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15 Attorneys for Defendant
16 COUNTY OF LOS ANGELES

17 **UNITED STATES DISTRICT COURT**
18 **CENTRAL DISTRICT OF CALIFORNIA, WESTERN DIVISION**
19

20 LA ALLIANCE FOR HUMAN
21 RIGHTS, et al.,
22 Plaintiffs,
23 v.
24 CITY OF LOS ANGELES, et al.,
25 Defendants.
26

CASE NO. 2:20-cv-02291 DOC (KES)
COUNTY OF LOS ANGELES’
NOTICE RE SUPPLEMENTAL
STATUS REPORT PURSUANT TO
SETTLEMENT AGREEMENT

Assigned to the Hon. David O. Carter
and Magistrate Judge Karen E. Scott

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1 On January 30, 2024, the County filed its first Quarterly Report pursuant to
2 section D.9 of the Settlement Agreement between the County and LA Alliance for
3 Human Rights and other plaintiffs (collectively, “Plaintiffs”), and its addendums
4 [Dkt. 646]. As that status report showed, the County has met or exceeded the
5 milestones established for the first three months under the Settlement Agreement.
6 The County has beefed up street-outreach teams in every City Council district, and
7 stands ready to deliver supportive services for all qualified residents of every new
8 housing unit the City builds under its separate settlement with Plaintiffs. The
9 County opened more mental health and substance use disorder beds and subsidized
10 more than double the beds in “board and care” facilities than were required for the
11 quarter. And that is only the start.

12 On February 28, 2024, the County and Plaintiffs met with the monitors
13 overseeing the Settlement Agreement (the Honorable Jay C. Gandhi and City
14 Monitor Michele Martinez) to discuss the County’s first Quarterly Report. Plaintiffs
15 requested additional information regarding the geographic assignment of the
16 County’s Multi-Disciplinary Teams (“MDTs”) and Homeless Outreach and Mobile
17 Engagement (“HOME”) Teams, and how the Departments evaluated the greatest
18 need when assigning the teams. The County agreed to provide a supplemental
19 Quarterly Report regarding these issues. At the Monitors’ suggestion, and for the
20 convenience of the Court, Plaintiffs, and the reviewing public, the County has added
21 the additional detail to the County’s original report and includes herewith both clean
22 and redlined copies of the Supplemental Quarterly Report, as follows:

23 1. Attached hereto as Exhibit 1 is a copy of the County’s Supplemental
24 Quarterly Status Report pursuant to settlement.

25 2. Attached hereto as Exhibit 2 is a redlined copy of the Supplemental
26 Report.

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DATED: March 14, 2024

MILLER BARONDESS, LLP

By: /s/ Mira Hashmall
MIRA HASHMALL
Attorneys for Defendant
COUNTY OF LOS ANGELES

MILLER BARONDESS, LLP

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EXHIBIT 1

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17 **UNITED STATES DISTRICT COURT**
18 **CENTRAL DISTRICT OF CALIFORNIA, WESTERN DIVISION**
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20 LA ALLIANCE FOR HUMAN
21 RIGHTS, et al.,
22 **Plaintiffs,**
23 v.
24 CITY OF LOS ANGELES, et al.,
25 **Defendants.**
26

CASE NO. 2:20-cv-02291 DOC (KES)
**COUNTY OF LOS ANGELES’
SUPPLEMENTAL FIRST STATUS
REPORT PURSUANT TO
SETTLEMENT AGREEMENT**

Assigned to the Hon. David O. Carter
and Magistrate Judge Karen E. Scott

1 Pursuant to the Settlement Agreement between LA Alliance for Human
2 Rights and other plaintiffs (collectively, “Plaintiffs”), and the County of
3 Los Angeles (“County”) and its addendums [Dkt. 646], the County hereby submits
4 its first Quarterly Report pursuant to section D.9 of the Plaintiffs/County settlement.

5 **I. INTRODUCTION**

6 The County has met or exceeded the milestones in the settlement agreement
7 and addenda. These are more than just benchmarks towards compliance with the
8 terms of the Plaintiffs/County settlement. The County’s achievements reflect the
9 infusion of much-needed additional resources to address homelessness with targeted
10 support and services for the most vulnerable and chronically unhoused people
11 experiencing homelessness (“PEH”) within the City of Los Angeles (“City”) and
12 County of Los Angeles.

13 **II. KEY ACHIEVEMENTS**

14 **A. The County’s Support For Plaintiffs’ Settlement With The City**

15 This litigation prompted the County and City to collaborate on an
16 unprecedented level to lift people out of homelessness permanently.

17 The County is supporting the settlement between Plaintiffs and the City
18 pursuant to section D.1 of the Plaintiffs/County settlement. In particular, the County
19 committed to funding a suite of wraparound services at the interim and permanent
20 housing units created by the City pursuant to the Plaintiffs/City settlement. On
21 January 16, 2024, the City submitted its Quarterly Status Report in which it reported
22 the existence of over 2,800 new shelter units that, as of the end of last year, have
23 served over 2,600 PEH. [Dkt. 660-1.]

24 In support of the Plaintiffs/City settlement, the County is devoting significant
25 resources to the City’s new interim and permanent housing projects. The County’s
26 social service workers visit the designated projects to connect eligible residents with
27 available benefits to which they are entitled, including public assistance (i.e.,
28 General Relief, CalFresh, Medi-Cal, Social Security Income, Social Security

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1 Disability Insurance, and veterans’ benefits) and mental health and Substance Use
2 Disorder (“SUD”) treatment (i.e., education, screening, linkage/referrals,
3 transportation, early intervention workshops, and more).

4 This is an extension of the County’s robust commitment to supporting our
5 most vulnerable residents in the City and County of Los Angeles. In total, the
6 County funds programs for housing and social services to individuals and families
7 who are experiencing homelessness, formerly homeless or at-risk of homelessness
8 in Los Angeles County through multiple County departments—Children and Family
9 Services, Health Services (“DHS”), Mental Health (“DMH”), Public Health
10 (“DPH”), Public Social Services (“DPSS”), Economic Opportunity, Sheriff’s
11 Department, Probation, and Public Defender—and the Los Angeles County
12 Development Authority and the Los Angeles Homeless Services Authority
13 (“LAHSA”), a joint powers authority of the County and the City. These programs
14 target myriad factors that contribute to homelessness and provide a variety of
15 services to which PEH may be eligible. Subject matter experts agree that only the
16 combination of shelter *and* supportive services will bring meaningful relief to PEH
17 and help them transition out of homelessness.

18 The City was not able to provide the County with information on City-funded
19 outreach teams’ access, including contacts or service requests made to the DMH,
20 DHS, DPSS, and DPH. The City does not currently capture this information. The
21 City funds LAHSA to administer and staff outreach teams. As such, the City
22 referred the County to LAHSA. While LAHSA’s homeless data system, Homeless
23 Management Information System (“HMIS”), captures general information on types
24 of referrals made by outreach workers (interim housing, showers/hygiene services,
25 transportation, access center, mental health services, etc.), it does not capture
26 information on what agency the referral was made to or how the referral was
27 transmitted to the agency. To be responsive to this reporting requirement in future
28 quarterly reports, the City, the County, and LAHSA are establishing a working

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1 group to identify modifications that can be made to HMIS to capture specific
2 referral-related information and to develop a training plan to train outreach workers
3 on the use of the new HMIS data fields.

4 Attached is a chart reflecting the County’s provision of supportive services to
5 the City’s interim housing projects. *See* Exhibit A1 (County Provision of
6 Supportive Services for City Interim Housing and Permanent Supportive Housing
7 for City’s Reporting Period Ending September 30, 2023). Also attached is a chart
8 reflecting the County’s provision of supportive services to the City’s permanent
9 housing project. *See* Exhibit A2 (County Provision of Supportive Services for City
10 Interim Housing and Permanent Supportive Housing for City’s Reporting Period
11 Ending September 30, 2023).

