

Date of Hearing: June 16, 2026

ASSEMBLY COMMITTEE ON HUMAN SERVICES
Alex Lee, Chair
SB 479 (Arreguín) – As Amended June 10, 2026

SENATE VOTE: 39-0

SUBJECT: Homeless adult and family multidisciplinary personnel teams

SUMMARY: Authorizes cities that are designated as local health jurisdictions (LHJs) to establish homeless adult and family multidisciplinary personnel teams (MDTs). Authorizes the City of Oakland to establish an MDT. Specifically, **this bill:**

- 1) Authorizes, in addition to the existing counties, a city that is designated as an LHJ to:
 - a) Establish a homeless adult and family MDT for the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services and to allow provider agencies and members of the personnel team to share confidential information for the purpose of coordinating housing and supportive services to ensure continuity of care.
 - b) If participating, members of a homeless adult and family MDT to disclose and exchange information that may be designated as confidential under state law with other participating agencies if the member of the team reasonably believes it is generally relevant to the identification, reduction, or elimination of homelessness or the provision of services. Requires that any information exchanged remain confidential.
- 2) Requires a city that is designated as an LHJ 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.
- 3) Requires a city that is designated as an LHJ 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.
- 4) 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, and,
 - 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.
- 5) Authorizes the City of Oakland 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 the city and to allow provider agencies and members of the personnel team to share confidential information for the purpose of coordinating housing and supportive services to ensure continuity of care.
 - 6) Requires a homeless adult and family MDT established in the City of Oakland to conform to all requirements and obligations of a homeless adult and family MDT established pursuant existing law governing the establishment of homeless adult and family MDTs.
 - 7) Requires a homeless adult and family MDT established in the City of Oakland to adopt a protocol to govern the sharing of information that is in full compliance with the requirements and obligations for protocols developed for existing homeless adult and family MDTs.
 - 8) Requires a protocol adopted for a homeless adult and family MDT established in Oakland to be at least as restrictive of the sharing of confidential information as any protocol adopted pursuant to those for existing homeless adult and family MDTs.
 - 9) Makes a finding and declaration that a special statute is necessary and that a general statute cannot be made applicable within the meaning of Section 16 of Article IV of the California Constitution because of the unique circumstances of the City of Oakland.

EXISTING LAW:

State law:

- 1) Allows counties to create homeless adult and family MDTs 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) Authorizes members of a homeless adult and family MDT engaged in the identification, assessment, and linkage of housing and supportive services to homeless adults or families to

disclose to, and exchange with, one another, information and writings that relate to any information that may be designated as confidential under state law if the member of the team reasonably believes it is generally relevant to the identification, reduction, or elimination of homelessness or the provision of services. Any discussion relative to the disclosure or exchange of the information or writings during a team meeting is confidential and, notwithstanding any other law, testimony concerning that discussion is not admissible in any criminal, civil, or juvenile court proceeding. Requires representatives of domestic violence victim service organizations, as defined, to obtain an individual's informed consent, in accordance with all applicable state and federal confidentiality laws, before disclosing confidential information about that individual to another team member. (WIC § 18999.8(c)(4))

- 3) 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))
- 4) Authorizes homeless adult and family MDTs created in Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Clara, San Mateo, and Ventura counties to include "individuals at risk of homelessness." (WIC § 18999.81)
- 5) 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)

Federal regulations:

- 6) Establishes regulations known as "Part 2" to strictly protect the confidentiality of substance use disorder (SUD) patient records. Encourages individuals to seek treatment by ensuring their medical information is shielded from unauthorized disclosures, including the criminal legal system. (42 Code of Federal Regulations [CFR] Part 2)

FISCAL EFFECT: According to the Senate Appropriations Committee, pursuant to Senate Rule 28.8, the January 5, 2026, version of this bill would result in negligible state costs.

COMMENTS: This analysis only discusses policy issues germane to the jurisdiction of the Assembly Committee on Human Services.

