

Time	Agenda Item - Presenter	Materials	Action
10:30am	Welcome & Code of Conduct – <i>Mary MacAdam, Clínica Monseñor Oscar A. Romero</i>		A
10:35am	Introductions & Ice Breaker – <i>Sarine Pogosyan, CCALAC</i>		D
10:40am	Homeless Health Policy Updates – Erika Rogers, CCALAC <ul style="list-style-type: none"> County <ul style="list-style-type: none"> ECRC Update Measure A State <ul style="list-style-type: none"> FY 2025-26 Legislation Wrap-Up Care Court Federal <ul style="list-style-type: none"> Government Shut Down EO on Homelessness & Mental Health 	<ul style="list-style-type: none"> Homeless Health Policy Update Slides ECRC Contacts & One-Pager Homeless Health Legislation Tracker 	I/D
11:00am	Revising CCALAC's Homeless Health Principles – All		I/D
11:25am	Future Meeting Topics – All		I/D
11:30am	Adjourn – <i>Mary MacAdam, Clínica Monseñor Oscar A. Romero</i>		A

Next Meeting: Tuesday, February 24 at 10:30am-12:00pm

2026 Meetings: February 24, May 19, August 25, November 17

Resources:

[Homeless Health Resources](#)

[CCALAC Training Center](#)



CCALAC
Community Clinic Association
of Los Angeles County

Homeless Health Peer Network

November 4, 2025

Member Driven. Patient Focused.



Code of Conduct: Highlights

- To participate actively in membership meetings and actions.
- To attend meetings on time and silence electronic devices.
- To be present and to listen carefully, open-mindedly and respectfully to my colleagues.
- To be attentive, to respect the opinions of my fellow members and assure that all members have the opportunity to speak and be heard.
- To speak the truth while being mindful of the impact of my words – speak for my organization or myself.
- To be flexible, respect different perspectives and practice empathy for others.
- To speak succinctly to further the membership discussion and self-govern the frequency and length of comments.



Icebreaker

Introduce yourself! Share your name, title, and organization
If you were not working today, how would you spend your day?



CCALAC
Community Clinic Association
of Los Angeles County

LA County Issues

- In September 2024, the LA County Board of Supervisors approved a motion to create the Emergency Centralized Response Center (ECRC) to manage homeless services for LA County and its 88 cities.
- ECRC oversees daily operations for more than 150 outreach teams serving unsheltered individuals and families across the county.
- It coordinates and supports homeless outreach and encampment resolution efforts, including Inside Safe, Pathway Home, and other city-level initiatives.
- ECRC quickly links outreach teams, cities, and other entities to LA County services.
- ECRC is an in-person facility where multiple county departments consult on available resources at once, including DMH, DHS, LAHSA, MVA, LASD, DPSS, and SAPC.
- Direct referrals to ECRC come only from Council Offices, Street Outreach teams, and Field Medicine providers.
- The general public continues to access services through LAHOP.

CEO. ECRC – FACTS:

Background Of ECRC:

- LA County Board Motion adopted in September 2024 to immediately create ECRC in one location.
- Serve the needs of unsheltered individuals by centralizing access to available resources and identifying the most appropriate interventions.
- Enhance coordination and communication among outreach teams operating within LA County and its 88 cities and 120 unincorporated areas.
- Respond to weather events, natural disasters, etc. to ensure the safety of the unsheltered.

What Is ECRC:

A centralized coordinating entity to:

- Oversee outreach efforts for unsheltered individuals in LA County.
- Support planned encampment efforts.
- Respond to inquiries from partners about encampments/and unsheltered individuals.
- Assist outreach teams in meeting the needs of their clients and provide linkages to County and other services.

Functions:

- Triage calls and emails from elected officials and government agencies regarding encampments and people experiencing homelessness.
- Coordinate outreach efforts across the wide range of agencies serving people who are unsheltered.
- Respond to emergencies that impact the unsheltered population, including natural disasters.
- Support with quick access to interim housing and other County resources.

ECRC Goals & Objections:

Coordination:

- Centralize coordination and support for outreach and planned encampment resolution efforts.

