

The meeting was adjourned at 9:58 AM.

REPORT

DATE: April 7, 2021

TO: Homelessness Committee

FROM: Marisa Creter, Executive Director

RE: CITY OF INDUSTRY BEHAVIORAL HEALTH URGENT CARE CENTER

RECOMMENDED ACTION

For information only.

BACKGROUND

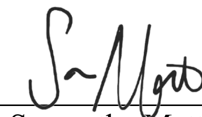
The City of Industry Behavioral Health Urgent Care Center (BHUCC) opened in late summer 2020 and is a 24/7 program that provides rapid access to crisis intervention and stabilization, mental health assessment, and medication support. Crisis stabilization services are available for up to 12 adults (18 years of age and older) and 6 adolescents (ages 13-17) on either a voluntary or involuntary basis. BHUCC also provides case management and linkage to recovery-oriented community-based resources, including on-going mental health services. Services are integrated with interventions for co-occurring substance use disorders as needed.

Additional services provided by BHUCC include the following:

- Crisis walk-in clinic from 8 a.m. to 8 p.m. daily
- Medi-Cal certified and Lanterman-Petris-Short (LPS) staff designated to write 5150 and 5585 psychiatric holds
- Transportation as needed to linked resources and home

BHUCC staff includes psychiatrists, psychiatric nurse practitioners, registered nurses (RNs), licensed vocational nurses (LVNs), mental health therapists, recovery counselors, peer and family advocates, and safety specialists.

BHUCC is operated by Star View Behavioral Health (Star View) through a partnership with the Los Angeles County Department of Mental Health (DMH). Star View is a subsidiary of Stars Behavioral Health Group, a statewide operator of mental healthcare and other human services programs. Stars Behavioral Health Group has been in operation since 1988 and has locations in 8 California counties.

Prepared by: 

Samantha Matthews
Management Analyst

Approved by: Marisa Creter
Marisa Creter
Executive Director

Attachments

Attachment A – BHUCC Brochure
Attachment B – BHUCC Flyer

About Stars Behavioral Health Group

- ★ In operation since 1988
- ★ Serving many counties across California
- ★ Experience running crisis and acute care programs
- ★ Experience working with agency and community partners

Star View is a subsidiary of Stars Behavioral Health Group, a statewide operator of mental healthcare and other human services programs. Operation of the psychiatric crisis urgent care facility is through partnership with the Los Angeles County Department of Mental Health.

SBHG Core Values

- ★ Equip People with Skills and Appreciate their Strengths
- ★ Enhance the lives of Individuals and Families
- ★ Embrace Cultural Diversity
- ★ Act with Integrity

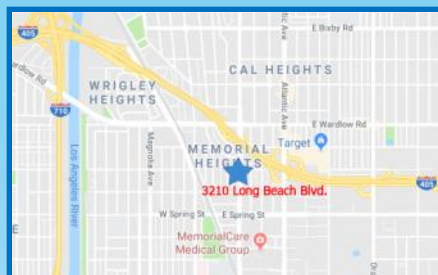
Contact Us

For more information about the Behavioral Health Urgent Care Center, please visit our website at: **www.starsinc.com/bhucc**

For referrals and information (*Se habla español*)

bhuccinquiries@starsinc.com

Locations



3210 Long Beach Blvd.
Long Beach, CA 90807
Phone (562) 548-6565| Fax (562) 685-0426

18501 Gale Ave., Suite 100
City of Industry, CA 91748
Opening Summer 2020
Phone (626) 626-4997 | Fax (626) 956-0963

The Behavioral Health Urgent Care Center is operated by Star View Behavioral Health for the Los Angeles County Department of Mental Health

Stars Behavioral Health Group
1501 Hughes Way
Long Beach, CA 90810

Partnering with People for Positive Change

A Program of Stars Behavioral Health Group

Star View

BHUCC
BEHAVIORAL HEALTH URGENT CARE CENTER

What is a BHUCC?

The Behavioral Health Urgent Care Center (the BHUCC, pronounced "Buck") program is a place where people experiencing a mental health crisis can go to be stabilized. It can be compared to an Urgent Care Center where people go for a medical emergency, except this is for people experiencing a mental health issue or crisis.

We are a 24/7 program that provides rapid access to mental health assessment, crisis intervention and medication support.

Additionally, we also provide case management and linkage to recovery-oriented community based resources, including linkage to on-going mental health services. Services are delivered through a trauma-informed lens and integrated with interventions for co-occurring substance use disorders as needed. Crisis stabilization services on our units are available for up to 12 adults (18 years of age and older) and 6 adolescents (ages 13-17) on either a voluntary or involuntary basis.

Who are our clients?

- Those experiencing a psychiatric crisis and who have a primary diagnosis of mental illness.
- Individuals with co-occurring substance use, developmental, medical and/or cognitive disorders.
- Individuals at high risk for suicide.
- Those in need of psychiatric medication management.
- Those with an urgent need for mental health services with no access to them, thereby putting them at risk of decompensation and the need for a higher level of care.

FAQ

- Walk-ins welcome (call ahead for additional information and estimated wait times)
- All insurance plans accepted (individuals without insurance are also able to receive services. Contact us for more information.)
- Clients may stay up to 24 hours. Those unable to be stabilized will be transitioned to a higher level of care.

What services can we provide?

- 24 hours per day, 7 days per week (24/7) crisis stabilization
- Crisis Walk-In Clinic, open 7 days a week from 8 a.m. to 8 p.m.
- Medi-Cal certified and LPS designated to write 5150 & 5585 psychiatric holds
- Rapid access to mental health assessment, crisis intervention and urgent medication support
- Case management and linkage to community resources including services for co-occurring substance use disorders

Our Team

- Psychiatrists
- Psychiatric Nurse Practitioners
- Registered Nurses & LVNs
- Mental Health Therapists
- Recovery Counselors
- Peer & Family Advocates
- Mental Health Safety Specialists

Star View Behavioral Health Urgent Care Center – City of Industry

Opening Late Summer 2020 * City of Industry, CA

- **About Stars Behavioral Health Group**
  - In operation since 1988
  - Locations in 8 California counties
  - Experience running crisis and acute care programs
  - Experience working with agency and community partners
- **Where: 18501 Gale Ave, Suite 100, City of Industry**
- **Who are our clients?**
  - Adolescents, ages 13-17 and Adults 18 years or older
  - Individuals at high risk for suicide
  - Frequent users of psychiatric emergency and inpatient services
  - Individuals referred by Law Enforcement due to low-level offenses associated with their mental illness
  - Individuals diverted from County and private hospital emergency departments
- **What services can we provide?**
  - 24 hours per day, 7 days per week (24/7) crisis stabilization
  - Crisis Walk-In Clinic – 8 a.m. to 8 p.m. daily
  - Medi-Cal certified and Lanterman-Petris-Short (LPS) designated to write 5150 & 5585 psychiatric holds
  - Rapid access to mental health assessment, crisis intervention and urgent medication support
  - Case management and linkage to community resources
  - Linkage to services for co-occurring substance use disorders
  - Transportation as needed to linked resources and home
  - **Our team**
    - Psychiatrists
    - Psychiatric Nurse Practitioners
    - Registered Nurses & LVNs
    - Mental Health Therapists
    - Recovery Counselors
    - Peer & Family Advocates
    - Safety Specialists

Program is funded by the Los Angeles County Department of Mental Health

Stars Behavioral Health Group
18501 Gale Ave., Suite 100,
City of Industry, CA 91748
Phone - (626) 626-4997

Partnering with People for Positive Change

More information available at: www.starsinc.com/bhucc

DATE: April 7, 2021

TO: Homelessness Committee

FROM: Marisa Creter, Executive Director

RE: INCREASING BEHAVIORAL HEALTH TREATMENT ACT (NAPOLITANO)

RECOMMENDED ACTION

Recommend Governing Board support the Increasing Behavioral Health Treatment Act (Napolitano).

BACKGROUND

To be introduced by Congresswoman Grace Napolitano, the Increasing Behavioral Health Treatment Act would repeal the Medicaid Institutions for Mental Disease (IMD) payment prohibition and require several reporting and plan requirements from States. A copy of the bill is included as Attachemnt A. The Congresswoman also led a letter to House Leadership on this issue back in April 2020. A copy of the letter is included as Attachment B.

The IMD payment prohibition is a long-standing policy that prohibits the federal government from providing Medicaid matching funds to states for services rendered to certain Medicaid-eligible individuals, age 21-64, who are patients in IMDs. The term "IMDs" is defined as a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. Providing relief from the IMD payment prohibition would give states the ability to use federal funds to cover Medicaid-eligible individuals in need of behavioral health treatment.