Background: *Homeless Adult and Family Multidisciplinary Personnel Teams* were first established in statute to address the fragmentation of health, mental health, substance use, legal, housing, and social service systems, with each operating under distinct confidentiality standards that limit cross-system communication about shared clients. Modeled in part on child welfare MDT structures developed in the 1980s and 1990s, the homeless adult and family MDT structure established by AB 210 (Santiago), Chapter 544, Statutes of 2017, authorized participating agencies to share information that would otherwise be protected under state confidentiality law, including information related to mental health treatment, substance use, and criminal history, when doing so is reasonably relevant to identifying, reducing, or eliminating a person's homelessness or coordinating their services.

Under existing law, a county is authorized to establish a homeless adult and family MDT and develop local protocols governing what information may be shared, among whom, and subject to

what safeguards. Protocols must be posted publicly and a copy submitted to CDSS, though CDSS has no approval authority over them. Team membership can include mental health and substance use personnel, law enforcement, legal counsel, medical personnel, social workers, case managers, veterans' services providers, domestic violence victim service organizations, school personnel, and housing and homeless services providers. Once established, teams may share confidential information telephonically or electronically with identity verification, and all recipients of shared information are bound by the same confidentiality obligations as the original disclosing party.

AB 210 allowed counties to connect and share data across multiple existing software systems and databases that were previously walled off. Homeless adult and family MDTs can use enterprise systems to manage baseline housing, shelter intake, and coordinated entry records. To legally merge this housing data with restricted files, counties deploy secure internal data hubs, custom enterprise data warehouses, and localized information networks that pull automated daily updates from county hospital systems, Department of Mental Health databases, and local law enforcement booking logs.

This bill would provide cities that are also LHJs, and the City of Oakland, the authority to establish homeless adult and family MDTs.

Homeless Adult and Family Multidisciplinary Personnel Teams in Practice. Prior to the establishment of a homeless adult and family MDT, an individual experiencing co-occurring severe mental illness, chronic medical conditions, and frequent legal system contact would often cycle through public systems without coordination. The hospital would treat physical ailments and discharge the patient to the street without notifying housing providers, while law enforcement would arrest the individual for low-level offenses without insight into their mental health, leading to various expenditures across multiple departments with no long-term resolution for the impacted individual.

With an authorized MDT in place, the approach to connecting people experiencing homelessness shifted to coordinated intervention. The MDT uses shared software to aggregate emergency room admissions, emergency medical service dispatches, and jail bookings, allowing them to identify high-utilizer individuals who are most in need of assistance. During regular case conferences, members securely access a unified database to review the client's medical history, active warrants, and benefit status before launching an intervention. A joint outreach team consisting of a street medicine nurse, a mental health caseworker, and a housing specialist then visits the individual directly in the field. Because they share a single care plan, they can address physical ailments, conduct clinical evaluations, clear minor legal barriers, and enroll the individual into housing databases simultaneously without requiring redundant paperwork.

According to the Los Angeles County Metropolitan Transportation Authority (Metro) Quarterly Board Report on Homeless Outreach Management and Engagement in February of 2025¹, "Since 2017, Metro has been funding local social service agencies to deploy multidisciplinary teams who engage and deliver resources and services to unhoused riders. In addition, Metro has partnered with local homeless shelters to provide beds for the outreach teams to utilize. . . Since 2018, Metro MDTs have enrolled more than 20,000 individuals into the Homeless Management and Information System (HMIS), allowing them to gain access to homeless resources and

¹ <https://metro.legistar.com/gateway.aspx?m=l&id=/matter.aspx?key=10965>

services. The teams have successfully connected more than 5,000 people to interim housing and more than 1,500 people to permanent housing.”

HMIS is a local information technology platform designed to collect and analyze client-level data for individuals experiencing, or at risk of, homelessness. In practice, local jurisdictions use this system to register clients, track their interactions with different service agencies, and log the specific resources they receive, such as emergency shelter, medical care, or financial assistance. Case managers and outreach workers log real-time data during field visits or intake assessments, which creates a continuous digital history for everyone across a geographic region. This shared record allows multiple participating agencies to coordinate care, prevent duplicate service requests, and streamline the referral process into a centralized housing queue. The system automatically compiles these entry and exit logs into standardized reports required for federal and state funding compliance which gives policy analysts the data needed to track system-wide housing retention rates and to identify gaps in local service delivery.

