



Homeless Health Advisory Committee

AGENDA

December 5, 2023

9:00 – 10:30am

[Zoom link](#)

Meeting ID: 873 8298 3336

Passcode: 124997

Time	Item—Presenter	Materials
9:00am	Welcome & Introductions — <i>Taylor Nichols, LACHC</i>	
9:05am	Ice Breaker — <i>Sarine Pogosyan, CCALAC</i>	
9:15am	CCI Street Medicine Convening Debrief — <i>Sarine Pogosyan, CCALAC</i>	
9:20am	Homeless Health Policy Updates — <i>Erika Rogers, CCALAC</i> <ul style="list-style-type: none">• Local<ul style="list-style-type: none">○ Inside Safe and Pathway Home Initiatives○ CARE Court Implementation○ L.A. Care Field Medicine Proposal• State<ul style="list-style-type: none">○ FY 2023-24 Budget○ HHIP	<ul style="list-style-type: none">• Homeless Health Policy Slides**• CARE Court Implementation Update Slides• L.A. Care Field Medicine Proposal Slides
9:45am	State Legislation 2023-2024 Session Recap — <i>Erika Rogers, CCALAC</i>	<ul style="list-style-type: none">• State Legislation Tracker**
10:00am	Policy Planning Priorities — <i>Erika Rogers & Sarine Pogosyan, CCALAC</i>	<ul style="list-style-type: none">• Jambaord Activity
10:15am	Open Discussion — <i>All</i>	
10:30am	Adjourn — <i>Taylor Nichols, LACHC</i>	

Next meeting: February 2024

Additional Resources

- [Homeless Health Advisory Committee Page](#)
- [Homeless Health Resource Page](#)

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POLICY UPDATES

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LOCAL UPDATES

LA City: Inside Safe

- Since implemented in December 2022, Inside Safe has permanently housed 255 people out of the city's estimated 46,000 PEH.
- About 1,900 people were moved into temporary motel room housing.
- Out of the \$250 million allocated for the program, Inside Safe has cost \$67,361,477 this fiscal year.

LA County: Pathway Home

- In January 2023, LA County's Board of Supervisors declared a local emergency for homelessness.
- Months later, Pathway Home was established as a county-led partnership for encampment resolution to reduce unsheltered homelessness by
 - helping people living on the streets come indoors,
 - receive supportive services, and
 - move into permanent housing.
- To date, Pathway Home has relocated 230 individuals into interim housing, removed 112 RVs from the streets, and permanently housed 24 people.

CARE Court in LA County

- Process outlined on [LA County Superior Court CARE Court website](#) for December 1 launch.
- Department of Mental Health, first responders, family members, roommates, or spouses can petition the court to start the process of enrolling someone into CARE Court
- Those petitioned can attend their private CARE Court proceedings either virtually, in person at the Norwalk courthouse, or at one of 12 county courthouses.
- Officials estimate that 4,500 people in LA County could be enrolled in CARE Court in the first year.

CARE Court in Other Counties

- Seven counties were the first to implement the CARE Act: San Diego, Orange, Glenn, Riverside, Stanislaus, Tuolumne and San Francisco
 - San Diego County: 42 petitions received
 - Orange County: 35 petitions received
 - Glenn County: 0 petitions received
 - Riverside County: 20 petitions received
 - Stanislaus County: 9 petitions received
- 7,000 - 12,000 people statewide are estimated as eligible for CARE Court

L.A. Care Field Medicine Proposal

- L.A. Care has developed a proposal for a county-wide development of Field Medicine PCPs.
- Proposal includes three types of providers:
 - Field Medicine PCP, Regional Anchor
 - Field Medicine PCP, Floating Provider
 - Street Medicine Provider Only
- Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Programs (IPP) funds to support Field Medicine PCPs.
- L.A. Care is looking for input from provider partners on proposal.
- L.A. Care is requesting data from provider partners to ensure street medicine metrics are accurately reflected to DHCS.
- Timeline to finalize proposal and begin contracting is early 2024.

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STATE UPDATES

FY 2023-24 Budget: Homelessness

The Budget invests \$3.5 billion in additional funding for homelessness programs.

- **Homeless Housing, Assistance and Prevention (HHAP):** \$1 billion
- **Behavioral Health Bridge Housing Program:** \$1.5 billion over three years
- **Behavioral Health Continuum Infrastructure Program:** \$2.2 billion over five years for the Behavioral Health Continuum Infrastructure Program
- **CalAIM Transitional Rent:** \$175.3 million
 - \$40.8 million General Fund, \$114.9 million federal funds, and \$19.6 million Medi-Cal County Behavioral Health Fund
- **Encampment Resolution Funding Grants:** \$400 million in one-time General Fund for a third round of Encampment Resolution Funding grants

FY 2023-24 Budget: Homeless Health

- **Health4All:** The budget maintains full funding to expand full-scope Medi-Cal eligibility to all income eligible adults ages 26-49 regardless of immigration status on January 1, 2024.
- **Medi-Cal Transitional Rent:** Funding to Medi-Cal plans under CalAIM community supports to allow up to six months of rent or temporary housing to eligible individuals experiencing homelessness or at risk of homelessness.
- **Community Assistance, Recovery, and Empowerment (CARE) Act:** The budget includes additional funding to support the implementation of the CARE Act, including funding for earlier implementation for Los Angeles County and to double the number of hours per participant for legal services from 20 hours to 40 hours.

HHIP

- In October 2023, CCALAC announced street medicine HHIP stipends for FQHCs and providers within LA County.
 - These stipends were made available to 18 organizations based on participation data from CCALAC's LA County Street Medicine Coordination Workgroup.
- Training and technical assistance offerings will be made available through 2025 for street medicine providers.
 - If you have requests for topics to be covered, please share them with Sarine Pogosyan at spogosyan@ccalac.org.
- CCALAC is currently mapping street medicine teams across the county. This map will be made available by February 2024. If your organization has a street medicine team, please fill out this [matrix](#) to ensure your services are reflected in this map.