In addition to repealing the Medicaid Institutions for Mental Disease (IMD) payment prohibition, this legislation would require the following reporting/plan requirements from States:

- States must provide a plan to achieve the following:
  - Increased access to outpatient and community-based behavioral health care
  - Increased availability to crisis stabilization services
  - Improved data sharing and coordination between physical health, mental health and addiction treatment providers and first responders
- States must provide for the demonstration of the following:
  - Polices to ensure patients are consistently screened for co-morbid physical health conditions and substance use disorders prior to or upon admission, and that participating facilities have the capacity to address co-morbid physical health conditions

- Strategies to identify and engage individuals, particularly adolescent and young adults, experiencing a serious mental illness, serious emotional disturbance, or substance use disorder crisis
- Established utilization review policies to ensure individuals receiving medical assistance receive treatment at clinically appropriate levels of care and services generally delivered in the least restrictive environment

- States must report the following information:
  - Cost and utilization for institutions for mental diseases and inpatient psychiatric hospitals
  - The number of individuals experiencing a serious mental illness, serious emotional disturbance, or substance use disorder crisis who received medical assistance under the State plan during the year
  - The length of the stay of each such individual in an institution for mental disease
  - The type of outpatient treatment, including medication assisted treatment, each such individual received after being discharged from such institution

Prepared by: ______________________________
Samantha Matthews
Management Analyst

Approved by: ______________________________
Marisa Creter
Executive Director

ATTACHMENTS

Attachment A – Bill Text
Attachment B – Letter to House Leadership

....
(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R. ______

To amend title XIX of the Social Security Act to remove the exclusion from medical assistance under the Medicaid Program of items and services for patients in an institution for mental diseases, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mrs. NAPOLITANO introduced the following bill; which was referred to the Committee on ______________________________

A BILL

To amend title XIX of the Social Security Act to remove the exclusion from medical assistance under the Medicaid Program of items and services for patients in an institution for mental diseases, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 **SECTION 1. SHORT TITLE.**
4 This Act may be cited as the ''Increasing Behavioral
5 Health Treatment Act''.

1 **SEC. 2. REMOVAL OF MEDICAID EXCLUSION FROM MED-**
2 **ICAL ASSISTANCE OF ITEMS AND SERVICES**
3 **FURNISHED TO PATIENTS IN AN INSTITU-**
4 **TION FOR MENTAL DISEASES IF STATE SUB-**
5 **MITS PLAN FOR PROVIDING APPROPRIATE**
6 **OUTPATIENT CARE TO SUCH PATIENTS.**
7 (a) REMOVAL OF EXCLUSION.—
8 (1) IN GENERAL.—The first sentence of section
9 1905(a) of the Social Security Act (42 U.S.C.
10 1396d(a)) is amended, in the matter following para-
11 graph (30)—
12 (A) by striking ''such term does not in-
13 clude—'' and all that follows through ''(A) any''
14 and inserting ''such term does not include any'';
15 (B) by striking ''; or'' and inserting a pe-
16 riod; and
17 (C) by striking subparagraph (B).
18 (2) CONFORMING AMENDMENTS TO PERMIT
19 MEDICAL ASSISTANCE FOR IMD PATIENTS UNDER 65
20 YEARS OF AGE.—The following provisions of such
21 Act are each amended by striking ''65 years of age
22 or older'' and ''65 years of age or over'' each place
23 it appears:
24 (A) Paragraphs (20) and (21) of section
25 1902(a) (42 U.S.C. 1396a(a)).

1 (B) Section 1905(a)(14) (42 U.S.C.
2 1396d(a)(14)).
3 (C) Section 1919(e)(7)(B)(i)(I) (42 U.S.C.
4 1396r(e)(7)(B)(i)(I)).
5 (b) REPORTING AND PLAN REQUIREMENT.—Section
6 1902(a)(20) of the Social Security Act (42 U.S.C.
7 1396a(a)(20)) is amended—
8 (1) in subparagraph (B), by striking at the end
9 ''and'';
10 (2) by adding at the end the following new sub-
11 paragraphs:
12 ''(D) provide for a plan to achieve (and for
13 the annual submission to the Secretary of ac-
14 tions taken by the State, and progress with re-
15 spect to such actions, to achieve)—
16 ''(i) increased access to outpatient and
17 community-based behavioral health care,
18 with respect to individuals furnished serv-
19 ices in an institution for mental diseases,
20 especially for individuals transitioning from
21 such an institution;
22 ''(ii) increased availability of services
23 made available through crisis call centers,
24 mobile crisis units, coordinated community
25 crisis response that involves law enforce-

1 ment and other first responders, observa-
2 tion or assessment centers, and on-going
3 community-based services (such as inten-
4 sive outpatient services, assertive commu-
5 nity treatment, and services in integrated
6 care settings such as the Certified Commu-
7 nity Behavioral Health Clinic model) (such
8 services referred to as crisis stabilization
9 services) for individuals experiencing a se-
10 rious mental illness (as such term is de-
11 fined for purposes of title V of the Public
12 Health Service Act), serious emotional dis-
13 turbance, or substance use disorder crisis;
14 "(iii) improved data sharing and co-
15 ordination between physical health, mental
16 health, and addiction treatment providers
17 (including hospitals and community-based
18 behavioral health facilities) and first re-
19 sponders to improve health outcomes for
20 individuals furnished services in an institu-
21 tion for mental diseases, who are experi-
22 encing a serious mental illness (as so de-
23 fined), serious emotional disturbance, or
24 substance use disorder crisis;
25 "(E) provide for the demonstration of—

1 “(i) State policies to ensure individ-
2 uals receiving medical assistance under the
3 State plan who receive care in psychiatric
4 hospitals and residential treatment settings
5 are consistently screened for co-morbid
6 physical health conditions and substance
7 use disorders prior to or upon admission,
8 and that participating facilities have the
9 capacity to address co-morbid physical
10 health conditions during stays in such psy-
11 chiatric hospitals and residential treatment
12 settings either through on-site medical
13 services or external referrals and care co-
14 ordination;
15 “(ii) established strategies of the
16 State for identifying and engaging individ-
17 uals, particularly adolescents and young
18 adults, experiencing a serious mental ill-
19 ness (as such term is defined for purposes
20 of title V of the Public Health Service
21 Act), serious emotional disturbance, or
22 substance use disorder crisis; and
23 “(iii) established utilization review
24 policies of the State Medicaid agency or
25 Medicaid managed care organizations, as

1 applicable, to ensure individuals receiving
2 medical assistance under the State plan re-
3 ceive treatment at clinically appropriate
4 levels of care and services are generally de-
5 livered in the least restrictive environment;
6 and

7 ''(F) reporting to the Secretary (in a form
8 and manner specified by the Secretary) of, with
9 respect to each year beginning on or after the
10 date of the enactment of this subparagraph—

11 ''(i) in the aggregate and by facility
12 type, costs and utilization for institutions
13 for mental diseases and inpatient psy-
14 chiatric hospitals that are not such institu-
15 tions; and

16 ''(ii) the number of individuals experi-
17 encing a serious mental illness (as such
18 term is defined for purposes of title V of
19 the Public Health Service Act), serious
20 emotional disturbance, or substance use
21 disorder crisis who received medical assist-
22 ance under the State plan during the year;

23 ''(iii) the length of the stay of each
24 such individual in an institution for mental
25 disease; and

1 "(iv) the type of outpatient treatment,
2 including medication assisted treatment,
3 each such individual received after being
4 discharged from such institution;".
5 (c) EFFECTIVE DATE.—
6 (1) IN GENERAL.—Subject to paragraph (2),
7 the amendments made by this section shall take ef-
8 fect on the date of the enactment of this Act and
9 shall apply to State plans beginning on such date.
10 (2) EXCEPTION IF STATE LEGISLATION RE-
11 QUIRED.—In the case of a State plan for medical as-
12 sistance under title XIX of the Social Security Act
13 which the Secretary of Health and Human Services
14 determines requires State legislation (other than leg-
15 islation appropriating funds) in order for the plan to
16 meet the additional requirement imposed by the
17 amendments made by this section, the State plan
18 shall not be regarded as failing to comply with the
19 requirements of such title solely on the basis of its
20 failure to meet this additional requirement before
21 the first day of the first calendar quarter beginning
22 after the close of the first regular session of the
23 State legislature that begins after the date of the en-
24 actment of this Act. For purposes of the previous
25 sentence, in the case of a State that has a 2-year

1 legislative session, each year of such session shall be
2 deemed to be a separate regular session of the State
3 legislature.