12 These efforts are on top of the County’s commitment of up to \$293 million
13 under the June 2020 Memorandum of Understanding [Dkt. 136, 185] to provide
14 6,700 beds and supportive services and other resources for PEH residing near
15 freeways, those 65 years and older in the City, and other vulnerable PEH within the
16 City. The County has reported on its work under the freeway deal in periodic
17 reports to the Court. [Dkt. 342, 356, 357, 364, 373.] The County has fully met its
18 obligations.

19 **B. Beds Available To County Outreach Teams**

20 The County is using its reasonable best efforts to ensure County outreach
21 teams (including the increased MDT and HOME teams referenced below) have
22 access to County high service need interim housing beds for PEH in the City,
23 pursuant to section D.2 of the Plaintiffs/County settlement. *See* Exhibit B (High
24 Service Need Interim Housing Beds Available to County Outreach Teams Quarterly
25 Report for the Period Ending December 31, 2023).

26 **C. Mental Health/Substance Use Disorder Beds**

27 The County has brought online over 900 mental health/substance use disorder
28 beds by December 31, 2023, pursuant to section D.3a of the Plaintiffs/County

1 settlement. The County has surpassed the 600-bed minimum provided for in the
2 settlement agreement by 50 percent. The mental health/substance use disorder beds
3 include a mix of acute, sub-acute, and interim housing beds to accommodate the
4 diversity of unhoused clients’ clinical needs. The attached chart reflects beds that
5 continue to be open and operational. *See* Exhibit C (Mental Health/Substance Use
6 Disorder Beds Quarterly Report for the Period Ending December 31, 2023).

7 **D. Enriched Residential Care for Adult Residential Facilities (“ARF”)**
8 **and Residential Care Facilities for the Elderly (“RCFEs”) Beds**

9 The County has been able to make available over 100 new subsidies for
10 enriched residential care at ARF and RCFEs (“board and care”) beds by December
11 31, 2023, pursuant to section D.3b of the Plaintiffs/County settlement. The County
12 has provided more than double the 40 subsidies provided for in the settlement
13 agreement.

14 Board and care facilities provide housing, meals, and 24/7 assistance with
15 activities of daily living. In addition, DMH provides mental health services to their
16 clients living in licensed residential care facilities as an enhancement to the board
17 and care supportive services. For these reasons, this program is a vital housing
18 resource for the County’s vulnerable population with serious mental illness. This
19 valuable housing resource is often utilized by individuals who are also homeless or
20 at risk of homelessness and need care and supervision to maintain housing.

21 The state sets the rate that owners of board and care facilities can charge for
22 individuals that receive Supplemental Security Income, and given the low rate set by
23 the State, many board and care facilities have closed over the past five years. The
24 County’s subsidies supplement those rates with local funds, helping to keep
25 facilities in operation and thereby preserving this housing opportunity for many of
26 the County’s most vulnerable residents. Moreover, the subsidies help create flow
27 from higher levels of care and help to eliminate the strain on vital resources
28 elsewhere posed by closures, such as worsening backlogs for people in jails,

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1 hospitals or locked psychiatric facilities waiting for housing in the community. See
2 Exhibit D (Enriched Residential Care for ARF and RCFE Beds).

3 **E. Multi-Disciplinary Teams And Homeless Outreach Mobile**

4 **Engagement Teams**

5 The County has 34 Multi-Disciplinary Teams (“MDTs”) and 8 Homeless
6 Outreach and Mobile Engagement (“HOME”) teams, pursuant to sections D.4 and
7 D.5 of the Plaintiffs/County settlement.

8 **A. MDTs**

9 MDTs are deployed by DHS. MDTs are comprised of individuals with
10 specialized training and expertise as health professionals, mental health specialists,
11 substance abuse counselors, and case managers, as well as someone with lived
12 experience with homelessness, who provide outreach and engagement 7 days a week
13 to connect PEH with complex health and/or behavioral conditions to housing,
14 supportive services, and sources of income.

15 Pursuant to section D.4 of the Settlement Agreement, the County agreed to
16 allocate at least 1 MDT per Council District in the City of Los Angeles, and assign
17 the remaining teams “where there is the greatest need as informed by the Point-In-
18 Time Count.” The County’s 34 MDTs are currently deployed as follows:

Council District	# of MDTs
1	3
2	1
3	1
4	1.5
5	1.5
6	1
7	1
8	2
9	4
10	2.5
11	2

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Council District	# of MDTs
12	1
13	2.5
14	8
15	2

At this time, the County has determined that greatest need correlates with the relative dispersion of the PEH population. Thus, the MDTs are assigned to each Council District (“CD”) on a proportional basis that tracks the geographic distribution of PEH in the City of Los Angeles, as reflected in the LAHSA Point-In-Time Count. Note, Skid Row is within CD14 and three of the MDTs that operate in that CD are dedicated to the Skid Row area.

B. HOME Teams

HOME teams are deployed by DMH, and are field-based teams that provide field-based outreach, engagement, and treatment to people with severe and persistent mental illness who are experiencing unsheltered homelessness. The HOME program serves people 18 and over who are experiencing chronic unsheltered homelessness, have profound mental health needs and associated impairments, and require specialized mental health services in order to secure and sustain housing. Services provided by the HOME teams are tailored to each individual and can include assisting clients with meeting basic food, clothing, shelter, and hygiene needs; securing clinical assessments; case management; providing street psychiatry, and medication delivery, administration, and management; initiating inpatient hospitalization or outpatient conservatorship; and linking clients to appropriate additional services. Over the two years prior to the settlement, HOME teams served upwards of 1,000–1,500 unique individuals, rendering 3,500–4,000 services per month.

Although the MDTs also have a mental health component, the HOME teams are frequently called upon to engage and assess PEH in the throes of mental health

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1 crisis. Most referrals are submitted by generalist homeless outreach providers who
2 identify individuals with severe impairment that require specialized and intensive
3 support and engagement. Other County departments or even the general public may
4 initiate a referral to a HOME team. The HOME teams (like the MDTs) have also
5 offered invaluable support for the County’s and City’s ongoing encampment
6 resolution programs.

7 Most County programs, including the HOME teams, do not operate according
8 to district boundaries, which are set by the City Council every ten years following
9 the release of U.S. census data. Instead, the County is divided into eight Service
10 Planning Areas (“SPAs”). These distinct regions allow County departments like
11 DMH to develop and provide more relevant mental health and clinical services
12 targeted to the specific needs of the residents in these different areas. Although the
13 City’s boundaries do not align perfectly with any SPAs, the entirety of the City of
14 Los Angeles is encompassed within SPAs 2, 4, 5, 6, and 8, with the City comprising
15 the vast majority of SPAs 2, 4, 5, and 6, but only a small portion of SPA 8. Skid
16 Row is within SPA 4.

17 Pursuant to section D.5 of the Settlement Agreement, the County agreed to
18 increase the number of HOME teams dedicated to conducting outreach in the City
19 of Los Angeles to 8 teams by the end of fiscal year 2022/2023 and 10 teams by the
20 end of fiscal year 2023/2024. There were 8 HOME teams that conducted outreach
21 in the City by the end of the reporting period that are deployed as follows:

SPA	# of HOME teams
2	2
4	3
5	2
6	1

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1 Although these HOME teams are dedicated to outreach in the City, the nature
2 of the HOME program requires staff to provide services to wherever their
3 established clients may currently reside. The HOME teams are based on an
4 innovative individualized treatment model that depends on nurturing a deep bond
5 and trust with their mobile clients, with the ultimate goal of stabilizing individuals
6 enough that they feel comfortable accepting the County’s housing opportunities.
7 HOME teams engage in long term sustained and repeated intervention to effect
8 positive outcomes for clients, who are generally highly avoidant of services. HOME
9 teams do more than just connect PEH with care providers; they bring the care—
10 including medication—to PEH on the streets to eliminate barriers to access.

11 In order to do this, each individual staff person forges strong and meaningful
12 relationships with individual people experiencing homelessness, meeting them
13 where they are both emotionally and geographically. The people served by the
14 program are quite transient, crossing political boundaries between cities often.
15 HOME staff follow people served across political borders to maintain continuity of
16 care as they work to develop relationships, intervene, and effect change. It can take
17 weeks or longer to reach that point. Furthermore, as treatment of a client
18 progresses, they are often placed in housing or treatment facilities outside of the area
19 in which they were initially engaged. In such cases, staff continue to visit clients in
20 their new locations, maintaining continuity of care to effectively support clients
21 through the treatment and recovery process. Additionally, staff may respond to any
22 part of the county during crisis situations such as an urgent need for hospitalization
23 of a client or emergency situations like storms or public safety advisories.