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STATE LEGISLATION

Legislative Process & Timeline

If substantially amended, bill must go back to its House of Origin for concurrence of amendments

House of Origin

- Bills must be introduced by Feb.17, 2023
- Rules Committee
- Policy Committee(s)
- Appropriations (fiscal) Committee
- Floor Vote

Second House

- Rules Committee
- Policy Committee(s)
- Appropriations (fiscal) Committee
- Floor Vote

Governor's Desk

- Legislature must pass bills by Sept. 14
- Governor signs, approves without signing, or vetoes
- Governor must sign or veto bills by Oct. 14

Appropriations Committee Suspense File: any bill with a cost of over \$50K is "placed on suspense" – committee leaders and members then make strategic/fiscal/political decisions about what bills to allow to move forward or "pass" out of the committee. Suspense hearings are usually just prior to the deadline for bills to clear fiscal committees.

CARE Court

Lead Department Implementation Update

October 2023



LOS ANGELES COUNTY
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What is **CARE** Court?

Community Assistance, Recovery & Empowerment Act

New **CIVIL COURT PROCESS** established to:

- Focus counties and other local governments on serving persons with **untreated schizophrenia spectrum or other psychotic disorders**
- Provide **behavioral health and housing resources and services**
- **Protect self-determination and civil liberties** by providing legal counsel and promoting supported decision making
- **Intervene sooner** in the lives of those with multiple needs
- Ensure local governments have support while **driving accountability** for their role

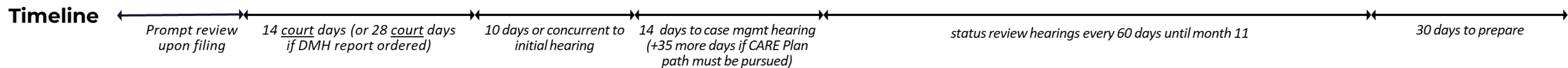
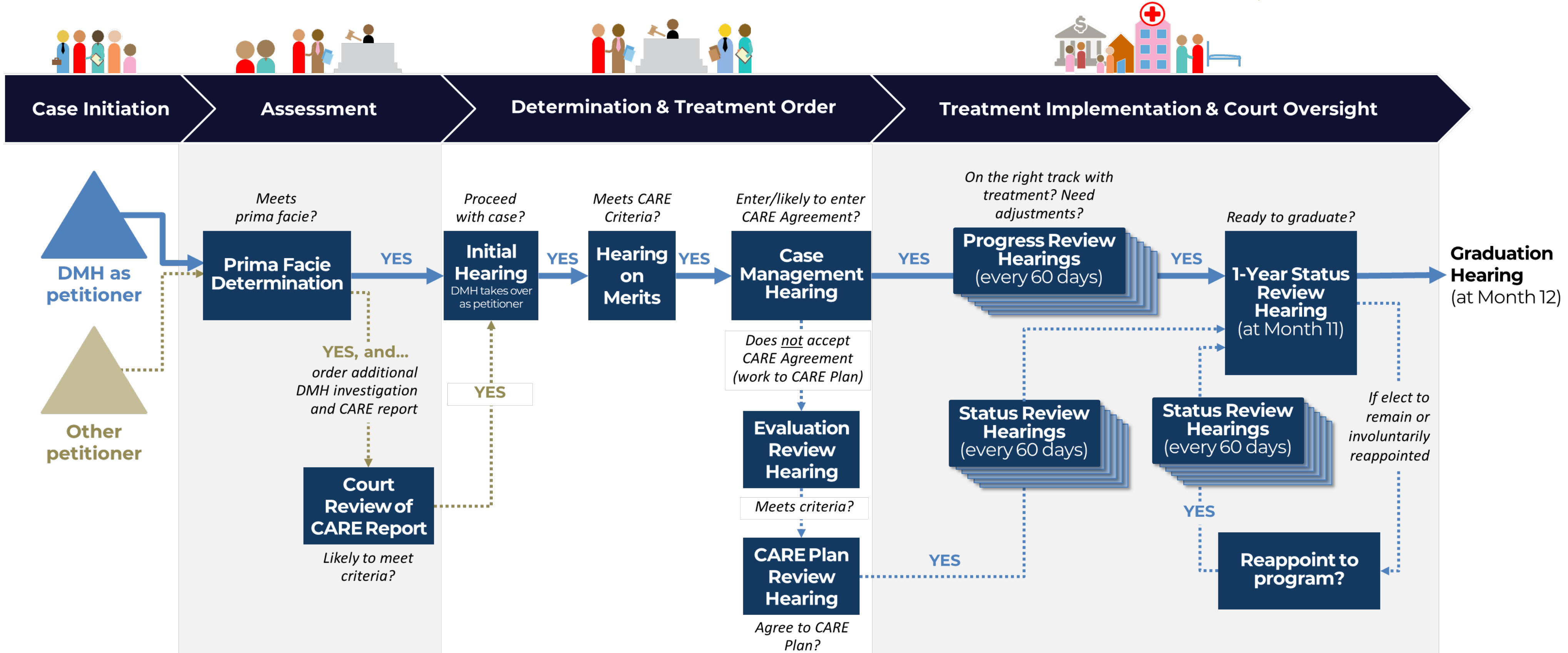
Homelessness and/or justice involvement are NOT eligibility criteria for CARE

CARE Court in LA County



LOCATION: NORWALK COURTHOUSE

— Base path
 - - - Additional steps for certain types of cases



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Program **Eligibility**



18 years or older



Has diagnosis in disorder class: Schizophrenia Spectrum and Other Psychotic Disorders



Currently experiencing behaviors & symptoms associated with severe mental illness (SMI)



Not clinically stabilized in on-going voluntary treatment



At least one of the following:

- Unlikely to survive safely without supervision and condition is substantially deteriorating
- Needs services & supports to prevent relapse or deterioration, leading to grave disability or harm to others

