
THIRD READING

Bill No: **SB 479**

Author: **Arreguín (D)**

Amended: **1/5/26**

Vote: **21**

SENATE HUMAN SERVICES COMMITTEE: 5-0, 1/12/26

AYES: Arreguín, Ochoa Bogh, Becker, Menjivar, Pérez

SENATE JUDICIARY COMMITTEE: 13-0, 1/13/26

AYES: Umberg, Niello, Allen, Ashby, Caballero, Durazo, Laird, Reyes, Stern, Valladares, Wahab, Weber Pierson, Wiener

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

SUBJECT: Homeless adult and family multidisciplinary personnel teams

SOURCE: Author

DIGEST: This bill allows cities that are designated as a local health jurisdiction to establish homeless adult and family multidisciplinary personnel teams (MDT).

ANALYSIS:

Existing Law:

- 1) Allows counties to create homeless adult and family MDT consisting of relevant local agencies to expedite the identification, assessment, and linkage of homeless individuals to housing and supportive services. (Welfare and Institutions Code (WIC) § 18999.8)
- 2) Requires homeless adult and family MDT members to share information about individuals experiencing homelessness in compliance with privacy laws and requires counties to set appropriate confidentiality protocols. (WIC § 18999.8(e))

- 3) Authorizes homeless adult and family MDT created in Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Clara, and Ventura counties to include “individuals at risk of homelessness” in their programs until January 1, 2025. (WIC § 18999.81)
- 4) Defines a “local health department” to include a city of 50,000 people or greater except when the city declares its intention to be under the jurisdiction of the county health department. (Health and Safety Code § 101185)

This bill:

- 1) Allows a city that is designated as a local health jurisdiction to establish a homeless adult and family MDT to facilitate expedited identification, assessment and linkage of homeless individuals to housing and supportive services within that city.
- 2) Allows participating agencies of a city homeless adult and family MDT to disclose and exchange information that may be designated as confidential under state law with other participating agencies. Requires that any information exchanged remain confidential.
- 3) Requires a city that is designated as a local health jurisdiction and has a homeless adult and family MDT to create protocols describing how information may be shared to ensure confidentiality. A copy of the protocols must be distributed to each agency that is a member of the MDT and posted on the city’s website.
- 4) Requires a city that is designated as a local health jurisdiction and has a homeless adult and family MDT to provide a copy of its information sharing protocols to the California Department of Social Services (CDSS) but does not require CDSS to approve the protocols.
- 5) Requires information sharing protocols to include:
 - a) The items of information to be shared.
 - b) The participating agencies.
 - c) A description of how the information will be used by the homeless adult and family MDT.
 - d) The information retention schedule.

- e) A requirement that no confidential information can be disclosed to people outside of the homeless adult and family MDT, unless required or permitted by law.
- f) A requirement that participating agencies develop uniform written policies and procedures that include security and privacy awareness training for employees who will have access to information pursuant to this protocol.
- g) A requirement that all people who have access to information sign a confidentiality statement.
- h) A requirement that participating agencies employ security controls that meet applicable federal and state standards, including reasonable administrative, technical, and physical safeguards to ensure data confidentiality, integrity, and availability and to prevent unauthorized or inappropriate access, use, or disclosure.
- i) A requirement that participating agencies take reasonable steps to ensure information is complete, accurate, and up to date to the extent necessary for the agency's intended purposes and that the information has not been altered or destroyed in an unauthorized manner.

Comments

According to the author, “SB 479 will authorize Berkeley, a local health jurisdiction currently operating their own homeless response team, to share crucial information between outreach teams to better coordinate services for our unsheltered neighbors. Currently, only counties have the authority to share specified information to coordinate homelessness services. Due to their unique needs, Berkeley has created their own homeless response teams that are doing great work to serve the unhoused constituents of SD 7. However, current statute has limited their efficacy because different teams can't communicate information with each other. This bill will institute a minor change in code that will allow Berkeley to serve unhoused residents more effectively by authorizing information sharing between departments to coordinate services and care.”

Homelessness in California. Since 2016, homelessness in the United States, and particularly in California, has been growing. Homelessness has been correlated with a number of negative effects, including high rates of chronic disease and acute illness, a broad range of mental health and substance use issues, greater exposure to violence, malnutrition, extreme weather, and criminal charges. The health, personal, and economic challenges that chronically homeless individuals and

families face along with the lack of effective, coordinated services to address these problems often lead to a cycle of housing instability and health deterioration. Persistent homelessness impedes access to needed health and employment services. Additionally, the conditions of homelessness often make it more difficult to exit homelessness, by creating barriers to the resources necessary to obtain income through training, education, and employment.