Information & Updates:

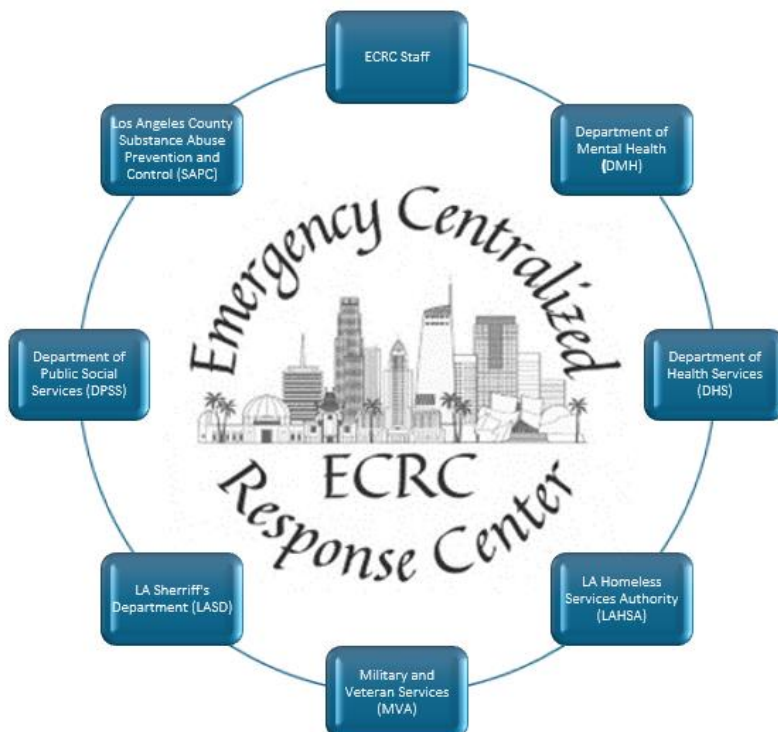
- Produce real-time updates for partners on encampments or unsheltered individuals.

Emergency Response:

- Support emergency response efforts for people experiencing unsheltered homelessness during crisis events.

Connections & Linkages:

- Support outreach teams to connect unsheltered individuals to interim housing and county services such as substance use and mental health treatment, support in accessing benefits and income, etc.



CEO. ECRC – STAFF:

SPA and SD Assignments and Contacts

General Inquiries: You may contact all ECRC staff via the shared inbox at
ECRC@ceo.lacounty.gov

Elizabeth Boyce | Senior Manager
EBoyce@ceo.lacounty.gov

Donald Holt | Principal Analyst
DHolt@ceo.lacounty.gov

Claudia Guillen | Management Secretary III
CGuillen@ceo.lacounty.gov

SPAs 1 & 2

- **Senior Analyst: Lisa Speights**
LSpeights@ceo.lacounty.gov
- **Analyst: Joshua Chung**
JoChung@ceo.lacounty.gov

SPAs 4 & 5

- **Senior Analyst: Richy Meyers**
RMeyers@ceo.lacounty.gov
- **Analyst: Jenifer Martinez**
JMartinez@ceo.lacounty.gov

SPAs 3 & 7

- **Senior Analyst: Marisol Barroso**
MBarroso@ceo.lacounty.gov
- **Analyst: Fofo Alesana**
FAlesana@ceo.lacounty.gov

SPAs 6 & 8

- **Senior Analyst: Josh Steinberger**
JSteinberger@ceo.lacounty.gov
- **Analyst: Viron Vargas**
VVargas@ceo.lacounty.gov

HOST

- **Senior Analyst: Yesenia Ortega**
MOrtega@ceo.lacounty.gov
- **Analyst: Tyler Ladzinski**
TLadzinski@ceo.lacounty.gov



ECRC – Outreach Coordination Meetings:

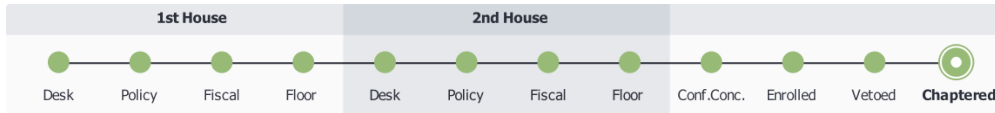
- SPA 1 – 4th Thursday of the month – (8:30-9:30 am) - next meeting on 8/28/2025
- SPA 2 – 1st Thursday of the month – (1:00-2:00 pm) - next meeting on 9/4/2025
- SPA 3 – 3rd Thursday of the month – (2:00-3:00 pm) - next meeting on 8/21/25
- SPA 4 – 1st Wednesday of the month – (9:30 -10:30 am) - next meeting on 9/3/25
- SPA 5 – 3rd Wednesday of the month – (1:00 - 2:00 pm) - next meeting on 8/20/25
- SPA 6 – 4th Tuesday of the month – (1:30-2:30 pm) – next meeting on 8/26/2025
- SPA 7 – 4th Thursday of the month – (2:00 - 3:00 pm) - next meeting on 8/28/25
- SPA 8 – 1st Wednesday of the month – (2:00-3:00 pm) next meeting on 9/3/2025

AB 543

González, Mark, D

HTML

PDF

Medi-Cal: field medicine.**Progress bar****Tracking form**

CCALAC Position	CCALAC Staff Lead(s)
Watch	Erika Rogers

Bill information

Status: 10/06/2025 - Chaptered by Secretary of State - Chapter 374, Statutes of 2025

Summary: This bill would establish a presumptive eligibility (PE) program for people experiencing homelessness and improve data sharing on the homelessness status of Medi-Cal enrollees between DHCS and CalSAWS. It also includes provisions to support street medicine providers in making referrals for specialty care and other services. Recent amendments address previous gaps by improving communication and information sharing within the Medi-Cal managed care structure to better support the delivery of care through street medicine. (Based on bill dated 6/23/25)
Co-Sponsors: California Street Medicine Collaborative and USC

Location: 10/06/2025 -
Assembly CHAPTERED

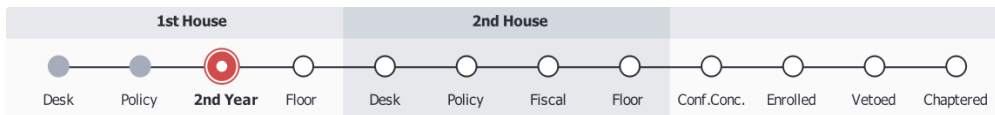
Last Amend: 09/05/2025

AB 804

Wicks, D

HTML

PDF

Medi-Cal: housing support services.**Progress bar****Tracking form**

CCALAC Position	CCALAC Staff Lead(s)
Support	Erika Rogers

Bill information

Status: 05/23/2025 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/30/2025)(May be acted upon Jan 2026)

Summary: This bill would make housing support services a covered Medi-Cal benefit for people experiencing or at risk of homelessness, contingent on federal approval and state funding. It includes assistance with securing housing, move-in costs, and ongoing tenancy support to improve housing stability and health outcomes. (Based on bill dated 2/18/25)

Location: 05/23/2025 - Assembly 2 YEAR

SB 27

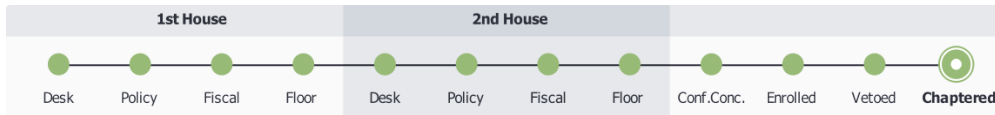
Umberg, D

[HTML](#)

[PDF](#)

Community Assistance, Recovery, and Empowerment (CARE) Court Program.

Progress bar



Tracking form

CCALAC Position	CCALAC Staff Lead(s)
Watch	Erika Rogers

Bill information

Status: 10/10/2025 - Approved by the Governor. Chaptered by Secretary of State. Chapter 528, Statutes of 2025.

Summary: The bill broadens who can enter CARE Court and seeks to make the process more efficient by giving counties and judges clearer guidance on managing cases. It expands eligibility to include people with psychotic symptoms from bipolar disorder, in addition to those with schizophrenia or other limited psychotic disorders. The bill also combines two early court hearings into one to reduce participants' time in court and save administrative resources, allows people charged with a crime and deemed incompetent to stand trial to be referred directly into CARE Court, and addresses inefficiencies by incorporating feedback from counties on what is working and what is not.
(Based on bill dated 10/10/25)

Location: 10/10/2025 -
Senate CHAPTERED

Last Amend: 09/02/2025

SB 324

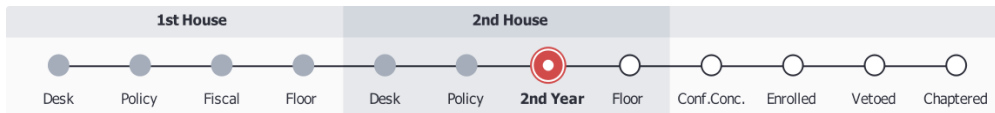
Menjivar, D

[HTML](#)

[PDF](#)

Medi-Cal: enhanced care management and community supports.