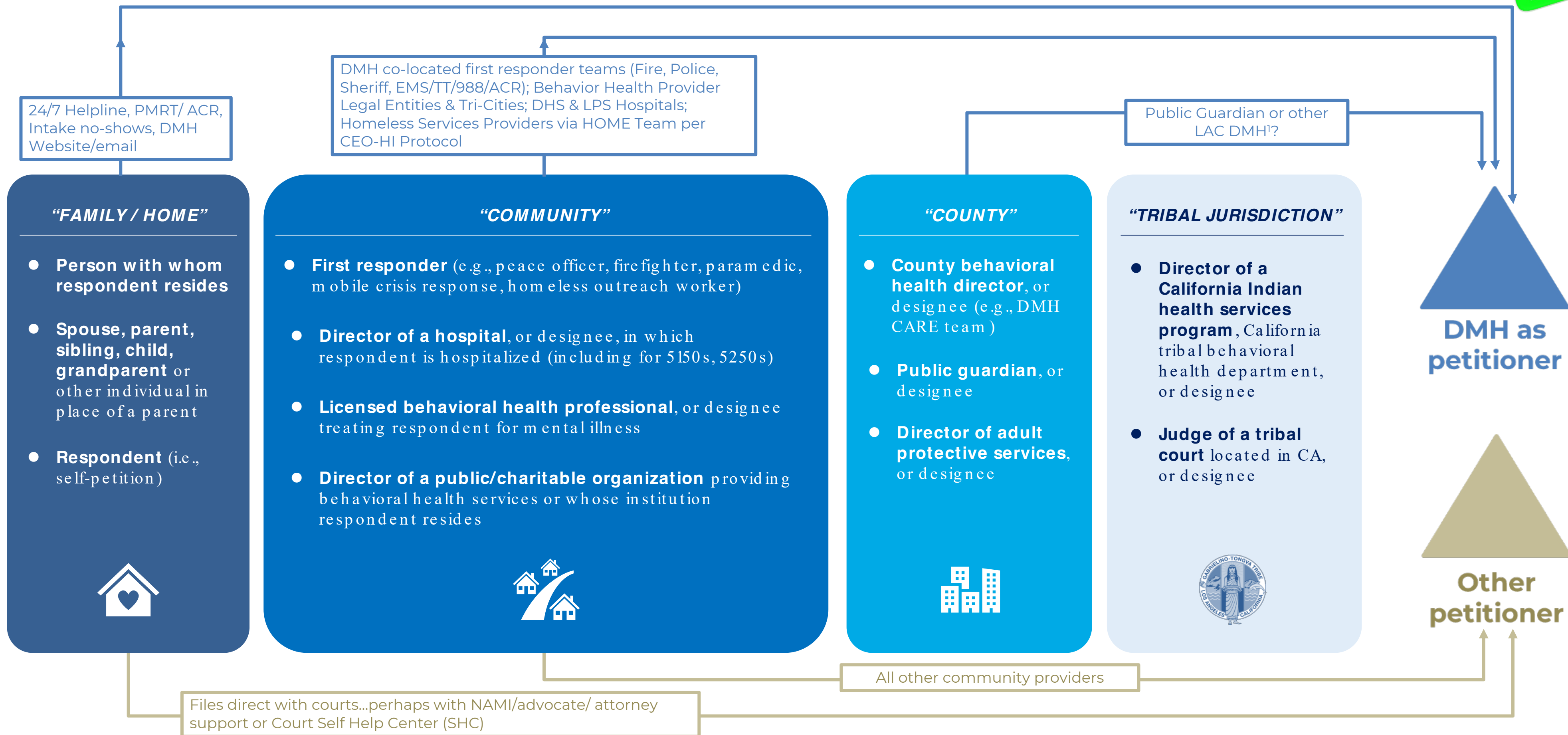


Participation in a CARE Plan or Agreement is the least restrictive alternative



Likely to benefit from participating in a CARE Plan or Agreement

Possible Referral Entry Points



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1 TBD Given recent Judicial Partners Discussion regarding suitable alternatives with LPS Cases...CoCo and Justice Partners to discuss/consider Statutory Right of OPG to file CARE Petition

Source: [Senate Bill 1338 Community Assistance, Recovery, and Empowerment \(CARE\) Court Program § 5974](#)

Filing a **Petition**

CONFIDENTIAL CARE-100

ATTORNEY OR PETITIONER WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: ATTORNEY FOR OPPOSEE:	FOR COURT USE ONLY DRAFT Not approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: CARE ACT PROCEEDINGS FOR (name):	RESPONDENT CASE NUMBER:
PETITION TO COMMENCE CARE ACT PROCEEDINGS <small>For information on completing this form, see <i>Information for Petitioners—About the CARE Act</i> (form CARE-050-INFO).</small>	

1. Petitioner (name):
is 18 years of age or older and (check all that apply):

a. <input type="checkbox"/> A person who lives with respondent. b. <input type="checkbox"/> A spouse or registered domestic partner, parent, sibling, child, or grandparent of respondent. c. <input type="checkbox"/> A person who stands in the place of a parent to respondent. d. <input type="checkbox"/> The director* of a hospital in which respondent is hospitalized. e. <input type="checkbox"/> The director* of a public or charitable organization, agency, or home (1) <input type="checkbox"/> who is or has been, within the past 30 days, providing behavioral health services to respondent; or (2) <input type="checkbox"/> in whose institution respondent resides. f. <input type="checkbox"/> A licensed behavioral health professional* who is or has been, within the past 30 days, treating or supervising the treatment of respondent.	g. <input type="checkbox"/> A first responder, including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker who has had repeated interactions with respondent. h. <input type="checkbox"/> The public guardian* or public conservator* of the county named above or a private conservator referred by the court under Welfare and Institutions Code section 5978. i. <input type="checkbox"/> The director* of the county behavioral health agency of the county named above. j. <input type="checkbox"/> The director* of adult protective services of the county named above. k. <input type="checkbox"/> The director* of a California Indian health services program or a California tribal behavioral health department. l. <input type="checkbox"/> A California tribal court judge.* m. <input type="checkbox"/> Respondent.
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* This person may designate someone else to file the petition on their behalf. If the petitioner is a designee, check this category and put designee's name in item 1, above.