24 The County has determined that greatest need correlates with the relative
25 dispersion of the PEH population. Thus, the HOME teams are assigned to each SPA
26 on a proportional basis that tracks the geographic distribution of PEH in the City of
27 Los Angeles, as reflected in the LAHSA Point-In-Time Count.

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1 **F. Partnership On City- and County-Owned Land**

2 As part of the ongoing collaborative approach between the County and the
3 City on homelessness issues, there are ongoing discussions about how City- and
4 County-owned land could play a role in addressing the needs of PEH in the City and
5 County of Los Angeles, pursuant to section D.6 of the Plaintiffs/County settlement.

6 **G. Advocacy Efforts For PEH With Serious Mental Illness or SUD**

7 The County has diligently worked on identifying additional state and federal
8 funding for programs for PEH suffering from serious mental illness and/or SUD,
9 pursuant to sections D.7 and D.8 of the Plaintiffs/County settlement.

10 The Department of Public Health, Substance Abuse Prevention and Control
11 Bureau (DPH-SAPC) is working with the State of California to make residential
12 treatment stays subject to reimbursement through the Medi-Cal program. The goal
13 is for DPH-SAPC’s network of SUD residential treatment providers to have
14 increased funding for continued stays when the patient elects to continue receipt of
15 treatment services. This increased funding for longer stays in residential treatment
16 programs should result in fewer clients being discharged and returning to
17 unsheltered homelessness. DPH-SAPC is also advocating to expand access to
18 medications for addiction treatment by adding prescribers to the staffing structure of
19 outpatient and residential treatment programs. DPH-SAPC is diligently working to
20 increase Behavioral Health Bridge Housing beds in the City and County of Los
21 Angeles, as well as enhanced housing navigation services. DPH-SAPC is also
22 pursuing additional funding for overdose prevention and response activities,
23 including medications for addiction treatment for opioid, alcohol, stimulant,
24 cannabis, and tobacco use disorders, linkage and retention to treatment services,
25 street-based testing of drugs and paraphernalia, healthcare workforce-based
26 education in harm reduction, safer prescribing of controlled substances, and
27 substance use treatment.

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1 DMH continued its ongoing advocacy of the federal government to access
2 Medicaid funding in order for the County to expand its network of specialty mental
3 health services. DMH is supporting the State of California’s efforts to receive
4 matching federal Medicaid dollars for short-term stays in mental health treatment
5 facilities. Current federal regulations prohibit the County from receiving Medicaid
6 reimbursement for residential treatment in facilities that provide mainly mental
7 health treatment and have more than 16 beds. This federal policy severely limits the
8 financial viability of local residential treatment centers, thereby restricting the
9 availability of residential treatment beds for DMH’s most severely ill clients,
10 including those who are experiencing homelessness.

11 People in our community experience severe mental illness and may not
12 receive regular help, often resulting in homelessness and substance use. DMH is
13 leading the County’s implementation of programs under the Community Assistance,
14 Recovery and Empowerment (CARE) Act. The CARE Act creates a civil court
15 process where qualifying individuals or entities can petition the court to help
16 connect eligible individuals suffering from severe mental illness to a broad array of
17 services, including mental health and housing services. DMH is seeking additional
18 state funding to facilitate the County’s effective implementation of the CARE Act.

19 **H. Increased Transparency**

20 The County is in the process of identifying all contracts whose billings and
21 invoices will be made accessible to the public from October 2023 onward relating to
22 provider services connected to the County’s settlement agreement, pursuant to
23 section D.9 of the Plaintiffs/County settlement. Some billings and invoices are in
24 arrears and not yet available to the County. To ensure that the public release of
25 information does not jeopardize the privacy of any individuals, including data that
26 are restricted by contract or information protected by law, the County will work with
27 legal counsel to redact sensitive and protected information from the billings and
28 invoices before being published.

1 **III. CONCLUSION**

2 As set forth herein, the County has complied fully with its obligations under
3 the Plaintiffs/County settlement, and will continue to meet or exceed the milestones
4 in connection with the next reporting period.

5
6 DATED: March 14, 2024

MILLER BARONDESS, LLP

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9 By: /s/ Mira Hashmall
10 MIRA HASHMALL
11 Attorneys for Defendant
12 COUNTY OF LOS ANGELES
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EXHIBIT A1

**Supportive Services
for City Interim
Housing**

**County Provision of Supportive Services for City Interim Housing and Permanent Supportive Housing for City's
Reporting Period Ending September 30, 2023
Quarterly Report (For the Period Ending December 31, 2023)**

Interim Housing					
Address / Location	Beds / Available to PEH	Services Provided			
		Department of Public Social Services*	Department of Health Services - Countywide Benefits Enrollment Services Team**	Department of Mental Health***	Department of Public Health - Substance Abuse Prevention and Control****
Highland Gardens 7047 Franklin Ave., Los Angeles, CA 90028	143	Site visit and client services to commenced.	Site visit and client services to commenced.	Site visit and client services to commenced.	Site visit and client services to commenced.

***Department of Public Social Services**

Assistance with General Relief, CalFresh, and Medi-Cal; Verification of benefits and case review; Electronic Benefit Transfer card issuance.

****Department of Health Services - Countywide Benefits Enrollment Services Team**

Assistance with securing Supplemental Security Income, Social Security Disability Insurance, Cash Assistance Program for Immigrants, retirement, and veteran's benefits.

*****Department of Mental Health**

Outreach and engagement, referrals and linkages to mental health services.

******Department of Public Health - Substance Abuse Prevention and Control**

Outreach and engagement, Substance Use Disorder (SUD) education, SUD screening, appointment scheduling, service navigation and linkages to needed ancillary services, transportation support to SUD appointments, early intervention workshops for clients engaged in high risk behavior at risk of SUD.

EXHIBIT A2

**County Supportive
Services for City
Permanent Housing**

**County Provision of Supportive Services for City Interim Housing and Permanent Supportive Housing for
City's Reporting Period Ending September 30, 2023
Quarterly Report (For the Period Ending December 31, 2023)**

Permanent Supportive Housing *				
Address / Location	Total Units	Permanent Supportive Housing Units	Units with Intensive Case Management Services (ICMS)**	Total Clients Receiving ICMS During Reporting Period
Washington View Apartments 720 W WASHINGTON BLVD Los Angeles, CA 90015	122	91	91	93
PATH Villas Montclair/Gramercy (Recap-Site 2 of 2) 3317 W WASHINGTON BLVD Los Angeles, CA 90018	17	16	16	15
Chesterfield 4719 S NORMANDIE AVE Los Angeles, CA 90037	43	42	42	45
HIFI Collective 3200 W TEMPLE ST Los Angeles, CA 90026	64	58	63	62
Adams Terrace 4314 W ADAMS BLVD Los Angeles, CA 90018 4347 W ADAMS BLVD Los Angeles, CA 90018	86	43	44	43
Bell Creek Apartments 6940 N OWENSMOUTH AVE Canoga Park, CA 91303	80	41	41	42
LAMP Lodge 660 S STANFORD AVE Los Angeles, CA 90021	82	81	81	82
Silva Crossing (fka Link at Sylmar) 12667 SAN FERNANDO ROAD Sylmar, CA 91342	56	55	55	55
Berendo Sage 1035 S BERENDO ST LOS ANGELES, CA 90006	42	21	21	21
Amani Apartments (fka Pico) 4200 W PICO BLVD Los Angeles, CA 90019	54	53	53	53
Hope on Broadway 5138 S BROADWAY Los Angeles, CA 90037	49	48	48	49
6521 Brynhurst	41	40	20	20
740 Alvarado	80	79	40	40
5050 Pico	79	78	36	37
Firmin Court 418 N FIRMIN ST Los Angeles, CA 90026	64	45	45	51
10150 Hillhaven	34	33	17	16
Reseda Theater Senior Housing (Canby Woods West) 7221 N CANBY AVE Reseda, CA 91335	26	13	13	13
14949 Roscoe	31	29	15	10
Watts Works 9500 S COMPTON AVE Los Angeles, CA 90002	25	24	24	24
11010 Santa Monica 11010 W SANTA MONICA BLVD Los Angeles, CA 90025	51	50	25	26
Ambrose (fka 1615 Montana St.) 1611 W MONTANA ST Los Angeles, CA 90026	64	63	63	62
Vermont Corridor Apartments (fka 433 Vermont Apts) 433 S VERMONT AVE Los Angeles, CA 90020	72	36	36	38
Depot at Hyde Park 6527 S CRENSHAW BLVD Los Angeles, CA 90043	43	33	33	34
Ingraham Villa Apartments 1218 INGRAHAM ST LOS ANGELES, CA 90017	121	90	90	91
Talisa (fka 9502 Van Nuys Blvd) 9502 N VAN NUYS BLVD Panorama City, CA 91402	49	48	48	48
Asante Apartments 11001 S BROADWAY Los Angeles, CA 90061	55	54	54	54
West Terrace (fka Silver Star II) 6576 S WEST BLVD LOS ANGELES, CA 90043	64	56	56	58
PATH Villas Hollywood 5627 W FERNWOOD AVE HOLLYWOOD, CA 90028	60	59	59	59