Each January, the U.S. Department of Housing and Urban Development (HUD) requires Continuums of Care to conduct a Point in Time count of people experiencing homelessness. HUD defines homelessness as either “sheltered” or “unsheltered”. Sheltered homelessness is when a person is living in a temporary place, such as a temporary shelter and unsheltered homelessness is living out in the open or in places not designated for, or ordinarily used as, a regular sleeping accommodation for people (i.e., the streets, vehicles, or parks). The Point in Time count is required by HUD as a condition of receiving federal funding. According to the 2024 Point in Time count, 187,084 people experienced homelessness in California, representing 28 percent of the nation’s homelessness population. Additionally, California accounted for 66% of all people experiencing unsheltered homelessness in the nation. Updated data for 2025 was not available at the time of publication.

California Homelessness Programs. Historically, local jurisdictions have provided most of the homelessness assistance in their communities. More recently, the state has taken a larger role in funding and supporting local governments’ efforts to address homelessness. The state has increased its role in addressing homelessness by providing significant funding to local entities, this includes counties and cities that operate as local health jurisdictions.

Homeless Adult and Family Multidisciplinary Personnel Teams. After the passage of AB 210 (Santiago, Chapter 544, Statutes of 2017) several counties established MDTs to respond to the needs of their local homeless populations and published the required confidentiality protocols. The MDTs provide housing navigation services, connection to health services and resources for material needs through coordination with participating county agencies. The MDTs can include public health departments, law enforcement agencies, behavioral health departments, social services departments and housing services providers, among others.

AB 728 (Santiago, Chapter 337, Statutes of 2019) expanded the information sharing authority of certain county MDTs to include people at risk of homelessness. The County of Los Angeles created the Homelessness Prevention Unit, an MDT that uses predictive modeling based on data from multiple county

agencies to predict which county residents are likely to become homeless. In the County of Ventura, the Continuum of Care Alliance is an MDT that was established to provide services to individuals and families that are homeless or could become homeless. This Alliance consists of “community advocates, housing providers, county agencies, housing authorities, health care providers, city administrators, and non-profit organizations.” There are cities that are local health jurisdictions that have established MDTs to address homelessness. This bill expands current law to allow those cities to create homeless adult and family MDTs as created in AB 210 but not with the expanded authority to people at risk of homelessness.

Cities that are Local Health Jurisdictions. California has 61 local health departments, also called local health jurisdictions, which provide public health services to counties and cities. These entities are overseen by the California Department of Public Health and address public health emergencies and administer programs. The basic services they are required to provide include keeping public health statistics, providing health education programs, communicable disease control, programs to promote maternal and child health, environmental health and sanitation regulation, and services promoting other aspects of health including, nutrition and family planning. Local health jurisdictions also receive state and federal funding to provide some of these services.

For most California residents, their county’s public health department serves as their local health jurisdiction. However, there are three cities with public health departments that operate as their own local health jurisdiction, Pasadena, Long Beach, and Berkeley. The counties that these cities are in, Los Angeles and Alameda Counties, cannot provide certain services because they are separate local health jurisdictions. For these cities when there are differences in the authority given to counties and cities, the local health jurisdictions in these cities may face unique hurdles. This bill would remove one of those hurdles by allowing cities that are local health jurisdictions and have homeless MDTs to operate under the same information sharing laws as counties that are local health jurisdictions.

Related/Prior Legislation

AB 1948 (Rendon, Chapter 94, Statutes of 2024) eliminated the sunset date of the provision that allows homeless adult and family MDTs to serve “individuals at risk of homelessness” in Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Clara, and Ventura Counties and added San Mateo to that list of counties.

AB 728 (Santiago, Chapter 337, Statutes of 2019) authorized the Counties of Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Clara, and Ventura,

to expand the goals of the homeless adult and family MDTs to target individuals at risk of homelessness, but not yet homeless.

AB 210 (Santiago, Chapter 544, Statutes of 2017) authorized any county to establish a homeless adult and family MDT with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county and to allow provider agencies to share confidential information in order to coordinate housing and supportive services to ensure continuity of care.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

SUPPORT: (Verified 1/20/26)

City of Berkeley

OPPOSITION: (Verified 1/20/26)

None received

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***** END *****