Congress of the United States
Washington, DC 20515

April 28, 2020

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
H-232, U.S. Capitol
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
H-204, U.S. Capitol
Washington, DC 20515

The Honorable Frank Pallone
Chairman
Committee on Energy & Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Greg Walden
Ranking Member
Committee on Energy & Commerce
U.S. House of Representatives
2322 Rayburn House Office Building
Washington, DC 20515

Dear Speaker Pelosi, Leader McCarthy, Chairman Pallone and Ranking Member Walden:

As you prepare future coronavirus legislation, we strongly encourage you to provide emergency relief from the Medicaid Institutions for Mental Disease (IMD) payment prohibition.
This critical action would give states the ability to use federal funds to cover Medicaid-eligible individuals (age 21-64) in need of behavioral health treatment.

The IMD exclusion is a long-standing policy that prohibits the federal government from providing Medicaid matching funds to states for services rendered to certain Medicaid-eligible individuals, age 21-64, who are patients in IMDs. The term “IMDs” is defined as a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.

Hospital capacity is being pushed to its limits during the COVID-19 pandemic. In California, a critical shortage of state psychiatric beds is already forcing patients with a serious mental illness to be held in emergency rooms, hospitals, and jails while they wait for a bed. Waiving the exclusion to Medicaid funding for behavioral health treatment would free up beds in local communities’ hospitals, allowing them to better manage the surge capacity in both inpatient and emergency departments to care for COVID-19 patients.

One population we are extremely concerned about is individuals experiencing homelessness. Due to existing health conditions, access to general wellness care, and potential population growth, individuals experiencing homelessness are uniquely vulnerable to COVD-19. The 2019 Greater Los Angeles Homeless Count reported 56,257 individuals were experiencing homelessness in Los Angeles County. Of that group, 12,869 individuals self-reported a serious mental illness, and 7,264 individuals self-reported a substance abuse issue.

The Substance Abuse and Mental Health Services Administration (SAMHSA) issued guidance in March for the care and treatment of mental health and substance use disorder during the pandemic. SAMHSA is advising outpatient treatment options to be used to the greatest extent possible; however, patients through the determination of their clinician are still being referred to an IMD, and outpatient care is not a medically appropriate option for these patients. The Los Angeles County Department of Mental Health and other behavioral health authorities are adhering to this guidance and have been working with behavioral health providers on how to operate according to best practices during this pandemic. Congress can also further help these organizations by providing funding for training for behavioral health professionals, Personal Protective Equipment (PPE), and resources to provide telehealth services when available.

The Centers for Medicare & Medicaid Services in November 2018 announced that the federal government would begin to consider state applications for an IMD exclusion waiver. However, during this pandemic, states need immediate help to manage hospital capacity. Medicaid is the largest payer of mental health services, and expansion of this critical coverage would be vital to those who are in need, including individuals experiencing homelessness.

Thank you for your prompt attention to this serious matter.

Sincerely,

Grace F. Napolitano
Member of Congress

Gilbert R. Cisneros, Jr.
Member of Congress

Julia Brownley
Member of Congress

Alan Lowenthal
Member of Congress

Norma J. Torres
Member of Congress

DATE: April 7, 2021

TO: Homelessness Committee

FROM: Marisa Creter, Executive Director

RE: AB 1340 (SANTIAGO) MENTAL HEALTH SERVICES

RECOMMENDED ACTION

Recommend Governing Board support AB 1340 (Santiago).

BACKGROUND

Existing law, the Lanterman-Petris-Short Act, authorizes the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons committed. Under the Act, if a person, as a result of a mental health disorder, is a danger to others, or to themselves, or is "gravely disabled," the person may be taken into custody by a designated member of a mobile crisis team or another designated professional and placed in a facility designated by the County and approved by the State Department of Social Services for 72-hour treatment and evaluation. The act also authorizes a conservator to be appointed for a person who is gravely disabled as a result of a mental health disorder.

Existing law defines "gravely disabled" to mean a condition in which a person, as a result of a mental disorder, is unable to provide for their basic personal needs which include food, clothing or shelter.

In 2018, Assemblymember Miguel Santiago introduced AB 1971 to expand the definition of "gravely disabled" to consider urgently needed medical treatment as a basic human need when assessing an individual's need for conservatorship or need for a 72-hour hold while maintaining all statutorily protected safeguards and civil liberties. The SGVCOG Homelessness Committee and Governing Board voted to support this bill, which later died in the State Senate.

Assemblymembers Santiago and Friedman introduced a similar bill in the 2019-2020 legislative session, AB 1946. This bill did not advance due to the reduction of bills that were considered due to the COVID-19 pandemic.

AB 1340 (SANTIAGO)

Assemblymember Santiago re-introduced this legislation in 2021. AB 1340 (Santiago) would expand the definition of "gravely disabled" to also include a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for medical treatment, if the failure to receive medical treatment is either for an existing life-threatening medical condition or the person is in imminent danger of death or prolonged hospitalization. By

expanding the definition of "gravely disabled" and thereby increasing the duties of local agencies, this bill would impose a state-mandated local program. The bill text is included as Attachment A. The bill was referred to the Committee on Housing and Community Development on February 25, 2021.

Staff recommends support for AB 1340 as consistent with previous SGVCOG support for similar legislation and to help provide required medical care for people experiencing homelessness who are gravely mentally ill and who might otherwise suffer life-threatening health consequences.

Prepared by: ______________________________
Samantha Matthews
Management Analyst

Approved by: ______________________________
Marisa Creter
Executive Director

ATTACHMENTS

Attachment A – Bill Text

AMENDED IN ASSEMBLY MARCH 25, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL No. 1340

Introduced by Assembly Members Santiago and Friedman
(Principal coauthor: Senator Stern)

February 19, 2021

An act *to amend Section 5008 of, and to add Sections 5014, 5402.5, and 5899.3 to, the Welfare and Institutions Code,* relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1340, as amended, Santiago. Mental health ~~services: involuntary detention.~~ *services.*

~~Existing~~

(1) Existing law, the Lanterman-Petris-Short Act, authorizes the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed. Under the act, if a person, as a result of a mental health disorder, is a danger to others, or to themselves, or is gravely disabled, the person may, upon probable cause, be taken into custody by a peace officer, a member of the attending staff of an evaluation facility, designated members of a mobile crisis team, or another designated professional person, and placed in a facility designated by the county and approved by the State Department of Social Services as a facility for 72-hour treatment and evaluation. The act also authorizes a conservator of the person, of the estate, or of both, to be appointed for a person who is gravely disabled as a result of a mental health disorder. For these purposes, existing law defines "gravely disabled" to mean either a condition in which a person, as a result of a mental health disorder or chronic alcoholism, is unable

to provide for the person's basic personal needs for food, clothing, or shelter, or a condition in which a person has been found mentally incompetent, as specified.

~~This bill would state the intent of the Legislature to enact legislation to reform the Lanterman-Petris-Short Act, including expanding the definition of "gravely disabled" to add a condition in which a person is unable to provide for their own medical treatment as a result of a mental health disorder, and emphasizing the necessity to create policies that prioritize living safely in communities.~~

This bill would expand the definition of "gravely disabled" for these purposes to also include a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for medical treatment, as defined, if the failure to receive medical treatment is either for an existing life-threatening medical condition or the person is in imminent danger of physical injury or life-threatening medical condition and there is a substantial and imminent risk, in either instance, of either death or prolonged hospitalization. By expanding the definition of "gravely disabled" and thereby increasing the duties of local agencies, this bill would impose a state-mandated local program.

This bill would require the State Department of State Hospitals to create a model discharge plan for counties and hospitals to follow when discharging those held under temporary holds or conservatorship. The bill would require county mental health departments to collaborate with facilities and hospitals to develop, implement, and adhere to an adequate discharge plan that ensures continuity of services and care in the community for all individuals exiting holds or conservatorship and to implement that plan across the entire network of acute and subacute facilities on or before July 1, 2023. By placing additional duties on counties, this bill would impose a state-mandated local program.

(2) Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. The MHSA also established the Mental Health Services Oversight and Accountability Commission to oversee the administration of various parts of the act.

