SENATE THIRD READING
SB 479 (Arreguín)
As Amended July 2, 2026
Majority vote

SUMMARY

Authorizes cities that are designated as local health jurisdictions (LHJs) to establish homeless adult and family multidisciplinary personnel teams (MDTs).

Major Provisions

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; and,

   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) Prohibits these provisions from affecting the applicability of any existing state or federal privacy laws, including, but not limited to the following:

a) The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA);

b) The Information Practices Act of 1977 as it relates to state employees and agencies; and,

c) The Confidentiality of Medical Information Act.

COMMENTS

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, 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 2025[1], ″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 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 entries and exits 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.

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

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 substance use disorder (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 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 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 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.

According to the Author
"[This bill] will authorize the City of Berkeley, a LHJ 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 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."

Arguments in Support
The City of Berkeley, sponsors of the bill, write in support, "California, by sheer dent of its population size, has the nation's largest homeless population with over 187,000 people experiencing homelessness as of 2024, two-thirds of whom are unsheltered. Reducing that number and providing well-coordinated care to people while they are living outside requires a multi-disciplinary approach. Current state law allows counties with specialized teams known as multi-disciplinary teams (typically comprised of housing staff, mental health staff, and services staff) to share confidential information for the purpose of coordinating housing and supportive services to help homeless people. Current law does not allow City-based Local Health Jurisdictions (LHJs) to do the same. [This bill] will close that loophole, allowing cities that are their own LHJs (Berkeley, Pasadena, and Long Beach) to coordinate housing, services, and care in the interest of helping homeless people get housed and access critical services."

Arguments in Opposition
None on file.

FISCAL COMMENTS

According to the Assembly Appropriations Committee on July 2, 2027, "No state costs. Local costs of an unknown amount to each authorized city that creates and administers a homeless adult and family MDT. This is an optional activity for these cities and is therefore not reimbursable by the state."

VOTES

SENATE FLOOR: 39-0-1
YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener
ABS, ABST OR NV: Gonzalez

ASM HUMAN SERVICES: 7-0-0
YES: Lee, Calderon, Alanis, Elhawary, Jackson, Celeste Rodriguez, Tangipa

ASM PRIVACY AND CONSUMER PROTECTION: 15-0-0
YES: Bauer-Kahan, Macedo, Bryan, DeMaio, Hoover, Irwin, Lowenthal, McKinnor, Ortega, Patterson, Pellerin, Petrie-Norris, Ward, Bennett, Wilson

ASM APPROPRIATIONS: 15-0-0
YES: Wicks, Hoover, Arambula, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

UPDATED

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