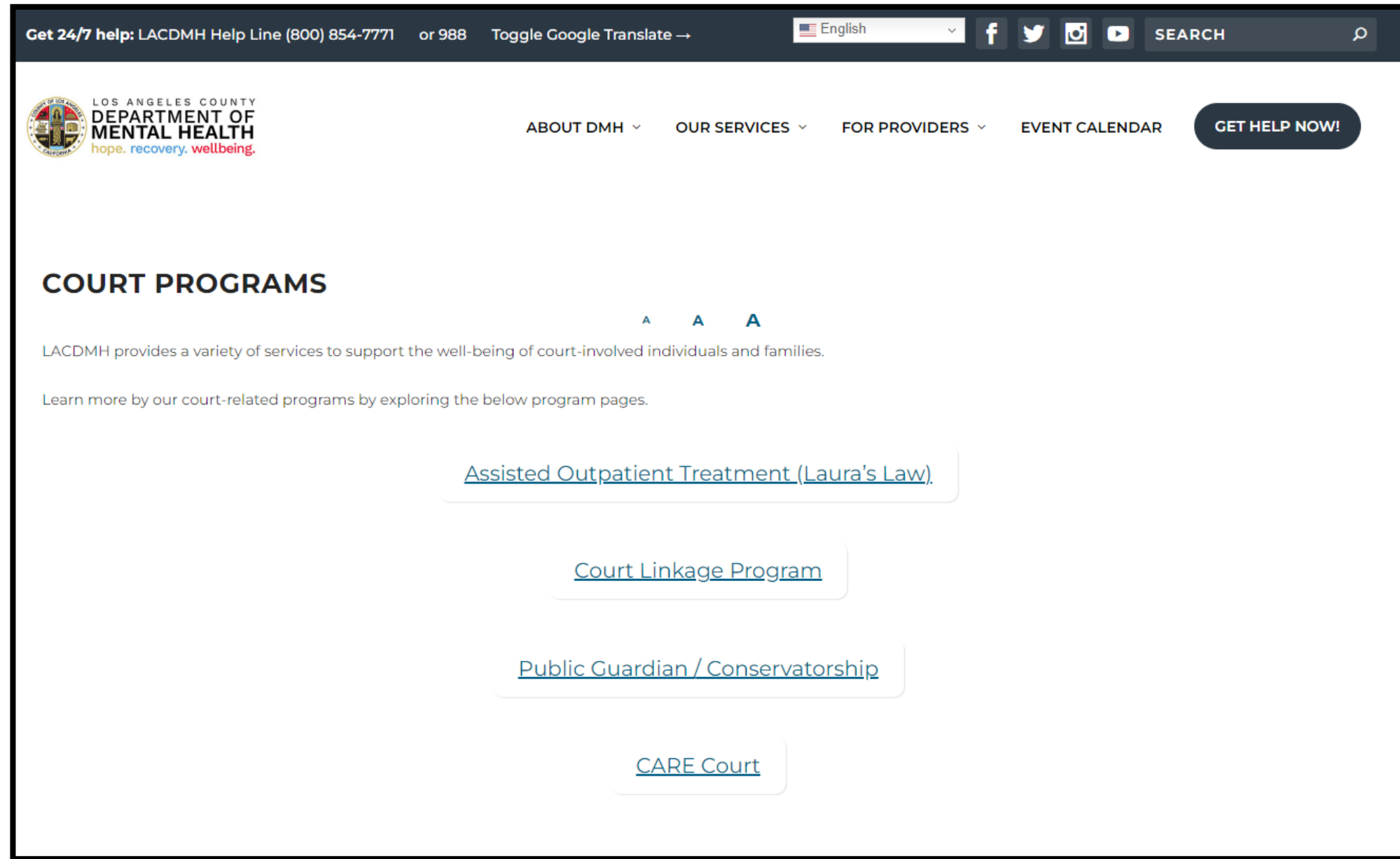
2. a. Petitioner asks the court to find that respondent (name):
is eligible to participate in the CARE Act process and to commence CARE Act proceedings for respondent.
b. Petitioner's relationship to respondent (specify and describe relationship):

- Complete petition (**CARE-100**) – remember to fill out all requested information
- Additionally, provide the required documentation:
 - Completed **Mental Health Declaration** (CARE-101) from licensed behavioral health provider
 - OR -
 - Evidence the respondent was detained for a minimum of two periods of intensive treatment (**aka WIC 5250 holds**), the most recent one within the previous 60 days

- Petitions can be **filed in-person at Norwalk and Hollywood Courthouses** and anywhere Self-Help Centers are located. Future plan to also offer e-file option.
- Help is available online and at **Self-Help Centers** located in courthouses where family law matters are heard



CARE Court: Referral Information & Links



****New updates****

<https://dmh.lacounty.gov/court-programs/>



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CARE Court: Referral Information & Links, cont'd



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ABOUT DMH ▾ OUR SERVICES ▾ FOR PROVIDERS ▾ EVENT CALENDAR GET HELP NOW!

CARE COURT INFORMATION AND RESOURCES

A A A



CARECourt

LA County Caring Together

The **Community Assistance, Recovery, and Empowerment (CARE) Court** is a [new state law](#) meant to address and treat those with severe mental health disorders, such as schizophrenia or other psychotic disorders, by allowing a court to order behavioral health treatment in community-based settings.

Web: <https://dmh.lacounty.gov/court-programs/care-court/>

Email: CARECourt@dmh.lacounty.gov

By focusing on a holistic, person-centered approach, CARE Court aims to break the cycle of homelessness and incarceration for individuals and promote long-term recovery through a civil court process. This holistic approach seeks to create a safe, supportive, and healthier community for all residents.

CARE Court is intended to be a path towards recovery for a very specific population of adults.

The goal of the program is to divert individuals with schizophrenia or other psychotic disorders from more restrictive settings (such as conservatorships or incarceration) into the community with a supportive Care Agreement or plan to meet their individual needs.

Voluntary treatment is always available and preferred to court involved/ordered treatment.

While the County of Los Angeles is part of the second legislative group/cohort, early implementation will allow us to optimize the resources and services offered across our departments during this state of emergency on homelessness and early CARE implementation.