This bill, to the extent permitted under state and federal law and consistent with the Mental Health Services Act and for the purposes of

the above-mentioned provisions of the Lanterman-Petris-Short Act, would clarify that counties may pay for the services authorized in those provisions using funds from the Mental Health Services Fund when included in county plans, as specified, and would also authorize counties to pay for those services with specified funds from the Local Revenue Fund and the Local Revenue Fund 2011. The bill would require the State Department of Health Care Services to, on or before July 1, 2022, issue guidance specifying which services authorized under the Lanterman-Petris-Short Act may be paid by counties with funds from the Mental Health Services Fund.

This bill would require the commission to develop, implement, and oversee a public and comprehensive framework for tracking and reporting spending on mental health programs and services from all major fund sources and of program- and service-level and statewide outcome data, as specified. The bill would require counties to report to the commission its expenses in specific categories, including, but not limited to, inpatient care or intensive outpatient services, as well as their unspent funding from all major funding sources. By imposing new reporting requirements on counties, this bill would impose a state-mandated local program.

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

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

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

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

1 *SECTION 1. Section 5008 of the Welfare and Institutions Code*
2 *is amended to read:*
3 5008. Unless the context otherwise requires, the following
4 definitions shall govern the construction of this part:
5 (a) “Evaluation” consists of multidisciplinary professional
6 analyses of a person’s medical, psychological, educational, social,
7 financial, and legal conditions as may appear to constitute a

problem. Persons providing evaluation services shall be properly qualified professionals and may be full-time employees of an agency providing face-to-face, which includes telehealth, evaluation services or may be part-time employees or may be employed on a contractual basis.

(b) "Court-ordered evaluation" means an evaluation ordered by a superior court pursuant to Article 2 (commencing with Section 5200) or by a superior court pursuant to Article 3 (commencing with Section 5225) of Chapter 2.

(c) "Intensive treatment" consists of ~~such~~ *those* hospital and other services as ~~may be~~ *are* indicated. Intensive treatment shall be provided by properly qualified professionals and carried out in facilities qualifying for reimbursement under the California Medical Assistance Program (Medi-Cal) set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9, or under Title XVIII of the federal Social Security Act and regulations thereunder. Intensive treatment may be provided in hospitals of the United States government by properly qualified professionals. This part does not prohibit an intensive treatment facility from also providing 72-hour evaluation and treatment.

(d) "Referral" is referral of persons by each agency or facility providing assessment, evaluation, crisis intervention, or treatment services to other agencies or individuals. The purpose of referral shall be to provide for continuity of care, and may include, but need not be limited to, informing the person of available services, making appointments on the person's behalf, discussing the person's problem with the agency or individual to which the person has been referred, appraising the outcome of referrals, and arranging for personal escort and transportation when necessary. Referral shall be considered complete when the agency or individual to whom the person has been referred accepts responsibility for providing the necessary services. All persons shall be advised of available precare services that prevent initial recourse to hospital treatment or aftercare services that support adjustment to community living following hospital treatment. These services may be provided through county or city mental health departments, state hospitals under the jurisdiction of the State Department of State Hospitals, regional centers under contract with the State Department of Developmental Services, or other public or private entities.

Each agency or facility providing evaluation services shall maintain a current and comprehensive file of all community services, both public and private. These files shall contain current agreements with agencies or individuals accepting referrals, as well as appraisals of the results of past referrals.

(e) "Crisis intervention" consists of an interview or series of interviews within a brief period of time, conducted by qualified professionals, and designed to alleviate personal or family situations ~~which~~ *that* present a serious and imminent threat to the health or stability of the person or the family. The interview or interviews may be conducted in the home of the person or family, or on an inpatient or outpatient basis with ~~such~~ *that* therapy, or other services, as ~~may be~~ *is* appropriate. The interview or interviews may include family members, significant support persons, providers, or other entities or individuals, as appropriate and as authorized by law. Crisis intervention may, as appropriate, include suicide prevention, psychiatric, welfare, psychological, legal, or other social services.

(f) "Prepetition screening" is a screening of all petitions for court-ordered evaluation as provided in Article 2 (commencing with Section 5200) of Chapter 2, consisting of a professional review of all petitions; an interview with the petitioner and, whenever possible, the person alleged, as a result of a mental health disorder, to be a danger to others, or to ~~himself or herself,~~ *self,* or to be gravely disabled, to assess the problem and explain the petition; when indicated, efforts to persuade the person to receive, on a voluntary basis, comprehensive evaluation, crisis intervention, referral, and other services specified in this part.

(g) "Conservatorship investigation" means investigation by an agency appointed or designated by the governing body of cases in which conservatorship is recommended pursuant to Chapter 3 (commencing with Section 5350).

(h) (1) For purposes of Article 1 (commencing with Section 5150), Article 2 (commencing with Section 5200), and Article 4 (commencing with Section 5250) of Chapter 2, and for the purposes of Chapter 3 (commencing with Section 5350), "gravely disabled" means either of the following:

(A) A condition in which a person, as a result of a mental health disorder, is unable to provide for ~~his or her~~ *their* basic personal needs for food, clothing, or shelter. *A person may also be "gravely*

disabled" pursuant to this subparagraph if the person, as a result of a mental health disorder, is unable to provide for their own medical treatment, if the failure to receive medical treatment is either for an existing life-threatening medical condition or the person is in imminent danger of physical injury or life-threatening medical condition and there is a substantial and imminent risk, in either instance, of either death or prolonged hospitalization, as attested by a medical professional in their best medical judgment. For purposes of this subparagraph, "medical treatment" means the administration or application of remedies for a mental health condition, as identified by a licensed mental health professional, or a physical health condition, as identified by a licensed medical professional. A person who is deemed "gravely disabled" pursuant to this subparagraph has the right to refuse medical treatment, subject to the provisions of this part.

(B) A condition in which a person, has been found mentally incompetent under Section 1370 of the Penal Code and all of the following facts exist:

(i) The complaint, indictment, or information pending against the person at the time of commitment charges a felony involving death, great bodily harm, or a serious threat to the physical well-being of another person.

(ii) There has been a finding of probable cause on a complaint pursuant to paragraph (2) of subdivision (a) of Section 1368.1 of the Penal Code, a preliminary examination pursuant to Section 859b of the Penal Code, or a grand jury indictment, and the complaint, indictment, or information has not been dismissed.

(iii) As a result of a mental health disorder, the person is unable to understand the nature and purpose of the proceedings taken against ~~him or her~~ *them* and to assist counsel in the conduct of ~~his or her~~ *the* defense in a rational manner.

(iv) The person represents a substantial danger of physical harm to others by reason of a mental disease, defect, or disorder.

(2) For purposes of Article 3 (commencing with Section 5225) and Article 4 (commencing with Section 5250), of Chapter 2, and for the purposes of Chapter 3 (commencing with Section 5350), "gravely disabled" means a condition in which a person, as a result of impairment by chronic alcoholism, is unable to provide for ~~his or her~~ *their* basic personal needs for food, clothing, or shelter.

(3) The term "gravely disabled" does not include persons with intellectual disabilities by reason of that disability alone.

(i) "Peace officer" means a duly sworn peace officer as that term is defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code who has completed the basic training course established by the Commission on Peace Officer Standards and Training, or ~~any~~ *a* parole officer or probation officer specified in Section 830.5 of the Penal Code when acting in relation to cases for which ~~he or she~~ *the parole officer* has a legally mandated responsibility.

(j) "Postcertification treatment" means an additional period of treatment pursuant to Article 6 (commencing with Section 5300) of Chapter 2.

(k) "Court," unless otherwise specified, means a court of record.

(*l*) "Antipsychotic medication" means ~~any~~ medication customarily prescribed for the treatment of symptoms of psychoses and other severe mental and emotional disorders.

(m) "Emergency" means a situation in which action to impose treatment over the person's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the patient or others, and it is impracticable to first gain consent. It is not necessary for harm to take place or become unavoidable prior to treatment.

(n) "Designated facility" or "facility designated by the county for evaluation and treatment" means a facility that is licensed or certified as a mental health treatment facility or a hospital, as defined in subdivision (a) or (b) of Section 1250 of the Health and Safety Code, by the State Department of Public Health, and may include, but is not limited to, a licensed psychiatric hospital, a licensed psychiatric health facility, and a certified crisis stabilization unit.