Address / Location	Total Units	Permanent Supportive Housing Units	Units with Intensive Case Management Services (ICMS)**	Total Clients Receiving ICMS During Reporting Period
Broadway Apartments 301 W 49TH ST 1-30 LOS ANGELES, CA 90037	35	34	34	38
Hope on Hyde Park - MP/TOC/PSH 6501 S CRENSHAW BLVD Los Angeles, CA 90043	98	97	40	40
7639 Van Nuys	35	34	31	29
Mariposa Lily 1055 S MARIPOSA AVE Los Angeles, CA 90006	41	20	20	21
Sun Commons 6329 N CLYBOURN AVE North Hollywood, CA 91606	103	51	51	52
West Third Apartments 1900 W 3RD ST Los Angeles, CA 90057	137	136	136	148
1044 Soto	85	84	84	86
Pointe on La Brea 849 N LA BREA AVE CA 90038	50	49	49	52
6th and San Julian 401 E 6TH ST Los Angeles, CA 90014	94	93	93	99

*This report does not include PSH Veteran units reported by the City as these units are supported by HUD/Veterans Affairs supportive housing program.

** Intensive Case Management Services (ICMS) includes outreach and engagement; intake and assessment; housing navigation; housing case management; housing stabilization; connections to emergency financial assistance to avoid evictions; linkages to health, mental health, and substance use disorder services; benefits establishment; vocational assistance; etc.

EXHIBIT B

High Service Need Beds Available to County Outreach Teams

**High Service Need Interim Housing Beds Available to County Outreach Teams
Quarterly Report (For the Period Ending December 31, 2023)**

Type of Team Making Referral	Total Referrals Received	Referrals Accepted (Client Placed)	Referrals Accepted (Pending Placement)	Referrals Recinded*	Referrals Triaged to LAHSA Interim Housing	Referrals to Higher Level of Care	Incomplete Application - Pending Information from Referrer
DHS Outreach Team	139	99	1	24	3	4	8
DMH Outreach Team	10	10					
Total	149	109	1	24	3	4	8

*"Referrals Rescinded" means referrals that were canceled by the referring outreach team. Reasons for rescinding the referral include client placed in alternate interim housing, became permanently housed, left the area, outreach team is unable to locate the participant, etc.

EXHIBIT C

**Mental Health/
Substance Use
Disorder Beds**

**Mental Health/Substance Use Disorder Beds
Quarterly Report (For the Period Ending December 31, 2023)**

PROVIDER NAME	NO. OF BEDS DEVELOPED/ CONTRACTED	DATE AVAILABLE
SIERRA VISTA	4	7/1/2022
CALIFORNIA PSYCHIATRIC TRANSITIONS	10	7/1/2022
STONE POINT MEDICAL SNF	35	7/1/2022
TELECARE RANCHO CITRUS HOUSE	16	10/3/2022
LAS ENCINAS	10	12/1/2022
LACADA SAFE HAVEN	16	12/1/2022
SPECIAL SERVICE FOR GROUPS, INC.	16	12/1/2022
TELECARE CORPORATION	16	12/12/2022
TELECARE CORPORATION	16	12/12/2022
STARS BEHAVIORAL HEALTH GROUP	16	2/6/2023
STARS BEHAVIORAL HEALTH GROUP	16	3/22/2023
STARS BEHAVIORAL HEALTH GROUP	16	5/17/2023
STARS BEHAVIORAL HEALTH GROUP	16	6/14/2023
LAS ENCINAS	15	7/1/2023
MISSION COMMUNITY HOSPITAL	20	7/1/2023
PACIFICA HOSPITAL OF THE VALLEY	10	7/1/2023
GENERATIONS - ANBERRY SNF	10	7/1/2023
GENERATIONS - HORIZON SNF		
SPECIAL SERVICE FOR GROUPS, INC. (SSG)	40	7/8/2023
PACIFICA HOSPITAL OF THE VALLEY URGENT CARE CLINIC	8	8/1/2023
COAST PLAZA HOSPITAL	37	8/7/2023
SPECIAL SERVICE FOR GROUPS, INC. (SSG)	56	9/1/2023
SPECIAL SERVICE FOR GROUPS, INC. (SSG)	15	9/18/2023
DEL AMO HOSPITAL	18	10/11/2023
STARS BEHAVIORAL HEALTH GROUP: CENTRAL STAR LAGMC CRTP	16	10/30/2023
HOLLYWOOD WALK OF FAME HOTEL	20	11/20/2023
CASA DE LAS AMIGAS	5	7/1/2022
BEACON HOUSE ASSOCIATION OF SAN PEDRO (THE)	15	7/13/2022
BEACON HOUSE ASSOCIATION OF SAN PEDRO (THE)	12	7/13/2022
BEACON HOUSE ASSOCIATION OF SAN PEDRO (THE)	14	7/13/2022
BEIT T'SHUVAH	10	7/13/2022
CRI-HELP, INC.	14	7/13/2022
DIVINE HEALTHCARE SERVICES, INC.	5	7/13/2022
DIVINE HEALTHCARE SERVICES, INC.	4	7/13/2022
EXODUS RECOVERY INC.	8	7/13/2022
FRED BROWN'S RECOVERY SERVICES, INC.	6	7/13/2022
GRANDVIEW FOUNDATION, INC.	4	7/13/2022
GRANDVIEW FOUNDATION, INC.	6	7/13/2022
HEALTHRIGHT 360	24	7/13/2022
HOUSE OF HOPE FOUNDATION, INC.	2	7/13/2022
HOUSE OF HOPE FOUNDATION, INC.	6	7/13/2022
HOUSE OF HOPE FOUNDATION, INC.	4	7/13/2022
LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE	20	7/13/2022
LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE	20	7/13/2022
SAFE REFUGE (ORIGINAL NAME: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH, INC.)	10	7/13/2022
SAFE REFUGE (ORIGINAL NAME: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH, INC.)	6	7/13/2022
SAFE REFUGE (ORIGINAL NAME: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH, INC.)	2	7/13/2022