CARE Court will begin accepting petitions on **December 1, 2023**, but help for community members does NOT have to wait. Residents and family members can access other LACDMH programs, services, and resources today through our website, calling our 24/7 Help Line at (800) 854-7771, or calling/texting the [988 Suicide & Crisis Lifeline](#).

Explore the below sections for more information about CARE Court; program details will also be posted on [L.A. Court's website](#) soon. If you have additional questions about CARE Court, email CARECourt@dmh.lacounty.gov.

HOW CARE COURT WORKS

WHO IS INVOLVED IN CARE COURT

FREQUENTLY ASKED QUESTIONS

What Is In A CARE **Agreement/Plan?**



Behavioral Health Services



Medications



Housing Resources

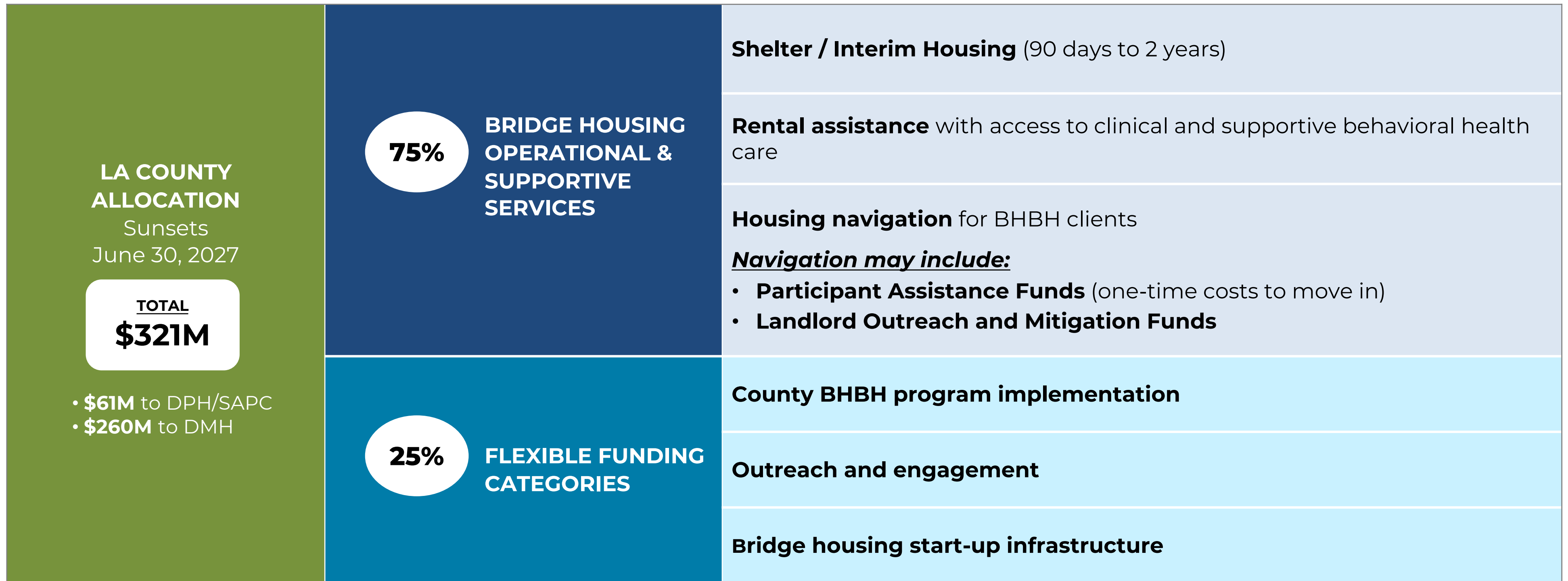


Social Services & Supports

What Is In A CARE Agreement/Plan? (Housing)

County (DMH + DPH/SAPC) Housing Strategy for CARE Court Population

LA County Proposal for Behavioral Health Bridge Housing (BHBH) Program Funding - Round 1



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CARE Court: Equity in Access with Technology

- LA Superior Court, DMH, and Mental Health Advocacy Services have MOU drafted to support Care Court participants with mutual on-site staffing in **Self Help Center** (SHC) at Norwalk Courthouse
- SHC will use **permanent/fixed private work pods** (site prep complete, delivery and install pending) to assist community members via video and/or Microsoft Teams to link legal and/or DMH personnel in real time
- SHCs are located in **10 courthouses across LA County**: Antelope Valley, Central (S.Mosk), Chatsworth, Compton, Long Beach, Pasadena, Pomona, Torrance, Whittier, and Van Nuys.
- Additionally, SHC operates a **Call Center** (Monday-Friday)



<https://www.steelcase.com/research/articles/topics/workplace/designing-with-pods/> **Illustrative for concept only**