SEC. 2. Section 5014 is added to the Welfare and Institutions Code, to read:

5014. (a) To the extent otherwise permitted under state and federal law and consistent with the Mental Health Services Act, all of the following shall apply for purposes of Article 1 (commencing with Section 5150) and Article 4 (commencing with Section 5250) of Chapter 2 and Chapter 3 (commencing with Section 5350):

(1) Counties may pay for the provision of services using funds distributed to the counties from the Mental Health Subaccount, the Mental Health Equity Subaccount, and the Vehicle License Collection Account of the Local Revenue Fund, funds from the Mental Health Account and the Behavioral Health Subaccount within the Support Services Account of the Local Revenue Fund 2011, funds from the Mental Health Services Fund when included in county plans pursuant to Section 5847, and any other funds from which the Controller makes distributions to the counties for those purposes.

(2) A person shall not be denied access to services funded by the Mental Health Services Fund based solely on the person's voluntary or involuntary legal status.

(3) Counties shall not use funds from the Mental Health Services Fund to pay for more than one cumulative year of acute or subacute care services provided to a person under a conservatorship established pursuant to Section 5350 for each established conservatorship, including any succeeding periods of conservatorship.

(b) On or before July 1, 2022, the State Department of Health Care Services shall issue guidance specifying which services authorized under Article 1 (commencing with Section 5150) and Article 4 (commencing with Section 5250) of Chapter 2 and Chapter 3 (commencing with Section 5350) may be paid by counties with funds from the Mental Health Services Fund.

SEC. 3. Section 5402.5 is added to the Welfare and Institutions Code, to read:

5402.5. (a) The State Department of State Hospitals shall create a model discharging plan for counties and hospitals to follow when discharging those held under temporary holds or conservatorship.

(b) Each county mental health department shall collaborate with facilities and hospitals to develop, implement, and adhere to an adequate discharge plan that ensures continuity of services and care in the community for all individuals exiting holds or conservatorship pursuant to this part. The discharge plan shall be implemented across the entire network of acute and subacute facilities on or before July 1, 2023. Counties may adopt the model plan created by the department for this purpose.

(c) Each county shall fund the implementation of the plan to link individuals exiting holds or conservatorship to a broad continuum of community-based programs and services, including assisted outpatient treatment if the person is eligible for those services. A county may use Mental Health Services Act funds for this purpose, to the extent that use is consistent with the act and included in the county's expenditure plan developed pursuant to Section 5847.

SEC. 4. Section 5899.3 is added to the Welfare and Institutions Code, to read:

5899.3. (a) The Mental Health Services Oversight and Accountability Commission shall develop, implement, and oversee a public and comprehensive framework for tracking and reporting spending on mental health programs and services from all major fund sources and of program- and service-level and statewide outcome data. The framework shall, at minimum, do all of the following:

(1) Include balances of all major, relevant funding sources, including balances of unspent MHSA funds. Funding should include specificity about how counties spend funds within the broad MHSA categories, including, but not limited to, how funds support specific types of services such as crisis intervention or housing programs.

(2) Articulate information about the programs and services counties provide and the populations they serve, statewide and for each county, using those funds.

(3) Report broader outcomes that show the extent to which the state's entire mental health system is helping people in need.

(b) To develop the framework required in subdivision (a) the commission shall do all of the following:

(1) Consult with state and local mental health authorities to develop and implement the framework.

(2) Consider utilizing available data and information when developing the reporting framework. The commission may obtain relevant data and information from other state entities for this purpose.

(3) Develop categories of mental health programs and services that are tailored to inform assessments of spending patterns.

(4) Develop statewide measurements of mental health and report publicly about those measurements annually on the commission's internet website.

(5) Work with counties and other state and local agencies, as necessary, to use the information it collects to improve mental health in California.

(c) Each county shall report to the commission its expenses in specific categories, including, but not limited to, inpatient care or intensive outpatient services, as well as their unspent funding from all major funding sources. Reporting shall be done in a format prescribed by the commission.

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

~~SECTION 1. It is the intent of the Legislature to enact legislation to reform the Lanterman-Petris-Short Act, including expanding the definition of "gravely disabled" to add a condition in which a person is unable to provide for their own medical treatment as a result of a mental health disorder, and emphasizing the necessity to create policies that prioritize living safely in communities.~~

O

DATE: April 7, 2021

TO: Homelessness Committee

FROM: Marisa Creter, Executive Director

RE: SGVCOG HOMELESSNESS PROGRAMS FUNDING REALLOCATION

RECOMMENDED ACTION

Recommended Actions:

(1) Recommend Governing Board re-allocate the remaining funding from the Regional Coordination Program to the Homelessness Plan Implementation Program;
(2) Recommend Governing Board approve the "City Additional Funding Application";
(3) Recommend Governing Board change the Prevention and Diversion Program to the Prevention, Diversion, and Rapid Rehousing Program, allowing funds to be provided to people actively experiencing homelessness; and
(4) Recommend Governing Board authorize Executive Director to award additional funding to Cities and amend City Memorandums of Agreement (MOAs) based on approved guidelines.

BACKGROUND

As part of the SGVCOG homelessness programs, the SGVCOG Governing Board allocated $390,000 of the State budget allocation to the Regional Coordination Program to facilitate collaborative solutions to addressing homelessness in the San Gabriel Valley. Key issues identified for regional coordination and collaboration included mental health, crisis response, and City-service provider partnerships.

During December 2020, staff undertook procurements for the Regional Homeless, Mental Health, and Crisis Response Study and the Regional Homeless Services Coordination Program as part of the Regional Coordination Program. A contract for the Regional Homeless, Mental Health, and Crisis Response Study was awarded in January 2021, and a contract for the Regional Homeless Services Coordination Program is being finalized. It is anticipated that the total not-to-exceed value of these contracts will be approximately $242,000, leaving approximately $148,000 in funding remaining in the Regional Coordination Program category.

The Governing Board also allocated $3.3 million from the State budget allocation to the Homeless Plan Implementation Program. Cities are using this funding to undertake a variety of activities, including providing case management and housing navigation services, supporting local shelters and food banks, implementing hygiene programs to mitigate the spread of COVID-19, supplementing prevention and diversion programs, and supplementing pilot programs. This program has already provided services to 606 individuals and 4 families and has housed 4 individuals and 6 families.

HOMELESS PLAN IMPLEMENTATION FUNDING

Multiple cities have indicated the need for additional funding to provide direct services and housing to individuals experiencing or at-risk of experiencing homelessness.

As such, staff recommends that the funding remaining in the in the Regional Coordination Program be re-allocated to the Homeless Plan Implementation Program. At this time, staff anticipates that approximately $148,000 will be re-allocated to the Homeless Plan Implementation Program category.

CITY ADDITIONAL FUNDING APPLICATION

To allocate additional funding to Cities, SGVCOG staff has developed a "City Additional Funding Application" (Attachment A). Additional funding will support existing City activities that have expended initial funds and have demonstrated outcomes serving or housing people experiencing or at-risk of experiencing homelessness. Any city currently that is implementing a SGVCOG homelessness program and that has expended or committed more than 50% of funds for a task by April 30, 2021 is eligible to apply for additional funding for that task. The award amount for each task cannot exceed the initial award amount for that task, and a maximum of $25,000 can be awarded to one city. The additional funding is targeted towards programs that provide direct services or housing for persons experiencing homelessness or at-risk of homelessness, so planning activities, encampment cleanups, and law enforcement activities are ineligible for additional funding.

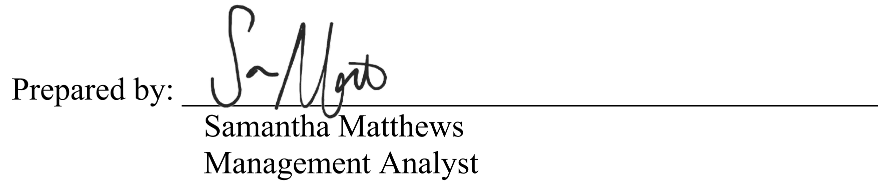
The application scoring criteria considers the percentage of funds expended or committed, whether the task provides direct services or housing to individuals experiencing or at-risk of experiencing homelessness, and the number of individuals served or housed in the program so far. Applications for additional funding are due May 10, 2021. SGVCOG staff will award additional funding to Cities by May 31, 2021.

If funding remains after the May 10, 2021 application deadline, the SGVCOG will re-open applications on June 1, 2021 to allow the 5 cities that recently adopted a homelessness response plan to participate in the SGVCOG's shared housing navigator contract with Union Station Homeless Services as part of the homeless plan implementation program. Funding will be awarded to those cities based on most recent point in time (PIT) homeless count. If funding remains after this application period, then funds will be available on a rolling basis.