PROVIDER NAME	NO. OF BEDS DEVELOPED/ CONTRACTED	DATE AVAILABLE
SAFE REFUGE (ORIGINAL NAME: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH, INC.)	2	7/13/2022
SOCIAL MODEL RECOVERY SYSTEMS, INC.	1	7/13/2022
SOCIAL MODEL RECOVERY SYSTEMS, INC.	1	7/13/2022
SOCIAL MODEL RECOVERY SYSTEMS, INC.	1	7/13/2022
TARZANA TREATMENT CENTERS, INC.	6	7/13/2022
TARZANA TREATMENT CENTERS, INC.	1	7/13/2022
TARZANA TREATMENT CENTERS, INC.	1	7/13/2022
TARZANA TREATMENT CENTERS, INC.	1	7/13/2022
TARZANA TREATMENT CENTERS, INC.	6	7/13/2022
TARZANA TREATMENT CENTERS, INC.	2	7/13/2022
TARZANA TREATMENT CENTERS, INC.	1	7/13/2022
TARZANA TREATMENT CENTERS, INC.	1	7/13/2022
TARZANA TREATMENT CENTERS, INC.	1	7/13/2022
TARZANA TREATMENT CENTERS, INC.	1	7/13/2022
TARZANA TREATMENT CENTERS, INC.	1	7/13/2022
TARZANA TREATMENT CENTERS, INC.	1	7/13/2022
TARZANA TREATMENT CENTERS, INC.	1	7/13/2022
FRED BROWN'S RECOVERY SERVICES, INC.	1	7/14/2022
FRED BROWN'S RECOVERY SERVICES, INC.	9	7/15/2022
FRED BROWN'S RECOVERY SERVICES, INC.	1	7/16/2022
FRED BROWN'S RECOVERY SERVICES, INC.	5	7/17/2022
FRED BROWN'S RECOVERY SERVICES, INC.	1	7/18/2022
FRED BROWN'S RECOVERY SERVICES, INC.	1	7/19/2022
LAKE HUGHES RECOVERY	100	8/17/2022
SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	6	11/15/2022
SADLER HEALTHCARE, INC.	5	12/1/2022
SADLER HEALTHCARE, INC.	15	12/1/2022
FRED BROWN'S RECOVERY SERVICES, INC.	1	4/11/2023
FRED BROWN'S RECOVERY SERVICES, INC.	1	4/11/2023
JWCH INSTITUTE, INC.	10	7/1/2023
JWCH INSTITUTE, INC.	12	7/1/2023
LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE	2	7/1/2023
LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE	6	7/1/2023
CLARE FOUNDATION, INC.	5	7/25/2023
FRED BROWN'S RECOVERY SERVICES, INC.	6	11/29/2023
VOLUNTEERS OF AMERICA OF LOS ANGELES	12	11/29/2023
DIVINE HEALTHCARE SERVICES, INC.	12	11/29/2023
FRED BROWN'S RECOVERY SERVICES, INC.	10	11/29/2023
TARZANA TREATMENT CENTERS, INC.	7	11/29/2023
	921	

EXHIBIT D

Enriched Residential Care for ARF and RCFE Beds

Enriched Residential Care for ARF and RCFE Beds Quarterly Report (For the Period Ending December 31, 2023)

ARF/RCFE	
Total Referrals Received	259
Referrals Approved/Accepted	133

REFERRALS ACCEPTED			
NAME OF REFERRAL SOURCE	NAME OF FACILITY OF ARF/RCFE PLACEMENT	TYPE	MOVE IN DATE
San Fernando MHC	Amigo Home II	ARF	07/22/2023
SSG Alliance	Anand Care Center III	ARF	10/19/2023
DMH HOME Team	Anand Care Center III	ARF	12/21/2023
DMH HOME Team	Anew Dawn Adult Living	ARF	08/25/2023
DMH HOME Team	Anew Dawn Adult Living	ARF	10/17/2023
Hollywood MHC	Anew Dawn Adult Living	ARF	10/12/2023
DMH HOME Team	Anew Dawn Adult Living	ARF	12/13/2023
SSG Alliance	Anew Direction Adult Living	ARF	07/31/2023
Long Beach API	Anew Direction Adult Living	ARF	08/30/2023
Heritage Clinic	Bel Air Guest Home	ARF	08/25/2023
E.D. Edelman Westside MHC	Bel Air Guest Home	ARF	10/02/2023
Exodus Recovery	Bel Air Guest Home	ARF	11/27/2023
DMH HOME Team	Beverly Hills Senior Care	RCFE	10/04/2023
DMH HOME Team	Beverly Hills Senior Care	RCFE	12/01/2023
Social Recovery Model	Bonnie's Guest House	ARF	10/25/2023
Social Recovery Model	Bonnie's Guest House	ARF	11/17/2023
Pacific Clinics	Bonnie's Guest House	ARF	11/21/2023
DMH Costal API Gardena	Caremore Aid & Board Facility	ARF	10/05/2023
Genesis - Older Adult Programs	Carson Senior Assisted Living	RCFE	10/06/2023
SSG Alliance	Carson Senior Assisted Living	RCFE	11/01/2023
South Bay MHC	Chez Bon Guest Home	ARF	08/23/2023
Didi Hirsch MHC	Chez Bon Guest Home	ARF	10/24/2023
Pacific Clinics	Commonwealth Royal Guest Home	RCFE	09/18/2023
Asian Pacific Counseling and Treatment Center	El Molino Manor	ARF	12/26/2023
SSG Alliance	Fair Oaks Manor	ARF	07/23/2023
DMH - Public Guardian	Franks Adult Residential	ARF	10/02/2023
Telecare	Freda Home of Love 1	ARF	07/01/2023
Heritage Clinic	Grandview LLC	RCFE	08/21/2023
DMH - Public Guardian	Heritage Board & Care #1	ARF	12/07/2023
DMH HOME Team	Heritage Board & Care #1	ARF	11/07/2023
Coastal API	Heritage Board & Care #2	ARF	08/11/2023
Long Beach MHC	Heritage Board & Care #2	ARF	11/17/2023
Coastal API	Heritage Board & Care #3	ARF	08/09/2023
Coastal API	Heritage Board & Care #3	ARF	09/29/2023
DMH Costal API Gardena	Heritage Board & Care #4	ARF	09/20/2023
Asian Pacific Counseling and Treatment Center	Heritage Board & Care #4	ARF	09/20/2023
Long Beach MHC	Heritage Board & Care #4	ARF	11/02/2023
Downtown MHC	Highland Park Guest Home	ARF	08/14/2023

NAME OF REFERRAL SOURCE	NAME OF FACILITY OF ARF/RCFE PLACEMENT	TYPE	MOVE IN DATE
Northeast MHC	Highland Park Guest Home	ARF	09/01/2023
Heritage Clinic	Ivan Banner B&C	RCFE	12/01/2023
Heritage Clinic	Ivan Banner B&C	RCFE	11/03/2023
Pacific Asian Counseling Services	Leisure Garden	RCFE	07/04/2023
Tessie Cleveland	Lifestyle Board and Care	ARF	09/22/2023
South Bay MHC	Lifestyle Board and Care	ARF	09/21/2023
DMH HOME Team	Lifestyle Board and Care	ARF	10/12/2023
Compton FSP/DMH	Lone Star Board and Care - Crenshaw	ARF	07/26/2023
DMH Compton Family MHC	Lone Star Board and Care - Crenshaw	ARF	08/15/2023
JWCH Institute	Lone Star Board and Care - Crenshaw	ARF	11/27/2023
Pacific Asian Counseling Services	Lone Star Long Beach Residential	ARF	10/16/2023
Mental Health America of Los Angeles	Long Beach Residential	ARF	07/20/2023
SSG Alliance	Long Beach Residential	ARF	10/02/2023
Long Beach MHC	Long Beach Residential	ARF	09/29/2023
SSG Alliance	Long Beach Residential	ARF	10/17/2023
SSG Alliance	Mountain View Board and Care	ARF	10/11/2023
DMH HOME Team	Olive Tree Home	RCFE	08/09/2023
Pacific Asian Counseling Services	Olivia Isabel Manor	ARF	10/19/2023
DMH HOME Team	Orange Community Care	ARF	10/12/2023
Gateways	Parkview Manor	ARF	09/05/2023
SOCIAL MODEL RECOVERY SYSTEMS	Pasa Alta Manor	ARF	08/15/2023
East San Gabriel Valley MHC	Pasa Alta Manor	ARF	10/11/2023
Asian Pacific Counseling and Treatment Center	Pasa Alta Manor	ARF	11/21/2023
East San Gabriel Valley MHC	Pasadena Guest Home	ARF	08/01/2023
East San Gabriel Valley MHC	Pasadena Guest Home	ARF	09/05/2023
East San Gabriel Valley MHC	Pasadena Guest Home	ARF	09/05/2023
Heritage Clinic	Pasadena Villa Senior Living	RCFE	11/15/2023
DMH HOME Team	Pasadena Villa Senior Living	RCFE	12/11/2023
DMH HOME Team	Pico Rivera Gardens Adult Residential Facility	ARF	11/16/2023
Compton Family Mental Health	Quincy Manor	ARF	08/07/2023
Compton Family Mental Health	Quincy Manor	ARF	09/11/2023
Compton Family Mental Health	Quincy Manor	ARF	08/25/2023
Barbour Floyd	Raechelle Care Home	ARF	10/13/2023
Downtown MHC	Raechelle Care Home	ARF	07/17/2023
DMH - Public Guardian	Raechelle Care Home	ARF	10/11/2023
E.D. Edelman Westside MHC	Raechelle Care Home	ARF	10/02/2023
Long Beach API	Ramona Guest Home	ARF	09/21/2023
Augustus Hawkins MHC	Safeguard Residential Home	ARF	09/05/2023
Scharp	Safeguard Residential Home	ARF	11/15/2023
Pacific Clinics	Springfield Manor	ARF	11/15/2023
San Fernando Valley Community	Sunland Manor Inc.	ARF	09/06/2023
E.D. Edelman Westside MHC	The Manor	ARF	07/19/2023
E.D. Edelman Westside MHC	The Manor	ARF	07/20/2023
Didi Hirsch MHC	The Manor	ARF	11/01/2023
Didi Hirsch MHC	The Manor	ARF	10/31/2023
Pacific Asian Counseling Services	The Manor	ARF	12/04/2023
DMH - Enhanced Care Management (ECM)	Topanga West Guest Home	ARF	11/07/2023
San Fernando MHC	Topanga West Guest Home	ARF	11/02/2023
San Fernando MHC	Topanga West Guest Home	ARF	11/27/2023
DMH HOME Team	Triumphant Elderly Care LLC	RCFE	08/22/2023