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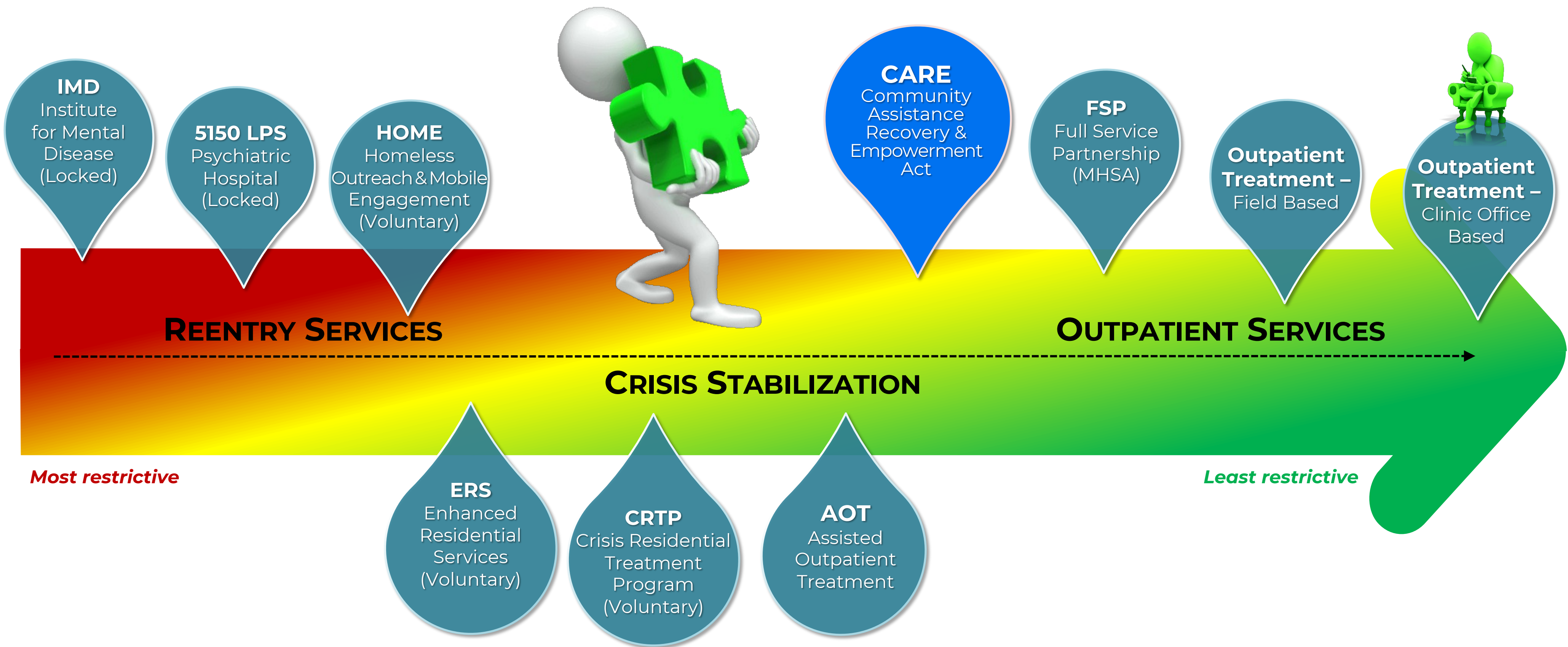
CARE Court: Access, Technology and Hiring

- CARECourt@dmh.lacounty.gov email and [website](#) updates reference Court Programs, including links to Superior Court and state resources
- DMH Care Court Team members available at Norwalk Court and SHC to assist with program questions and referrals/resources
- DMH coordinating with Court partners and hiring campaigns are happening NOW!



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What Other **DMH** Programs Are Available?



Most restrictive

Least restrictive

HELP for a community member does not have to wait—please share the info below—available now..

Talk with us.



<https://dmh.lacounty.gov/988-information/>

Multi-lingual service referrals, emotional support, and mental health resources available 24/7 at LACDMH Help Line

(800) 854-7771

Proposal for a County-Wide Field Medicine Program

Prepared for the Community Clinic Association of Los Angeles County



L.A. Care
HEALTH PLAN®

For All of L.A.

02 November 2023

L.A. Care's Field Medicine framework delivers critical access & a true medical home

L.A. Care has developed a proposal for a county-wide deployment of Field Medicine providers to ensure members experiencing homelessness have access to the same level of care as any other member

Field Medicine

vs.

Street Medicine Only

- **Street Medicine:**

- *Basic clinical and social services*
- *Delivered on foot in a member's lived environment*

- **Longitudinal, complex primary care**

- *Full suite of primary care services*
- *Delivered on foot, in mobile clinics, and in brick-and-mortar settings*

- **Coordinated specialty referrals within a defined network**

- **Care team serves members in the street, in shelters, and in temporary housing**



Street Medicine:

- Basic clinical services
- Connection to social services (Housing navigation, ECM)
- Delivered on foot in a member's lived environment only and does not include services in shelters and temporary housing, but is sometimes supported via mobile van or other vehicle that the provider can bring directly to the member
- Limited ability to provide complex primary care services
- Limited ability to coordinate specialty care



Our framework is grounded in support for providers to expand ongoing efforts

- Coordinated, county-wide deployment of comprehensive services for members experiencing homelessness
- The foundation is L.A. Care's existing network of primary care providers who are already serving this population, designating them as "Field Medicine Primary Care Providers"
- Targeted investment of HHIP and IPP funds to build the capabilities our "Field Medicine Primary Care Providers" will need to effectively take on member assignment for members experiencing homelessness under existing primary care contracts
- Deployment of Street Medicine services to both provide members with in-the-moment access to care with any Street Medicine provider they encounter, and also, *specifically supporting and facilitating full primary care assignment*
- Network includes both designated regional anchors to ensure county-wide coverage, as well as floating providers to offer our members choice



We propose the development of a robust, county-wide network of Field Medicine PCPs

Service Standards	Core Capabilities
Street Medicine	<ul style="list-style-type: none"> Provides basic clinical services and connection to social services in the member's lived environment
Provide longitudinal primary care services	<ul style="list-style-type: none"> Provide long-term access to a consistent care team in/near the member's lived environment Provide that care on the street, in a mobile unit on a regular schedule and/or in a brick-and-mortar facility
Provide care management and social services alongside primary care services	<ul style="list-style-type: none"> Connect members to complex care management Enroll members in and provide Enhanced Care Management (ECM) Enroll members in and provide housing services Enroll members in other Community Supports as applicable
Connect members to specialty care	<ul style="list-style-type: none"> Provider referrals to existing specialty network Ensure in-person member access in/near the member's lived environment via street team, mobile unit and/or brick-and-mortar facility
Access and document clinical information	<ul style="list-style-type: none"> Access to clinical member information Document clinical visits Preference for data sharing capabilities with Health Information Exchanges
Serve people experiencing homelessness as well as people shelters and temporary housing	<ul style="list-style-type: none"> Provide access to consistent care team for members experiencing homelessness, and follow those who transition to shelters and short term housing



This proposal includes three types of providers...