PREVENTION AND DIVERSION PROGRAM

As part of the SGVCOG homelessness programs, the SGVCOG Governing Board allocated $400,000 of the County Measure H Innovation Funds and $50,000 of the State budget allocation to the Prevention and Diversion Program. This program is intended to provide problem solving services and financial assistance to prevent individuals and families from becoming homeless. Due to various COVID-19 related rent relief programs and the eviction moratorium, multiple cities have expressed difficulty with using these funds to only prevent and not respond to homelessness. As such, staff recommends that this program eligibility be opened to those

actively experiencing homelessness to be provided rapid rehousing vouchers and that the program be renamed the Prevention, Diversion, and Rapid Rehousing Program.

Prepared by: 
Samantha Matthews
Management Analyst

Approved by:
Marisa Creter
Executive Director

ATTACHMENTS

Attachment A – City Additional Funding Application

Homelessness Program Additional Funding Application

Overview	The San Gabriel Valley Council of Governments (SGVCOG) will be awarding additional funding to support existing tasks that have expended initial funds and have demonstrated outcomes of serving or housing people experiencing or at-risk of experiencing homelessness.
Eligibility	Any City currently implementing the SGVCOG homelessness program. A City can only request additional funds for those tasks in which more than 50% of funds have been expended or committed by April 30, 2021.
Award Amounts:	Each task award amount cannot exceed initial award amount for that task. Maximum award of $25,000 per City.
Ineligible Activities	• Encampment cleanup • Law enforcement activities • Studies and planning activities • Tasks that have expended less than 50% of initial funding by April 30, 2021.
Timeline	Any additional funding awarded to a task must be expended by the date indicated on the SGVCOG-City Memorandum of Agreement (MOA) for that task.
Application Submittal	Applications for additional funding are due by **May 10, 2021**. Applications should be emailed to Samantha Matthews at smatthews@sgvcog.org.

Scoring Criteria

Category	**Points Available**
Funds Expended or Committed	5 points
Direct Services or Housing	5 points
Individuals Served	5 points
TOTAL	**15 points**

Points	**Funds Expended or Committed**
0	<50%
1	50-65%
2	66-79%
3	80-89%
4	90-99%
5	100%

Points	**Direct Services or Housing**
0	No
5	Yes

Points	**Individuals Served**
0	0
1	1-14
2	15-29
3	30-44
4	45-59
5	60+ individuals

ADDITIONAL FUNDING APPLICATION

Lead Applicant (City):	
Additional Partners (Cities and/or Service Providers):	
Total Funding Request:	
Name:	
Email:	
Phone Number:	

Additional Funding Request

In the table below, please indicate the program and task for which you are requesting additional funding and for each task, indicate the initial funding amount, the amount currently expended or committed, and the additional funding amount requested. <u>If you have expended funds that have not been submitted to the SGVCOG for reimbursement, you must submit the completed invoices and back-up (including quarterly reports) to support those expenditures prior to submittal of this Application.</u>

If you have committed funds, you must provide evidence of the funding committed. This could include a pending payment to a client and/or an invoicing schedule that demonstrates progress towards expending the funds. Please contact us if need confirmation on if your committed funds are eligible.

Program	Task	Initial Funding	Initial Funding Expended/Committed	Funding Request (NTE Initial Amt.)

Additional Funding Objectives *Describe how the additional funding will support the City's homelessness response and/or prevention efforts and will lead to additional individuals served and/or housed.*

REPORT

DATE: April 7, 2021

TO: Homelessness Committee

FROM: Marisa Creter, Executive Director

RE: STATE BUDGET AND LEGISLATIVE UPDATES

RECOMMENDED ACTION

For information only.

BACKGROUND

As previously reported in February, Governor Newsom's 2021-22 budget proposal includes key provisions that would provide a total of $1.75 billion in funding for Project Homekey, community-based housing, and behavioral health treatment for vulnerable seniors. During February and March the Legislature's Budget Subcommittees held a number of hearings to review the Governor's budget proposals and other stakeholder recommendations. The Governor will submit a revised budget proposal "May Revise" in early May to be followed by final legislative and budget conference committee actions to pass a budget by June 15. SGVCOG lobbyist Tim Egan will provide an oral update on the budget status and process during the April meeting as well as on the bills identified below which are being tracked by SGVCOG staff:

- **SB 91** (Committee on Budget and Fiscal Review): Extends the state eviction moratorium until July 1, 2021 and provides $1.5 billion in Federal rental assistance to tenants. Landlords who apply to the program can receive 80% of the tenant's outstanding rent if the landlord agrees to forgive the remaining 20%. If a landlord chooses not to apply, tenants can apply to receive 25% of their unpaid rent. Applications reportedly will be available by March 15. An additional $1.1 billion of Federal funding for the same purpose was distributed to local governments with populations over 200,000.
    - **Status**: Enacted on January 21, 2021.

- **AB 328** (Chiu, Kalra, and Wicks): Establishes the Reentry Housing Program within the Department of Housing and Community Development, to provide grants to counties and continuums of care for housing and related services for people experiencing homelessness with recent histories of incarceration, or who are expected to become homeless upon their release from incarceration. The program would fund, among other things, long-term rental subsidies, incentives for landlords who lease their units to program participants, case management, and interim housing. AB 328 does not directly appropriate funding for the program, but future funding is anticipated to come from cost savings related to the planned closure of certain correctional facilities.
    - **Status**: Referred to the Committee on Housing and Community Development on February 12, 2021. Amended, passed as amended, and re-referred to Committee on Appropriations on March 18, 2021.

  - **SGVCOG Position**: Watch

- **AB 15** (Chiu): Extends existing State COVID-19 related eviction protections through December 2021, six months beyond the SB 91 protections.
  - **Status**: Referred to the Committee on Housing and Community Development on January 11, 2021.
  - **SGVCOG Position**: Watch

- **AB 71** (Rivas, Luz): Increases tax rates on businesses with annual profits of more than $5 million, raising an estimated $2.4 billion to fund homeless programs. While most funding would be reserved for cities with populations greater than 300,000, the bill includes $400 million for developers to build affordable and supportive housing in cities and unincorporated areas with fewer than 300,000 residents.
  - **Status**: Re-referred to the Committees on Revenue and Taxation and Housing and Community Development on January 15, 2021.
  - **SGVCOG Position**: Watch

- **AB 816** (Chiu): Requires state and local governments to develop actionable plans to reduce homelessness by 90 percent by January 1, 2029, authorizes the state Housing and Homeless Inspector General to file a lawsuit against the state, a county, or a city which fails to adopt or make progress towards the goals outlined in an approved plan, and authorizes the Inspector General to levy civil penalties against any agency that intentionally transports a homeless individual from its own jurisdiction to another.
  - **Status:** Referred to the Committee on Housing and Community Development on February 25, 2021.
  - **SGVCOG Position:** Under discussion at April 7, 2021, Homelessness Committee meeting

- **SB 15** (Portantino): Provides state grant incentives for cities to rezone idle big box retail sites or commercial shopping centers to accommodate workforce multifamily housing.
  - **Status:** Re-referred to Committee on Appropriations on March 18, 2021.
  - **SGVCOG Position:** Support and direct staff to work with the author and the co-authors to seek clarification and possibly make modification to the bill to improve its efficacy in delivering affordable housing, and provide updates on the bill as necessary.

- **AB 1220** (Rivas): Creates the Office to End Homelessness, which would be administered by the Secretary on Homelessness appointed by the Governor, requires that the Office serve the Governor as the lead entity for ending homelessness in California, and tasks the Office with coordinating homeless programs, services, data, and policies between federal, state, and local agencies, among other responsibilities.
  - **Status:** Re-referred to the Committee on Housing and Community Development on March 15, 2021.
  - **SGVCOG Position:** Support

- **SB 621** (Eggman): Authorizes a development proponent to submit an application for a

development for the complete conversion of a structure with a certificate of occupancy as a motel or hotel into multifamily housing units to be subject to a streamlined, ministerial approval process, provided that the development proponent reserves an unspecified percentage of the proposed housing units for lower income households, unless a local government has affordability requirements that exceed these requirements.