NAME OF REFERRAL SOURCE	NAME OF FACILITY OF ARF/RCFE PLACEMENT	TYPE	MOVE IN DATE
San Fernando MHC	Triumphant Elderly Care LLC	RCFE	10/01/2023
ASC Treatment Group Anne Sippi Clinic	Valley Manor Guest Home	ARF	10/19/2023
Heritage Clinic	Valley View Retirement Center	RCFE	10/13/2023
SSG Alliance	Villa Flora	ARF	10/09/2023
SSG Alliance	Villa Luren	ARF	07/24/2023
Compton Family Mental Health	Walker's Care	ARF	08/18/2023
SSG Alliance	Westside Manor	ARF	10/24/2023
Coastal API	Wilmington Gardens	ARF	08/02/2023
SSG Alliance	Windsor Hall	ARF	07/25/2023
Didi Hirsch MHC	Wyngate Villa Gardens	RCFE	10/23/2023
Prevent Homelessness Promote Health (PH2)	Anew Dawn Adult Living	ARF	04/25/2023
DMH HOME Team	Anew Dawn Adult Living	ARF	04/19/2023
DMH HOME Team	Anew Dawn Adult Living	ARF	05/01/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	04/20/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	05/10/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	05/26/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	05/09/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	06/06/2023
DMH HOME Team	Anew Dawn Adult Living	ARF	06/07/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	06/23/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	06/30/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	09/21/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	07/28/2023
Hollywood 2.0/Cooperative	Beverly Hills Senior Care	RCFE	09/22/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	07/13/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	09/27/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	08/01/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	08/02/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	08/08/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	08/07/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	08/14/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	08/11/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	10/13/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	08/02/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	09/27/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	10/03/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	12/12/2023
Hollywood MHC	Raechelle Care Home	ARF	10/06/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	11/21/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	12/09/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	11/09/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	11/09/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	11/08/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	11/27/2023
Hollywood 2.0/Cooperative	Anew Dawn Adult Living	ARF	12/04/2023
TOTAL BEDS		133	

EXHIBIT 2

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16 Attorneys for Defendant
17 COUNTY OF LOS ANGELES

18 **UNITED STATES DISTRICT COURT**
19 **CENTRAL DISTRICT OF CALIFORNIA, WESTERN DIVISION**

20 LA ALLIANCE FOR HUMAN
21 RIGHTS, et al.,
22 Plaintiffs,
23 v.
24 CITY OF LOS ANGELES, et al.,
25 Defendants.
26

CASE NO. 2:20-cv-02291 DOC (KES)
COUNTY OF LOS ANGELES'
SUPPLEMENTAL FIRST STATUS
REPORT PURSUANT TO
SETTLEMENT AGREEMENT

Assigned to the Hon. David O. Carter
and Magistrate Judge Karen E. Scott

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1 Pursuant to the Settlement Agreement between LA Alliance for Human
2 Rights and other plaintiffs (collectively, “Plaintiffs”), and the County of
3 Los Angeles (“County”) and its addendums [Dkt. 646], the County hereby submits
4 its first Quarterly Report pursuant to section D.9 of the Plaintiffs/County settlement.

5 **I. INTRODUCTION**

6 The County has met or exceeded the milestones in the settlement agreement
7 and addenda. These are more than just benchmarks towards compliance with the
8 terms of the Plaintiffs/County settlement. The County’s achievements reflect the
9 infusion of much-needed additional resources to address homelessness with targeted
10 support and services for the most vulnerable and chronically unhoused people
11 experiencing homelessness (“PEH”) within the City of Los Angeles (“City”) and
12 County of Los Angeles.

13 **II. KEY ACHIEVEMENTS**

14 **A. The County’s Support For Plaintiffs’ Settlement With The City**

15 This litigation prompted the County and City to collaborate on an
16 unprecedented level to lift people out of homelessness permanently.

17 The County is supporting the settlement between Plaintiffs and the City ~~of~~
18 ~~Los Angeles (“City”)~~ pursuant to section D.1 of the Plaintiffs/County settlement. In
19 particular, the County committed to funding a suite of wraparound services at the
20 interim and permanent housing units created by the City pursuant to the
21 Plaintiffs/City settlement. On January 16, 2024, the City submitted its Quarterly
22 Status Report in which it reported the existence of over 2,800 new shelter units that,
23 as of the end of last year, have served over 2,600 PEH. [Dkt. 660-1.]

24 In support of the Plaintiffs/City settlement, the County is devoting significant
25 resources to the City’s new interim and permanent housing projects. The County’s
26 social service workers visit the designated projects to connect eligible residents with
27 available benefits to which they are entitled, including public assistance (i.e.,
28 General Relief, CalFresh, Medi-Cal, Social Security Income, Social Security

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1 Disability Insurance, and veterans’ benefits) and mental health and Substance Use
2 Disorder (“SUD”) treatment (i.e., education, screening, linkage/referrals,
3 transportation, early intervention workshops, and more).

4 This is an extension of the County’s robust commitment to supporting our
5 most vulnerable residents in the City and County of Los Angeles. In total, the
6 County funds programs for housing and social services to individuals and families
7 who are experiencing homelessness, formerly homeless or at-risk of homelessness
8 in Los Angeles County through multiple County departments—Children and Family
9 Services, Health Services (“DHS”), Mental Health (“DMH”), Public Health
10 (“DPH”), Public Social Services (“DPSS”), Economic Opportunity, Sheriff’s
11 Department, Probation, and Public Defender—and the Los Angeles County
12 Development Authority and the Los Angeles Homeless Services Authority
13 (“LAHSA”), a joint powers authority of the County and the City. These programs
14 target myriad factors that contribute to homelessness and provide a variety of
15 services to which PEH may be eligible. Subject matter experts agree that only the
16 combination of shelter *and* supportive services will bring meaningful relief to PEH
17 and help them transition out of homelessness.