Provider Type	Description
Field Medicine PCP <i>Regional Anchor</i>	<ul style="list-style-type: none">• <u>Provides full suite of Field Medicine services</u>, including Street Medicine and FM-PCP services as well as connection to social services (housing navigation and ECM)• Is anchored in, and responsible for, a particular geography within Los Angeles County• Provides care via street teams, mobile units and/or brick-and-mortar facilities located within the region• Acts as the default FM-PCP for any given region within Los Angeles County to make sure there is full, county wide coverage
Field Medicine PCP <i>Floating Provider</i>	<ul style="list-style-type: none">• <u>Provides full suite of Field Medicine services</u>, including Street Medicine and FM-PCP services as well as connection to social services (housing navigation and ECM)• Is NOT anchored to a particular region and instead operates in various regions county-wide based on provider preference and community need• Provides care via street teams and mobile units
Street Medicine Provider Only	<ul style="list-style-type: none">• Provides Street Medicine services only under direct Street Medicine contract with Managed Care Plans• Must provide connection to social services (housing navigation and ECM)• Must refer to FM-PCP for services beyond Street Medicine alone



...and deliberately balances up-front access with connection to a medical home

Street Medicine Only

Primary Care Assignment IS NOT Required

- Any provider can provide direct services to any unhoused member they encounter
- Serve members on foot in their lived environment
- Providers are required to also offer ECM and housing services
- Payment via FFS for non-FQHC providers or services supported via HHIP funding outside PPS structure for FQHCs
- Presumptive authorization for 6 months of service, reauthorization or member assignment required after 6 months

Field Medicine Primary Care

Primary Care Assignment IS required

- In most cases, Field Medicine Primary Care providers will be the same as the Street Medicine providers in the column to the left
- Once member is assigned, these providers assume responsibility for full scope of primary care services, including connection to specialty care within their existing network
- Members receive services from providers on-foot in their lived environment, in mobile units, and in brick-and-mortar facilities
- Provider serve members on the street, in shelters, and in temporary housing
- Providers are paid via existing L.A. Care primary care contracts, augmented with multi-year HHIP investments

Includes Street
Medicine services



We propose directed support for Field Medicine PCPs through HHIP and IPP funds

In order to support Field Medicine Primary Care services, we propose the use of HHIP & IPP funds to support providers who want to serve our members as Field Medicine Primary Care provider - either as regional anchors or floating providers

- Capacity to connect members to both primary and specialty care, either through transportation options to nearby brick-and-mortar clinics or through development of mobile capabilities
- Incentives to encourage providers to deliver Street Medicine services
- Incentives to encourage FM-PCPs to take on PCP assignment for unhoused individuals
- Delivery of both clinical and social services, especially ECM and housing navigation services
- Support meeting quality metrics for newly assigned members
- Adoption of standardized IT tools for data tracking
- Ability to provide care to members who transition to shelters or short-term housing



In order for this to be successful, we need input from our provider partners

Questions for Co-Design session

What key capabilities do providers need in order to take primary care assignment for people experiencing homelessness?

- a. Of these, what capabilities do providers currently have? What would providers need to serve additional individuals as an assigned PCP?
- b. Of these, what capabilities do providers need that they don't currently have?
- c. What do providers need in order to serve individuals in shelters and transitional housing?

Which providers are best suited to participate as Field Medicine PCP - Regional Anchors? Which regions?

Which providers are best suited to participate as Field Medicine PCP – Floating Providers? What is the coverage area?

Which providers are best suited to participate as Street Medicine Providers only?

How do providers propose referrals should work from Street Medicine Providers to Field Medicine PCPs when individuals need services beyond what Street Medicine only providers can deliver?





L.A. Care
HEALTH PLAN®

For All of L.A.

Homeless Health Advisory Committee

[AB 49](#)

(Soria D) Affordable housing.

Status: 5/5/2023-Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 12/5/2022)
(May be acted upon Jan 2024)

Location: 5/5/2023-A. 2 YEAR

2 year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: This bill would express the intent of the Legislature to enact legislation that would increase the supply of affordable housing and reduce homelessness.

CCALAC Position
Watch

CCALAC Staff Lead(s)
Erika Rogers

[AB 85](#)

(Weber D) Social determinants of health: screening and outreach.

Last Amend: 9/8/2023

Status: 10/7/2023-Vetoed by Governor.

Location: 10/7/2023-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: This bill would require health plans to provide coverage for screenings related to social determinants of health. It would also authorize the departments of Managed Health Care and Insurance to adopt guidance to implement its provisions and require primary care providers to have access to community health workers. Additionally, it would require the Medi-Cal program to provide coverage for social drivers of health screenings and the Department of Health Care Access and Information to convene a working group to create a model for connecting patients with community resources. The bill would also require the working group to submit a report to the Legislature with recommendations related to social determinants of health.

CCALAC Position
Support

CCALAC Staff Lead(s)
Erika Rogers

[AB 257](#)

(Hoover R) Encampments: penalties.

Last Amend: 2/23/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was PUB. S. on 2/2/2023)
(May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

Desk	2 year	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Under current law, a person who lodges in a public or private place without permission is guilty of disorderly conduct, a misdemeanor. Current law also provides that a person who willfully and maliciously obstructs the free movement of any person on any street, sidewalk, or other public place is guilty of a misdemeanor. This bill would prohibit a person from camping, as defined, in a street, sidewalk, or other public property within 500 feet of a school, daycare center, playground, or youth center.

CCALAC Position
Watch

CCALAC Staff Lead(s)
Erika Rogers

[AB 1085](#)

(Maienschein D) Medi-Cal: housing support services.

Last Amend: 9/8/2023

Status: 10/7/2023-Vetoed by Governor.

Location: 10/7/2023-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: This bill requires the Department of Health Care Services (DHCS) to create a Medi-Cal benefit to cover housing support services for people experiencing or at risk of homelessness once DHCS has begun an evaluation of the CalAIM program and the Legislature has appropriated money for this purpose.

CCALAC Position
Watch

CCALAC Staff Lead(s)
Erika Rogers

[AB 1215](#) (Carrillo, Wendy D) Pets Assistance With Support Grant Program: homeless shelters: domestic violence shelters: pets.

Last Amend: 9/8/2023

Status: 10/7/2023-Vetoed by Governor.

Location: 10/7/2023-A. VETOED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: AB 1215 would re-establish the Pet Assistance with Support (Paws) Program to award grants to homeless shelters and domestic violence shelters, for food and basic veterinarian services for pets owned by people experiencing homelessness or escaping domestic violence. Sponsored by Humane Society of the United States, Los Angeles Homeless Service Authority (LAHSA), and People Assisting the Homeless (PATH).