Progress bar



Tracking form

CCALAC Position	CCALAC Staff Lead(s)
Support	Erika Rogers

Bill information

Status: 08/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/20/2025)(May be acted upon Jan 2026)

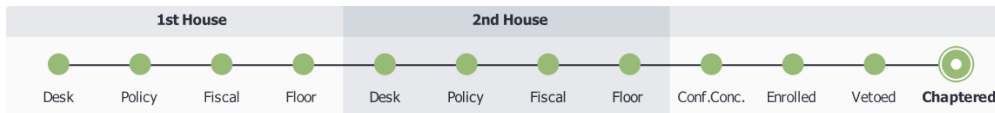
Summary: This bill would require Medi-Cal managed care plans to prioritize contracting with community providers for Enhanced Care Management (ECM) and community supports, such as housing transition services and medically supportive food, when those providers are available and experienced. Existing law, under the CalAIM initiative, allows Medi-Cal to offer ECM and community supports to high-need populations, including people experiencing homelessness and frequent hospital utilizers. (Based on bill dated 7/3/2025) Co-Sponsors: Medi-Cal CBO Coalition (sponsor), California Association of Nonprofits, Corporation for Supportive Housing, Institute on Aging, and more.

Location: 08/28/2025 - Assembly 2 YEAR **Last Amend:** 07/03/2025

[SB 634](#) [Pérez, D](#) [HTML](#) [PDF](#)

Local government: homelessness.

Progress bar



Tracking form

CCALAC Position	CCALAC Staff Lead(s)
Watch	Erika Rogers

Bill information

Status: 10/10/2025 - Approved by the Governor. Chaptered by Secretary of State. Chapter 521, Statutes of 2025.

Summary: This bill would prohibit a local jurisdiction or state agency from adopting or enforcing any regulations that impose civil or criminal penalties, such as jail time or fines, on a person who is homeless for any act related to homelessness and/or their basic survival, as well as on a person assisting someone who is homeless. (Based on bill dated 6/24/25)