18 The City was not able to provide the County with information on City-funded
19 outreach teams’ access, including contacts or service requests made to the DMH,
20 DHS, DPSS, and DPH. The City does not currently capture this information. The
21 City funds LAHSA to administer and staff outreach teams. As such, the City
22 referred the County to LAHSA. While LAHSA’s homeless data system, Homeless
23 Management Information System (“HMIS”), captures general information on types
24 of referrals made by outreach workers (interim housing, showers/hygiene services,
25 transportation, access center, mental health services, etc.), it does not capture
26 information on what agency the referral was made to or how the referral was
27 transmitted to the agency. To be responsive to this reporting requirement in future
28 quarterly reports, the City, the County, and LAHSA are establishing a working

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1 group to identify modifications that can be made to HMIS to capture specific
2 referral-related information and to develop a training plan to train outreach workers
3 on the use of the new HMIS data fields.

4 Attached is a chart reflecting the County’s provision of supportive services to
5 the City’s interim housing projects. *See* Exhibit A1 (County Provision of
6 Supportive Services for City Interim Housing and Permanent Supportive Housing
7 for City’s Reporting Period Ending September 30, 2023). Also attached is a chart
8 reflecting the County’s provision of supportive services to the City’s permanent
9 housing project. *See* Exhibit A2 (County Provision of Supportive Services for City
10 Interim Housing and Permanent Supportive Housing for City’s Reporting Period
11 Ending September 30, 2023).

12 These efforts are on top of the County’s commitment of up to \$293 million
13 under the June 2020 Memorandum of Understanding [Dkt. 136, 185] to provide
14 6,700 beds and supportive services and other resources for PEH residing near
15 freeways, those 65 years and older in the City, and other vulnerable PEH within the
16 City. The County has reported on its work under the freeway deal in periodic
17 reports to the Court. [Dkt. 342, 356, 357, 364, 373.] The County has fully met its
18 obligations.

19 **B. Beds Available To County Outreach Teams**

20 The County is using its reasonable best efforts to ensure County outreach
21 teams (including the increased MDT and HOME teams referenced below) have
22 access to County high service need interim housing beds for PEH in the City,
23 pursuant to section D.2 of the Plaintiffs/County settlement. *See* Exhibit B (High
24 Service Need Interim Housing Beds Available to County Outreach Teams Quarterly
25 Report for the Period Ending December 31, 2023).

26 **C. Mental Health/Substance Use Disorder Beds**

27 The County has brought online over 900 mental health/substance use disorder
28 beds by December 31, 2023, pursuant to section D.3a of the Plaintiffs/County

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1 settlement. The County has surpassed the 600-bed minimum provided for in the
2 settlement agreement by 50 percent. The mental health/substance use disorder beds
3 include a mix of acute, sub-acute, and interim housing beds to accommodate the
4 diversity of unhoused clients’ clinical needs. The attached chart reflects beds that
5 continue to be open and operational. *See* Exhibit C (Mental Health/Substance Use
6 Disorder Beds Quarterly Report for the Period Ending December 31, 2023).

7 **D. Enriched Residential Care for Adult Residential Facilities (“ARF”)**
8 **and Residential Care Facilities for the Elderly (“RCFEs”) Beds**

9 The County has been able to make available over 100 new subsidies for
10 enriched residential care at ARF and RCFEs (“board and care”) beds by December
11 31, 2023, pursuant to section D.3b of the Plaintiffs/County settlement. The County
12 has provided more than double the 40 subsidies provided for in the settlement
13 agreement.

14 Board and care facilities provide housing, meals, and 24/7 assistance with
15 activities of daily living. In addition, DMH provides mental health services to their
16 clients living in licensed residential care facilities as an enhancement to the board
17 and care supportive services. For these reasons, this program is a vital housing
18 resource for the County’s vulnerable population with serious mental illness. This
19 valuable housing resource is often utilized by individuals who are also homeless or
20 at risk of homelessness and need care and supervision to maintain housing.

21 The state sets the rate that owners of board and care facilities can charge for
22 individuals that receive Supplemental Security Income, and given the low rate set by
23 the State, many board and care facilities have closed over the past five years. The
24 County’s subsidies supplement those rates with local funds, helping to keep
25 facilities in operation and thereby preserving this housing opportunity for many of
26 the County’s most vulnerable residents. Moreover, the subsidies help create flow
27 from higher levels of care and help to eliminate the strain on vital resources
28 elsewhere posed by closures, such as worsening backlogs for people in jails,

1 hospitals or locked psychiatric facilities waiting for housing in the community. See
2 Exhibit D (Enriched Residential Care for ARF and RCFE Beds).

3 **E. Multi-Disciplinary Teams And Homeless Outreach Mobile**

4 **Engagement Teams**

5 The County has 34 Multi-Disciplinary Teams (“MDTs”) and 8 Homeless
6 Outreach and Mobile Engagement (“HOME”) teams, pursuant to sections D.4 and
7 D.5 of the Plaintiffs/County settlement. ~~These teams serve PEH within the City of~~
8 ~~Los Angeles, and have been assigned to areas on a proportional basis that tracks the~~
9 ~~geographic distribution of PEH reflected in the LAHSA Point In Time Count in~~
10 ~~order to address the greatest need.~~

11 **A. MDTs**

12 MDTs are deployed by ~~the DHS and~~. MDTs are comprised of individuals
13 with specialized training and expertise as health professionals, mental health
14 specialists, substance abuse counselors, and case managers, as well as someone with
15 lived experience with homelessness, who provide outreach and engagement 7 days a
16 week to connect PEH with complex health and/or behavioral conditions to housing,
17 supportive services, and sources of income. **HOME**

18 Pursuant to section D.4 of the Settlement Agreement, the County agreed to
19 allocate at least 1 MDT per Council District in the City of Los Angeles, and assign
20 the remaining teams “where there is the greatest need as informed by the Point-In-
21 Time Count.” The County’s 34 MDTs are currently deployed by the as follows:

<u>Council District</u>	<u># of MDTs</u>
<u>1</u>	<u>3</u>
<u>2</u>	<u>1</u>
<u>3</u>	<u>1</u>
<u>4</u>	<u>1.5</u>
<u>5</u>	<u>1.5</u>
<u>6</u>	<u>1</u>
<u>7</u>	<u>1</u>

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<u>Council District</u>	<u># of MDTs</u>
<u>8</u>	<u>2</u>
<u>9</u>	<u>4</u>
<u>10</u>	<u>2.5</u>
<u>11</u>	<u>2</u>
<u>12</u>	<u>1</u>
<u>13</u>	<u>2.5</u>
<u>14</u>	<u>8</u>
<u>15</u>	<u>2</u>

At this time, the County has determined that greatest need correlates with the relative dispersion of the PEH population. Thus, the MDTs are assigned to each Council District (“CD”) on a proportional basis that tracks the geographic distribution of PEH in the City of Los Angeles, as reflected in the LAHSA Point-In-Time Count. Note, Skid Row is within CD14 and three of the MDTs that operate in that CD are dedicated to the Skid Row area.

B. HOME Teams

HOME teams are deployed by DMH, and are field-based teams that provide field-based outreach and engagement services in addition to specialty, and treatment to people with severe and persistent mental illness who are experiencing unsheltered homelessness. The HOME program serves people 18 and over who are experiencing chronic unsheltered homelessness, have profound mental health treatment (e.g., intensive needs and associated impairments, and require specialized mental health services in order to secure and sustain housing. Services provided by the HOME teams are tailored to each individual and can include assisting clients with meeting basic food, clothing, shelter, and hygiene needs; securing clinical assessments; case management, psychotropic; providing street psychiatry, and medication and crisis intervention) to PEH who have a serious mental illness, with the goal of linking them to ongoing mental health services, intensive case delivery, administration, and management, and permanent housing. The increased numbers

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1 ~~were in direct response to the current unsheltered population, as determined by the~~
2 ~~latest point in time count; initiating inpatient hospitalization or outpatient~~
3 ~~conservatorship; and linking clients to appropriate additional services. Over the two~~
4 ~~years prior to the settlement, HOME teams served upwards of 1,000–1,500 unique~~
5 ~~individuals, rendering 3,500–4,000 services per month.~~