CCALAC Position
Watch

CCALAC Staff Lead(s)
Erika Rogers

[AB 1738](#) (Carrillo, Wendy D) Mobile Homeless Connect Pilot Program.

Last Amend: 6/15/2023

Status: 9/14/2023-Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/12/2023)(May be acted upon Jan 2024)

Location: 9/14/2023-S. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	2 year	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Requires the Department of Motor Vehicles to establish the Mobile Homeless Connect Pilot Program in specified areas to assist persons experiencing homelessness with obtaining an identification card.

CCALAC Position
Watch

CCALAC Staff Lead(s)
Erika Rogers

[SB 31](#) (Jones R) Encampments: sensitive areas: penalties.

Last Amend: 3/22/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was PUB. S. on 1/18/2023) (May be acted upon Jan 2024)

Location: 4/28/2023-S. 2 YEAR

Desk	2 year	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would prohibit a person from sitting, lying, sleeping, or storing, using, maintaining, or placing personal property upon any street, sidewalk, or other public right-of-way within 1000 feet of a sensitive area, as defined. The bill would specify that a violation of this prohibition is a public nuisance that can be abated and prevented, as provided. The bill would also provide that a violation of the prohibition may be charged as a misdemeanor or an infraction, at the discretion of the prosecutor. The bill would prohibit a person from being found in violation of the bill's provisions unless provided notice, at least 72 hours before commencement of any enforcement action, as provided. By imposing criminal penalties for a violation of these provisions, this bill would impose a state-mandated local program.

CCALAC Position
Watch

CCALAC Staff Lead(s)
Erika Rogers

[SB 37](#) (Caballero D) Older Adults and Adults with Disabilities Housing Stability Act.

Last Amend: 3/13/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/8/2023)(May be acted upon Jan 2024)

Location: 5/19/2023-S. 2 YEAR

Desk	Policy	2 year	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: SB 37 will create a targeted housing stabilization program that will prevent and solve homelessness for many thousands of older adults and people living with disabilities. Sponsored by Corporation for Supportive Housing (CSH), Justice in Aging, LeadingAge California, California State Council on Developmental Disabilities, and United Way of Greater Los Angeles.

CCALAC Position
Watch

CCALAC Staff Lead(s)
Erika Rogers

SB 282

(Eggman D) Medi-Cal: federally qualified health centers and rural health clinics.

Last Amend: 3/13/2023

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/16/2023)(May be acted upon Jan 2024)

Location: 9/1/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	2 year	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: This bill would allow FQHCs to bill Medi-Cal for two visits if a patient is provided mental health visit and primary care visit on the same day whether through a face-to-face or telehealth-based encounter. The bill would require DHCS to submit a state plan amendment to CMS by July 1, 2024 reflecting these provisions. Co- Sponsored by the CA Association of Public Hospitals.

CCALAC Position
Support

CCALAC Staff Lead(s)
Erika Rogers

SB 326

(Eggman D) The Behavioral Health Services Act.

Last Amend: 9/8/2023

Status: 10/12/2023-Approved by the Governor. Chaptered by Secretary of State. Chapter 790, Statutes of 2023.

Location: 10/12/2023-S. CHAPTERED

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would, If approved by the voters at the March 5, 2024, statewide primary election, recast the Mental Health Services Act (MHSA) by, among other things, renaming it the Behavioral Health Services Act (BHSA), expanding it to include treatment of substance use disorders, changing the county planning process, and expanding services for which counties and the state can use funds. The bill would revise the distribution of MHSA moneys, including allocating up to \$36,000,000 to the department for behavioral health workforce funding. The bill would authorize the department to require a county to implement specific evidence-based practices. This bill would require a county, for behavioral health services eligible for reimbursement pursuant to the federal Social Security Act, to submit the claims for reimbursement to the State Department of Health Care Services (the department) under specific circumstances. The bill would require counties to pursue reimbursement through various channels and would authorize the counties to report issues with managed care plans and insurers to the Department of Managed Health Care or the Department of Insurance.

CCALAC Position
Watch

CCALAC Staff Lead(s)
Erika Rogers

SB 352

(Padilla D) California Workforce Development Board: minimum wage and housing.

Last Amend: 3/29/2023

Status: 5/19/2023-Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/8/2023)(May be acted upon Jan 2024)

Location: 5/19/2023-S. 2 YEAR

Desk	Policy	2 year	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: Would require the California Workforce Development Board, in conjunction with the Secretary of Labor and Workforce Development and the Director of Housing and Community Development, to examine housing costs by county, regionally, and in the state and create a formula to ascertain how much a household with at least one full-time minimum wage worker must earn to reasonably afford a decent standard of living, including appropriate housing and basic expenses, including nonhousing necessities, in that county, regionally, and in the state. The bill, commencing in 2024, would also require the California Workforce Development Board to recommend to the Legislature by December 15 of each year the minimum wage for a household with at least one full-time minimum wage earner to afford a decent standard of living, including appropriate housing and basic expenses, including nonhousing necessities, in each county, regionally, and in the state and recommend a method to annually adjust figures to account for housing cost inflation and inflation broadly.

CCALAC Position
Watch

CCALAC Staff Lead(s)
Erika Rogers,
Lily Dorn

SB 491

(Durazo D) Public social services: county departments: mail programs.

Last Amend: 7/3/2023

Status: 9/1/2023-Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/16/2023)(May be acted upon Jan 2024)

Location: 9/1/2023-A. 2 YEAR

Desk	Policy	Fiscal	Floor	Desk	Policy	2 year	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Summary: This bill would require a county to develop and implement a program for unhoused Californians to receive and pick-up all government-related mail at a county department of social services office. The bill would define what qualifies as government-related mail. CPCA Supports. Sponsored by Western Center on Law and Poverty and the Coalition of California Welfare Rights Organizations.

**CCALAC
Position**
Support

**CCALAC Staff
Lead(s)**
Erika Rogers

Total Measures: 12
Total Tracking Forms: 12