Local Health Jurisdictions. In California, local public health authority is assigned to counties. Most cities receive public health services through their county health department. However, there are a subset of cities that have historically maintained their own public health departments and received designation as LHJs independent of the county. Under current law and regulations administered by the California Department of Public Health, an LHJ is an entity, typically a county health department, but in some cases a city health department, that has accepted responsibility for carrying out specified public health functions within a defined geographic area. Cities with this designation, such as Long Beach, Berkeley, and Pasadena, operate their own health departments, receive direct state and federal public health funding, and carry independent programmatic responsibility for functions such as communicable disease control, environmental health, and public health emergency response.

The LHJ designation is distinct from mental health and SUD service delivery authority. Mental and behavioral health service delivery is governed by a separate statute, and since the early 1980s, counties have been the sole entities with authority to serve as the local mental health plan and administer Medi-Cal mental health and SUD services. Cities that held mental health jurisdictional authority prior to that legislative shift, Berkeley and Tri-City Mental Health Center (serving Fremont, Newark, and Union City) were grandfathered into that status; no new city has been eligible to become a mental health jurisdiction since. This means that even a city with full LHJ status for public health purposes, such as Long Beach, does not have direct access to county Department of Mental Health (DMH) or Substance Abuse and Prevention Control (SAPC) data systems, and cannot independently fund or administer mental health or SUD treatment services.

Under existing law, only a county is allowed to establish a homeless adult and family MDT. A city that is a LHJ or any other city, has no independent authority to constitute an MDT. A city located within a county that has already established an MDT may request to participate, but the county retains the right to deny that request if it determines that city participation would hinder compliance with the chapter's requirements or conflict with the county's goals and objectives. The city's participation, even if permitted, is at the county's discretion and is subject to the county's protocols.

For a city LHJ like Long Beach, which operates its own health department, holds Continuum of Care (CoC) responsibilities, coordinates housing and social services for its own residents, and has its own homeless outreach and services, the inability to independently convene an MDT

means it cannot use the confidentiality-sharing authorization to coordinate its own service providers, even when those providers are not county-administered entities. The city's access to shared data is largely limited to program enrollment information through CoC participation, rather than the more robust cross-system elements that an MDT could provide. This means mental health treatment records and SUD treatment records stay with county DMH and SAPC systems to which the city has no direct access.

This bill would authorize cities designated as LHJs, and the City of Oakland, to independently establish their own homeless adult and family MDTs, subject to the same requirements, obligations, and protocol framework as county MDTs. This would allow LHJ cities and the City of Oakland to constitute a team among their own provider agencies, including the city health department, city housing department, contracted homeless service providers, among others, and share confidential information within that team without county authorization or participation. A city LHJ or the City of Oakland that chose to form its own MDT would need to develop protocols, submit them to CDSS, and comply with the full range of statutory requirements, including the domestic violence consent carve-out.

Consent and Confidentiality. Under state law, a person's presence in an HMIS database does not grant an LHJ, or a county, the right to attach clinical data to that profile. County mental health workers are prohibited from inputting a formal diagnosis, psychiatric history, or specific medication plan into a city's HMIS without observing regulatory guidelines.

Restriction of SAPC data is governed by federal law (42 CFR Part 2) that regulates the confidentiality of SUD patient records and is more restrictive than the Health Insurance Portability and Accountability Act (HIPAA). HIPAA was designed to prevent sensitive patient health information from being disclosed without the patient's consent. Part 2 ensures that county entities like SAPC are prohibited from sharing any information that would identify an unhoused person as having an SUD, or as receiving SUD treatment, with an outside municipal LHJ or housing provider.

Even if an unhoused individual explicitly signs a standard city or county medical release form, that standard waiver does not automatically clear 42 CFR Part 2 requirements. It requires a highly specific, separate consent form that names the exact individuals and agencies allowed to see the substance use data. Because unhoused individuals in crisis rarely have these hyper-specific, multi-agency waivers signed, city LHJs are often unaware of their county SUD treatment status.