6 Although the MDTs also have a mental health component, the HOME teams
7 are frequently called upon to engage and assess PEH in the throes of mental health
8 crisis. ~~Most referrals are submitted by generalist homeless outreach providers who~~
9 ~~identify individuals with severe impairment that require specialized and intensive~~
10 ~~support and engagement. Other County departments or even the general public may~~
11 ~~initiate a referral to a HOME team. The HOME teams (like the MDTs) have also~~
12 ~~offered invaluable support for the County’s and City’s ongoing encampment~~
13 ~~resolution programs.~~

14 ~~Most County programs, including the HOME teams, do not operate according~~
15 ~~to district boundaries, which are set by the City Council every ten years following~~
16 ~~the release of U.S. census data. Instead, the County is divided into eight Service~~
17 ~~Planning Areas (“SPAs”). These distinct regions allow County departments like~~
18 ~~DMH to develop and provide more relevant mental health and clinical services~~
19 ~~targeted to the specific needs of the residents in these different areas. Although the~~
20 ~~City’s boundaries do not align perfectly with any SPAs, the entirety of the City of~~
21 ~~Los Angeles is encompassed within SPAs 2, 4, 5, 6, and 8, with the City comprising~~
22 ~~the vast majority of SPAs 2, 4, 5, and 6, but only a small portion of SPA 8. Skid~~
23 ~~Row is within SPA 4.~~

24 ~~Pursuant to section D.5 of the Settlement Agreement, the County agreed to~~
25 ~~increase the number of HOME teams dedicated to conducting outreach in the City~~
26 ~~of Los Angeles to 8 teams by the end of fiscal year 2022/2023 and 10 teams by the~~
27 ~~end of fiscal year 2023/2024. There were 8 HOME teams that conducted outreach~~
28 ~~in the City by the end of the reporting period that are deployed as follows:~~

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<u>SPA</u>	<u># of HOME teams</u>
<u>2</u>	<u>2</u>
<u>4</u>	<u>3</u>
<u>5</u>	<u>2</u>
<u>6</u>	<u>1</u>

Although these HOME teams are dedicated to outreach in the City, the nature of the HOME program requires staff to provide services to wherever their established clients may currently reside. ~~HOME teams do more than just connect PEH with care providers; they bring the care—including medication—to PEH on the streets to eliminate barriers to access.~~ The HOME teams are based on an innovative individualized treatment model that depends on nurturing a deep bond and trust with their mobile clients, with the ultimate goal of stabilizing individuals enough that they feel comfortable accepting the County’s housing opportunities. HOME teams engage in long term sustained and repeated intervention to effect positive outcomes for clients, who are generally highly avoidant of services. HOME teams do more than just connect PEH with care providers; they bring the care—including medication—to PEH on the streets to eliminate barriers to access. ~~It can take weeks or longer to reach that point, but HOME teams remain connected with patients regardless of their geography to foster the connection that ultimately drives successful treatment and positive housing outcomes for patients. For example, over the two years prior to the settlement, HOME teams served upwards of 1,000–1,500 unique individuals, rendering 3,500–4,000 services per month.~~

~~The MDTs and HOME teams have offered invaluable support for the County’s and City’s ongoing encampment resolution programs.~~ In order to do this, each individual staff person forges strong and meaningful relationships with individual people experiencing homelessness, meeting them where they are both emotionally and geographically. The people served by the program are quite

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1 transient, crossing political boundaries between cities often. HOME staff follow
2 people served across political borders to maintain continuity of care as they work to
3 develop relationships, intervene, and effect change. It can take weeks or longer to
4 reach that point. Furthermore, as treatment of a client progresses, they are often
5 placed in housing or treatment facilities outside of the area in which they were
6 initially engaged. In such cases, staff continue to visit clients in their new locations,
7 maintaining continuity of care to effectively support clients through the treatment
8 and recovery process. Additionally, staff may respond to any part of the county
9 during crisis situations such as an urgent need for hospitalization of a client or
10 emergency situations like storms or public safety advisories.

11 The County has determined that greatest need correlates with the relative
12 dispersion of the PEH population. Thus, the HOME teams are assigned to each SPA
13 on a proportional basis that tracks the geographic distribution of PEH in the City of
14 Los Angeles, as reflected in the LAHSA Point-In-Time Count.

15
16 **F. Partnership On City- and County-Owned Land**

17 As part of the ongoing collaborative approach between the County and the
18 City on homelessness issues, there are ongoing discussions about how City- and
19 County-owned land could play a role in addressing the needs of PEH in the City and
20 County of Los Angeles, pursuant to section D.6 of the Plaintiffs/County settlement.

21 **G. Advocacy Efforts For PEH With Serious Mental Illness or SUD**

22 The County has diligently worked on identifying additional state and federal
23 funding for programs for PEH suffering from serious mental illness and/or SUD,
24 pursuant to sections D.7 and D.8 of the Plaintiffs/County settlement.

25 The Department of Public Health, Substance Abuse Prevention and Control
26 Bureau (DPH-SAPC) is working with the State of California to make residential
27 treatment stays subject to reimbursement through the Medi-Cal program. The goal
28 is for DPH-SAPC’s network of SUD residential treatment providers to have

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1 increased funding for continued stays when the patient elects to continue receipt of
2 treatment services. This increased funding for longer stays in residential treatment
3 programs should result in fewer clients being discharged and returning to
4 unsheltered homelessness. DPH-SAPC is also advocating to expand access to
5 medications for addiction treatment by adding prescribers to the staffing structure of
6 outpatient and residential treatment programs. DPH-SAPC is diligently working to
7 increase Behavioral Health Bridge Housing beds in the City and County of Los
8 Angeles, as well as enhanced housing navigation services. DPH-SAPC is also
9 pursuing additional funding for overdose prevention and response activities,
10 including medications for addiction treatment for opioid, alcohol, stimulant,
11 cannabis, and tobacco use disorders, linkage and retention to treatment services,
12 street-based testing of drugs and paraphernalia, healthcare workforce-based
13 education in harm reduction, safer prescribing of controlled substances, and
14 substance use treatment.

15 DMH continued its ongoing advocacy of the federal government to access
16 Medicaid funding in order for the County to expand its network of specialty mental
17 health services. DMH is supporting the State of California’s efforts to receive
18 matching federal Medicaid dollars for short-term stays in mental health treatment
19 facilities. Current federal regulations prohibit the County from receiving Medicaid
20 reimbursement for residential treatment in facilities that provide mainly mental
21 health treatment and have more than 16 beds. This federal policy severely limits the
22 financial viability of local residential treatment centers, thereby restricting the
23 availability of residential treatment beds for DMH’s most severely ill clients,
24 including those who are experiencing homelessness.

25 People in our community experience severe mental illness and may not
26 receive regular help, often resulting in homelessness and substance use. DMH is
27 leading the County’s implementation of programs under the Community Assistance,
28 Recovery and Empowerment (CARE) Act. The CARE Act creates a civil court

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1 process where qualifying individuals or entities can petition the court to help
2 connect eligible individuals suffering from severe mental illness to a broad array of
3 services, including mental health and housing services. DMH is seeking additional
4 state funding to facilitate the County’s effective implementation of the CARE Act.

5

6 **H. Increased Transparency**

7 The County is in the process of identifying all contracts whose billings and
8 invoices will be made accessible to the public from October 2023 onward relating to
9 provider services connected to the County’s settlement agreement, pursuant to
10 section D.9 of the Plaintiffs/County settlement. Some billings and invoices are in
11 arrears and not yet available to the County. To ensure that the public release of
12 information does not jeopardize the privacy of any individuals, including data that
13 are restricted by contract or information protected by law, the County will work with
14 legal counsel to redact sensitive and protected information from the billings and
15 invoices before being published.

16 **III. CONCLUSION**

17 As set forth herein, the County has complied fully with its obligations under
18 the Plaintiffs/County settlement, and will continue to meet or exceed the milestones
19 in connection with the next reporting period.

20

21 DATED: ~~January 30~~ March 14, MILLER BARONDESS, LLP
22 2024

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By: /s/ Mira Hashmall
MIRA HASHMALL
Attorneys for Defendant
COUNTY OF LOS ANGELES