  - **Status:** Set for hearing April 15, 2021.
  - **SGVCOG Position:** Watch

- **AB 1372** (Muratsuchi): Requires every city, or every county in the case of unincorporated areas, to provide every person who is homeless with temporary shelter, mental health treatment, resources for job placement, and job training until the person obtains permanent housing if the person has actively sought temporary shelter in the jurisdiction for at least 3 consecutive days and has been unable to gain entry into all temporary shelters they sought for specified reasons, requires the city or county to provide a rent subsidy, if it is unable to provide temporary shelter, and authorizes a person who is homeless to enforce the bill's provisions by bringing a civil action.
  - **Status:** Referred to Committees on Housing and Community Development and Judiciary on March 4, 2021.
  - **SGVCOG Position:** Watch

A key deadline for the Legislature is April 30 when the policy committees must pass any Fiscal Bills introduced in their house. If not acted, these bills become two-year measures. COVID 19 continues to impact the ability of the Legislature to hold safe and timely hearings. With the number of bills that were introduced (2,472) this year it is anticipated that several bills will be dropped or held over until next year.

Prepared by: ______________________
Samantha Matthews
Management Analyst

Approved by: ______________________
Marisa Creter
Executive Director

REPORT

DATE: April 7, 2021

TO: Homelessness Committee

FROM: Marisa Creter, Executive Director

RE: MENTAL HEALTH LEGISLATIVE UPDATES

RECOMMENDED ACTION

For information only.

BACKGROUND

Below is an overview of current state legislation related to mental health.

AB 1340 (Santiago) - Mental health services: involuntary detention.

- **Summary:** Would state the intent of the Legislature to enact legislation to reform the Lanterman-Petris-Short Act, including expanding the definition of "gravely disabled" to add a condition in which a person is unable to provide for their own medical treatment as a result of a mental health disorder, and emphasizing the necessity to create policies that prioritize living safely in communities.
- **Status:** Introduced on February 12, 2021. Amended and re-referred to Committee on Health on March 25, 2021.
- **SGVCOG Position:** Pending

AB 741 (Bennett) - Jails: discharge plan.

- **Summary:** Would declare the intent of the Legislature to enact legislation that would create effective discharge plans for individuals with mental illness in county jails and would ensure that those plans are collaboratively developed in each county by specified individuals, including representatives of the court.
- **Status:** Introduced February 16, 2021. Amended and re-referred to Committee on Public Safety on March 22, 2021.
- **SGVCOG Position:** Watch

AB 574 (Chen) - Guardians ad litem: mental illnesses.

- **Summary:** The Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Current law also provides for a conservator of the person or estate to be appointed for a person who is gravely disabled. Current law, for the purposes of involuntary commitment and conservatorship, defines "gravely disabled," among other things, as a condition in which a person, as a result of a mental health disorder, is unable to provide for the person's basic personal needs for food, clothing, or shelter. This bill would establish an additional procedure for the appointment of a guardian ad litem for a person who lacks the capacity to make rational informed decisions regarding medical care, mental health care, safety,

hygiene, shelter, food, or clothing with a rational thought process due to a mental illness, defect, or deficiency.

- **Status:** Introduced February 11, 2021. Referred to Committees on Health and Judiciary on February 18, 2021.
- **SGVCOG Position:** Watch

SB 340 (Stern) - Lanterman-Petris-Short Act: hearings.

- **Summary:** Current law authorizes the State Department of Public Health to advise and assist local departments of health and education in the provision of mental health services. This bill would require a court to allow a family member, friend, or acquaintance who is knowledgeable about a person who is the subject of any hearing under these provisions to testify. The bill would also make technical changes.
- **Status:** Introduced February 9, 2021. Amended March 8, 2021 and re-referred to Committees on Health and Judiciary on March 18, 2021.
- **SGVCOG Position:** Watch

SB 106 (Umberg) - Mental Health Services Act: homelessness.

- **Summary:** Current law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs and requires counties to spend those funds as specified. Existing law authorizes counties to spend 5% of MHSA money on innovative programs, upon approval of the Mental Health Services Oversight and Accountability Commission. This bill would amend the MHSA by authorizing counties to expend funds for their innovative programs without approval by the commission if the program is establishing or expanding a program implementing the full-service partnership model, as defined. This bill would state the finding and declaration of the Legislature that this change is consistent with, and furthers the intent of, the MHSA.
- **Status:** Introduced January 5, 2021. Amended and re-referred to Committee on Health on March 23, 2021.
- **SGVCOG Position:** Watch

AB 1331 (Irwin) - Mental health: Statewide Director of Crisis Services.

- **Summary:** The Lanterman-Petris-Short Act, authorizes, among other things, the involuntary commitment and treatment of persons with specified mental health disorders and the appointment of a conservator of the person, of the estate, or of both, for a person who is gravely disabled as a result of a mental health disorder. The act is administered by the Director of Health Care Services. This bill would require the director to appoint a full-time Statewide Director of Crisis Services, who would be responsible for various tasks relating to behavioral health crisis care in the state including, among other things, coordinating behavioral health programs and services statewide to ensure continuity of services and access points and to enhance cross-agency information exchange and resource sharing.
- **Status:** Introduced on February 19, 2021. Referred to Committee on Health on March 4, 2021.
- **SGVCOG Position**: Watch

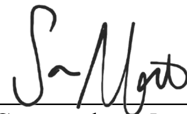
AB 785 (Rivas, Robert) - Mental health.

- **Summary:** Would establish the Mental Health Response and Treatment Challenge Grant Pilot Program. The bill would provide that the purpose of the pilot program is to provide a statewide investment program to provide funds and flexibility to cities, counties, or other local governmental agencies that interact with the criminal justice system to develop programs that seek to improve services in the following 3 areas
    - (1) The response capacity and ability of mental health crisis responders and mental health crisis assistance centers;
    - (2) The quality of mental health diversion programs by increasing the number of programs that may combine housing with case management and treatment, day treatment programs, behavioral health case management, and law enforcement-assisted diversion; and
    - (3) Mental health treatment that serves people in the justice system.

  The bill would require the Board of State and Community Corrections to administer the pilot program and award grants on a competitive basis.
- **Status:** Introduced on February 16, 2021. Referred to Committees on Public Safety and Health on February 25, 2021.
- **SGVCOG Position:** Watch

H.R. 8639 - Mental Health Justice Act of 2020

- **Summary:** Would authorize the Secretary of Health and Human Services to award grants to States and political subdivisions of States to hire, employ, train, and dispatch mental health professionals to respond in lieu of law enforcement officers in emergencies involving one or more persons with a mental illness or an intellectual or developmental disability, and for other purposes. Fact sheet is included as Attachment A.
- **Status:** Introduced in the House on October 20, 2020 by Congresswoman Katie Porter. The bill currently has approximately 80 cosponsors.
- **SGVCOG Position:** Watch

Prepared by: 

Samantha Matthews
Management Analyst

Approved by:

Marisa Creter
Executive Director

ATTACHMENTS

Attachment A – Mental Health Justice Act of 2020 Fact Sheet

Stop Violence Against Individuals with Mental Illness and Disabilities
Cosponsor the Mental Health Justice Act

Sponsors: Reps. Katie Porter, Tony Cárdenas, Ayanna Pressley, Mary Gay Scanlon
Original Cosponsors: Gwen Moore, David Trone, Joyce Beatty, Jan Schakowsky, Peter Welch, Andre Carson, Grace Napolitano, Seth Moulton, Ro Khanna, Mark Pocan, Chellie Pingree, Alcee Hastings, Tim Ryan, Bill Foster, Mike Levin, Ted Lieu, Jamie Raskin, Adriana Espaillat, Gerry Connolly, Earl Blumenauer, Mondaire Jones, Susan Wild, Mark DeSaulnier, Grace Meng, Joseph Morrelle, Raúl M. Grijalva, Judy Chu, Bobby Rush, Madeleine Dean, Gregory Meeks, Nydia Velázquez, Sara Jacobs, Alexandria Ocasio-Cortez, Carolyn Maloney, Ritchie Torres, Ted Deutch, Diana DeGette, Alan Lowenthal, Ilhan Omar, Cori Bush, Rashida Tlaib, Debbie Wasserman-Schulz, Pramila Jayapal, Dwight Evans, James McGovern, Joe Neguse, Barbara Lee, Sheila Jackson Lee, Eddie Bernice Johnson, Hank Johnson, Jackie Speier, Jahana Hayes, Val Demings, Al Lawson

Supporting Organizations: Bazelon Center for Mental Health Law, Center for American Progress, Center for Law and Social Policy, NAACP LDF, Human Rights Watch, American Foundation for Suicide Prevention, The Arc of the United States, National Association of County Behavioral Health and Developmental Disability Directors, National Health Care for the Homeless Council, National Association of Criminal Defense Lawyers, Clinical Social Work Association, National Association for Rural Mental Health, American Association on Health and Disability, Lakeshore Foundation, American Group Psychotherapy Association, National Alliance to Advance Adolescent Health, Kennedy Forum, Postpartum International, Association for Behavioral Health and Wellness, American Association of Suicidology, American Association for Psychoanalysis in Clinical Social Work, Disability Concerns - Christian Reformed Church in North America, Disability Concerns - Reformed Church in America, Justice in Aging, Trevor Project, Friends Committee on National Legislation, Autistic Self Advocacy Network, TASH, American Society of Addiction Medicine, 2020 Mom, Union for Reform Judaism, American Association of Child and Adolescent Psychiatry, American Psychological Association, Public Citizen, Autism Society of America, CommunicationsFIRST, Association of University Centers on Disabilities, National Association of Councils on Developmental Disabilities, Disability Rights Education and Defense Fund, Drug Policy Alliance

---

According to the Treatment Advocacy Center, 1 in 4 fatal police encounters ends the life of an individual with severe mental illness. At this rate, the risk of being killed is 16 times greater for individuals with untreated mental illness than for others approached or stopped by officers.