When an LHJ and a county try to coordinate care for an unhoused individual, they encounter HIPAA's "Minimum Necessary" Standard. This rule dictates that protected health information should only be disclosed to the extent absolutely necessary to perform a specific job function. For example, if a Long Beach street medicine team (an LHJ) encounters an unhoused person and calls Los Angeles County DMH to coordinate psychiatric care, the county worker can legally confirm high-level, practical logistical details (e.g., "Yes, this person is enrolled in a county program"). However, they cannot legally hand over clinical files, case notes, or medication histories over the phone or via email, because the city worker is not the treating county psychiatrist.

City of Oakland. Recent amendments add the City of Oakland to the entities that can establish a homeless adult and family MDT and declare that a special statute is necessary because of the

unique circumstances of the City of Oakland. The City of Oakland has asserted that because they receive a direct Homeless Housing, Assistance and Prevention allocation, having the ability to form an MDT would be beneficial to their outreach teams to address encampments and get the unhoused connected to housing and services. It is unclear what the policy implications are by allowing a city that is also not an LHJ to form a homeless adult and family MDT, and it is also unclear whether this would open the door for other cities to also form MDTs, since the premise for allowing LHJs to form MDTs was because they were effectively acting in the capacity of a county. *This bill* would now give the City of Oakland independent authority to constitute a team among its own homelessness services structure and share otherwise-confidential information without needing Alameda County's authorization.

Author's Statement: According to the Author, “[This bill] will authorize the City of Berkeley, a LHJ currently operating their own homeless response team, and the City of Oakland and 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 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 and Oakland to serve unhoused residents more effectively by authorizing information sharing between departments to coordinate services and care.”

Equity Implications: The provisions of *this bill* seek to allow cities that are acting as LHJs, and the City of Oakland, to establish their own homeless adult and family MDTs. Allowing LHJs and the City of Oakland to design and deploy customized, culturally responsive interventions tailored to the unique demographics, structural barriers, and historic inequities present within their municipal boundaries has the potential to reduce systemic barriers to properly care for unhoused individuals and families.

Double referral: Should this bill pass out of this committee, it will be referred to the Assembly Committee on Privacy and Consumer Protection.

Arguments in Support: AIDS Health Foundation (AHF) states, “[This bill] provides an additional layer of support and assistance to the efforts at the state and county levels as well as those services provided by nonprofits like AHF. Because AHF offers services in the other two cities that are designated LHJs, Long Beach and Pasadena, we are hopeful [this bill] will have an impact beyond the East Bay.”

Arguments in Opposition: Oakland Privacy writes, “. . . people experiencing homelessness are some of the Californians whose privacy rights are most frequently infringed and have one of the highest vulnerability levels for privacy abuses. They are one of the canaries in the veritable coal mine. Therefore, we believe that caution and strong guard rails are necessary when reducing the confidentiality of their medical records and personal information, even for the beneficial reason of increasing access to services.”

RELATED AND PRIOR LEGISLATION:

AB 1948 (Rendon), Chapter 94, Statutes of 2024, allowed the homeless adult and family MDTs established in the Counties of Los Angeles, Orange, Riverside, San Bernardino, San Diego,

Santa Clara, and Ventura to continue indefinitely, and added the County of San Mateo to the list of participating counties.

AB 2174 (Gallagher), Chapter 143, Statutes of 2020, permitted the Counties of Yuba and Sutter to establish a joint homeless MDT in order to facilitate the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services.

AB 728 (Santiago), Chapter 337, Statutes of 2019, established, until January 1, 2025, a pilot program in the counties of Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Clara, and Ventura that allowed homeless adult and family MDTs established in these counties to have the goal of facilitating expedited identification, assessment, and linkage of individuals at risk of homelessness to housing and supportive services, and the goal of facilitating the expedited prevention of homelessness for those individuals.

AB 998 (Grayson), Chapter 802, Statutes of 2018, authorized a city, county, city and county, or a nonprofit organization to establish domestic violence and human trafficking MDTs trained in the prevention, identification, management, or treatment of those cases.

AB 210 (Santiago), Chapter 544, Statutes of 2017, see comments above.

REGISTERED SUPPORT / OPPOSITION:

Support

City of Berkeley (Sponsor)
AIDS Healthcare Foundation

Opposition

Oakland Privacy

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