Location: 10/10/2025 - Senate CHAPTERED **Last Amend:** 06/24/2025

Total Measures: 5

Total Tracking Forms: 5



Measure A Town Hall

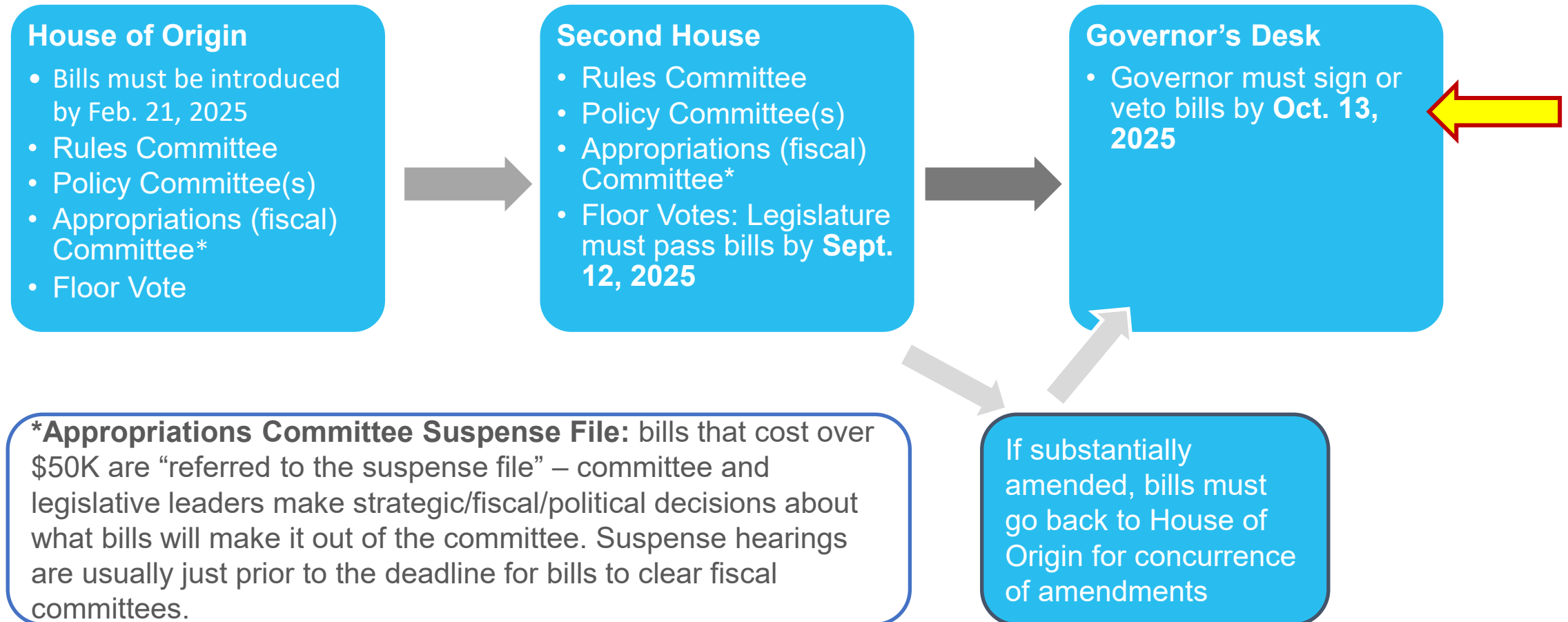
- LA County Department of Homeless Services and Housing will host a virtual Measure A town hall on Thursday, November 13, 2025, at 10:00am.
- Director Sarah Mahin will present the draft FY 2026–27 Measure A Spending Plan and outline the proposed program categories and funding allocations, followed by a Q&A and discussion. Register [HERE](#)



CCALAC
Community Clinic Association
of Los Angeles County

State Issues

State Legislation Process & Key Dates





- [AB 1113 \(Gonzalez\): Federally qualified health centers: mission spend ratio](#) - Held in Assembly Appropriations, two-year bill
- [AB 1460 \(Rogers\): Prescription drug pricing](#) - Held in Senate Health, two-year bill
- [AB 688 \(González\): Telehealth for All Act of 2025](#) - Signed
- [AB 543 \(González\): Medi-Cal: street medicine](#) - Signed
- [AB 554 \(González\): Health care coverage: antiretroviral drugs, drug devices, and drug products](#) - Vetoed
- [SB 81: Health and care facilities: information sharing](#) - Signed
 - [CPCA implementation guidance](#)

View the status of all bills CCALAC is monitoring [here](#).

AB 543 Implementation

- This bill would establish presumptive eligibility (PE) for people experiencing homelessness, introduce a homeless identifier code to facilitate DHCS and CalSAWS sharing of data on homelessness, and prohibit MCPs and their delegates from denying care based solely on network assignment.
- Previous amendments address the reasons for our opposition through requiring communication and information sharing within the Medi-Cal managed care infrastructure to better support the delivery of care through street medicine and support the role and responsibilities of assigned primary care providers.
- DHCS will need to provide clear guidance on the implementation of the bill. At the next HHPN meeting, Brett Feldman (USC Street Medicine) will present on the bill's clinical application.

SB 27: Care Court Program

Broadens who can enter CARE Court and attempts to make the process more efficient, while giving counties and judges more guidance on managing cases

- Expands CARE Court eligibility to include people with psychotic symptoms from bipolar disorder, in addition to those with schizophrenia or other limited psychotic disorders
- Combines two early court hearings into one to reduce participants' time in court and save administrative resources
- Allows people charged with a crime and deemed incompetent to stand trial to be referred directly into CARE Court
- Addresses inefficiencies in the program and incorporates feedback from counties on what's working and what's not