Those who are arrested are often charged with minor, nonviolent offenses, but as a result, our jail and prison systems are overcrowded with thousands of individuals who would be far better served by other community resources. The Mental Health Justice Act would address this by:

- Creating a grant program to pay for hiring, training, salary, benefits and additional expenses for mental health provider first responder units.
    - These mental health providers would act as a mental health emergency response team, deployed when 911 is called because someone is in a mental health crisis or related situation. Mental health providers would be the first on the scene to help the individual and could help them access appropriate community resources.
- Providing expertise through technical assistance from the Disability Rights Section of the Civil Rights Division at the DOJ and from SAMHSA.
    - States and localities would be able to apply for technical assistance from DOJ and SAMHSA if they choose to use their own funding for the program from another portion of the law enforcement budget to create a program that falls under these guidelines.

Creating mental health first responder units will help reduce violence against individuals with mental illnesses and intellectual and developmental disabilities, while also improving the safety of our communities. Mental illness is not a crime, and it's time we stop treating it as one.

For additional information, please reach out to Jessica Seigel in Rep. Porter's office:
Jessica.Seigel@mail.house.gov / ext. 5611.

DATE: April 7, 2021

TO: Homelessness Committee

FROM: Marisa Creter, Executive Director

RE: PROJECT ROOMKEY, PROJECT HOMEKEY, AND LAHSA COVID-19 RECOVERY

RECOMMENDED ACTION

For information only.

BACKGROUND

While all Project Roomkey (PRK) sites had been intended to close by April 2021, an executive order signed by President Biden on January 21 directed the Federal Emergency Management Agency (FEMA) to increase its reimbursement rate for leasing costs of such projects from 75% to 100% until September 30, 2021. In response, the County directed LAHSA and the Homelessness Initiative (HI) to report back on opportunities for "extending, renewing, and/or expanding county-contracted Project Roomkey sites." HI's report indicated that the County plans to extend the occupancy agreements for 11 of the County's 12 current sites and site closures will be distributed from June to September 2021 to ensure that PRK residents are able to safely transition to permanent or alternative interim housing. The PRK site at the Lincoln Hotel in Monterey Park, the last remaining PRK site in the San Gabriel Valley, has been extended until July 10, 2021.

On February 11, the City of Los Angeles announced that it will extend 1,200 rooms it currently has leased through this program through September and is negotiating a lease with at least one additional hotel. Some city councilmembers have called for a significantly greater expansion and on March 3, the Los Angeles City Council approved a motion that would expand Project Roomkey and explore commandeering non-cooperating hotels and motels. The motion calls for the city to formally request that FEMA provide $150 million upfront to expand the program.

City and County officials have cited FEMA's often years-long reimbursement timeline and the strained capacity of homeless service providers and nursing providers as barriers to expanding the program, even despite this 100% reimbursement rate. Given constraints on the County's ability to front fund PRK operations, the County has said it is not feasible to re-open any former PRK sites, nor contract with any new hotels/motels for PRK.

On February 23, the Board of Supervisors directed the CEO's Sacramento and Washington, D.C. advocates to support proposals that will provide upfront funding for Federal Emergency Management Agency (FEMA) reimbursement. The Board also instructed the CEO to report back in 30 days with a list of County assets providing non-congregate shelter which could potentially be funded upfront by FEMA.

The current site updates are as follows:

- 18 sites have been fully demobilized, including 5 in the San Gabriel Valley; and
- 15 sites remain in operation as PRK sites; 5 were converted to County or City Homekey Sites.

One of these PRK projects, in Hacienda Heights, will continue to operate as an interim housing site as a result of funding received by the County of Los Angeles through the State's Project Homekey program. Nine additional sites were purchased by the County through this program, and 14 others were purchased by the Cities of Los Angeles, El Monte, and Long Beach. All of these sites are planned to transition to permanent supportive housing, with the exception of one site which could be used in this way immediately. All County-owned Project Homekey sites have opened, and the two in the San Gabriel Valley are nearing full occupancy.

PROJECT ROOMKEY EXITS

LAHSA and the County are working to ensure that no PRK participants return to homelessness. Those transitioning from a PRK site will receive case management and a rental subsidy that will be available until they can increase their income to afford their rent or can receive a more permanent subsidy, depending on their level of disability. When no permanent housing is immediately available, participants can also be transitioned to other short-term stay sites. Currently, there is sufficient funding to provide this program to between 4,700 – 7,000 individuals, depending on the level of subsidy each needs.

Below is an update on the housing placements for those leaving PRK during the demobilization period for each site. The numbers below are for sites that have fully demobilized or that are in the demobilization process:

- 64% of participants placed in interim housing;
- 14% of participants placed in permanent housing;
- 4% of participants returned to the streets;
- 1% of participants exited to an institution (healthcare, criminal justice, substance abuse treatment); and
- 17% exited to other destinations, which includes unknown and deceased.

COVID-19 RECOVERY

Through the month of March, the County has seen continued decline in COVID-19 cases among and hospitalizations and deaths of people experiencing homelessness (PEH). The number of COVID-19 cases among PEH has dropped from a high of nearly 700 cases in December to 31 cases during the week of March 15 to 18 cases during the week of March 22. The Department of Health Services, along with 38 partner organizations, has been providing COVID-19 vaccinations of PEH. As of March 25, approximately 4,000 PEH have received at least one dose of a vaccine, including both sheltered and unsheltered individuals.

Prepared by: ______________________________________
Samantha Matthews
Management Analyst

Approved by: ______________________________________
Marisa Creter
Executive Director

REPORT

DATE: April 7, 2021

TO: Homelessness Committee

FROM: Marisa Creter, Executive Director

RE: LA ALLIANCE FOR HUMAN RIGHTS ET AL. V. CITY OF LOS ANGELES ET AL

RECOMMENDED ACTION

For information only.

BACKGROUND

LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. was filed in March 2020 by a group of business owners and residents called the LA Alliance for Human Rights. The Alliance claims the City and County of Los Angeles have failed to protect and provide shelter for people experiencing homelessness. The Court has ordered the City and County to find alternate shelter for people living near freeways and under freeway overpasses. In response, in June, the City and County signed a binding term sheet to provide 6,700 beds within a specified time frame, and services for five years thereafter. These beds will be primarily located in the City of Los Angeles and primarily funded by the County.

In February, a hearing was held in Skid Row in which Judge Carter, who oversees the case, criticized the slow pace of the progress in response to the lawsuit, especially in light of recent rains. He criticized longstanding policy, particularly with respect to the way these policies have affected women, people of color, and those with mental illness.

In response to this, Councilmember Mike Bonin called for the City and County to enter into a consent decree, supervised by a judge. He argued that current structures, including the Los Angeles Homeless Services Authority (LAHSA), are “structurally incapable" and not "nimble or forceful enough" to deliver the response required. If the City and County agree, this decree would end the lawsuit and provide Judge Carter with the ability to order the construction of interim housing or the provision of services.

On March 29, Los Angeles County sought to be dismissed from the lawsuit. The County contends in its motion that it already spends hundreds of millions of dollars each year on the homelessness crisis and argues that the lawsuit is not a proper forum to achieve a remedy to the problem. Judge Carter set a hearing for May 10 to deal with the motion.

Prepared by: ______________________
Samantha Matthews
Management Analyst

Approved by: *Marisa Creter*

Marisa Creter
Executive Director