CCALAC
Community Clinic Association
of Los Angeles County

Federal Issues

Government Shutdown

- The FY26 budget deadline was Sept. 30. Congress did not pass a CR; government shutdown started on Oct. 1.
- Democrats are pushing for an extension of the enhanced ACA premium subsidies (which expire at the end of the year) and rolling back the harmful \$1T in healthcare cuts included in H.R. 1.
 - Compromise may be possible on the enhanced subsidies; Republicans are highly unlikely to agree to undo elements of H.R. 1 - their signature legislation.
- It is unclear when the shutdown will be resolved.
- BPHC indicates they have enough funding to maintain operations short-term; CHCs should be able to draw down 330 grant funding as usual.
 - Look-alikes are funded differently and may encounter issues.
 - HRSA info on what activities will continue: [HERE](#)
 - NACHC FAQ on shutdown impact to health centers: [HERE](#)
- SNAP funding will run out on November 1; California is messaging CalFresh participants about the disruption and where to access food banks. The state is deploying the California National Guard and California Volunteers to assist at food banks and fast-tracking \$80 million in aid.
- California WIC programs remain fully operational until November 30.

2026

- Jan. 1, 2026: Medi-Cal enrollment freeze (immigrant exclusion) for adults (STATE)
- July 1, 2026: Eliminate Medi-Cal PPS for all UIS (STATE)
- July 1, 2026: Eliminate Medi-Cal full scope dental for UIS adults (STATE)

2027

- Jan. 1, 2027: Medicaid work requirements for non-exempted adults (H.R. 1)
- Jan. 1, 2027: Medicaid renewals every 6 months for ACA expansion adults (H.R. 1)
- July 1, 2027: Medi-Cal \$30/month premiums for UIS adults under 60 (STATE)

2028

- Oct. 1, 2028: Medicaid \$35 cost sharing (not for FQHC services) (H.R. 1)

2026 Changes:

- DHCS is mailing notices and an FAQ to Medi-Cal members affected by the **enrollment freeze (Jan. 1)** and **elimination of dental for UIS (July 1)**
- Renewals/renewals outreach = more important than ever!
- [LA County board motion](#) directs departments to engage with plans and CHCs to develop a “Keep Your Coverage” campaign

2027 Changes:

- CMS guidance expected in December/January regarding more frequent renewals; guidance regarding work requirements expected by June 2026
- DHCS is already engaging stakeholders and developing implementation strategies for work requirements and renewals – many details remain unknown
- DHCS indicates work requirements will apply to UIS and SIS ACA expansion adults – *currently* aid code M1 (there is discussion about splitting aid codes, no final word)

Homelessness & Mental Health EO

- On July 24, the President signed an Executive Order titled [Ending Crime and Disorder on America's Streets](#).
 - Encourages states to criminalize homelessness, sweep encampments, and prosecute public drug use
 - Seeks to expand institutionalization, forced treatment, and use of civil commitments for those with behavioral health conditions
 - Ends support for harm reduction and housing first approaches to care
- [National Health Care for the Homeless Council EO Fact Sheet](#)
 - Summarizes the EO's main provisions and highlights initial implications
 - Notes legal uncertainties and the need for additional information



Thank You!

Erika Rogers, Policy & Government Affairs Manager - erogers@ccalac.org
Sarine Pogosyan, Health Equity Program Director - spogosyan@ccalac.org

CCALAC Homeless Health Principles

Given the number of homeless individuals and families in Los Angeles County, the Community Clinic Association of Los Angeles County (CCALAC) has prioritized supporting and participating in efforts to combat homelessness.

Community clinics and health centers provide comprehensive health and supportive services to people experiencing homelessness or at-risk of being homeless in their communities. The following principles reflect CCALAC's commitment to improve the health status and outcome of care for homeless individuals and families.

Principles:

1. **Achieve integration:** Pursue programmatic, systematic, and partnership opportunities (including non-traditional health partners) so that services are more completely and consistently integrated for whole-person care and decrease fragmentation of human services.
2. **Unite providers through collaboration:** Build working relationships with homeless services providers, and participate in a comprehensive referral system that is timely and responsive to the needs of patients experiencing homelessness or at-risk of being homeless.
3. **Connect individuals to a medical home:** Ensure that people experiencing homelessness or living in permanent supportive housing are aware of the availability of health services and that they can obtain assistance needed to access these services.
4. **Patient-centered and housing-focused:** Integrate a service delivery system that supports people experiencing homelessness achieve housing stability.
5. **Promote value:** Raise the profile of community clinics' role in reducing homelessness to external partners and city and county agencies.