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Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

LA ALLIANCE FOR HUMAN RIGHTS, *et al.*,

Plaintiffs,

v.

CITY OF LOS ANGELES, *et al.*,

Defendants.

Case No. 2:20-CV-02291-DOC-KES

Assigned to Judge David O. Carter

PLAINTIFF'S REPLY TO COUNTY OF LOS ANGELES'S RESPONSE TO JUNE 15, 2026 LETTER FROM COUNCILWOMAN MONICA RODRIGUEZ AND PLAINTIFF'S REQUEST FOR STATUS CONFERENCE

Date: August 26, 2026
Time: 9:00 a.m.
Location: Courtroom 1

Complaint Filed: March 10, 2020
SASC Filed: July 15, 2022
Settlement Filed: Sept. 29, 2023

PLAINTIFF'S REPLY TO COUNTY OF LOS ANGELES'S RESPONSE

Plaintiff LA Alliance for Human Rights ("Plaintiff") files this reply in response to County of Los Angeles's Response to June 15, 2026 Letter from Councilmember Monica Rodriguez and Plaintiffs' [sic] Request for Status Conference. (Cnty.'s Resp., June 30, 2026, Dkt. No. 1315.)

Plaintiff notified Defendant County about potential violations in November 26, 2024. Since then the parties have met and conferred multiple times about these issues which remain unresolved. (Declaration of Elizabeth A. Mitchell ("Mitchell Decl.") ¶¶ 2–8, Exs. A–F). Plaintiff has also had multiple conversations with Special Masters Martinez and Goethals about the same issues and understands that the County has proposed no resolution to the issues identified herein. (Mitchell Decl. ¶ 9.) Because the parties have met and conferred multiple times over the last two years, and because these issues remain unresolved and unaddressed by the County, a status conference regarding the County's compliance is timely and appropriate.

Regardless, pursuant to the Court's order, the parties are set to meet and confer about these issues again on July 20, 2026, with Special Masters Goethals and Martinez. (Mitchell Decl. ¶ 10.)

Dated: July 14, 2026

Respectfully submitted,

/s/ Elizabeth A. Mitchell
UMHOFER, MITCHELL & KING, LLP
Matthew Donald Umhofer
Elizabeth A. Mitchell

Attorneys for Plaintiffs

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UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

LA ALLIANCE FOR HUMAN RIGHTS, *et al.*,

Plaintiffs,

v.

CITY OF LOS ANGELES, *et al.*,

Defendants.

Case No. 2:20-CV-02291-DOC-KES

Assigned to Judge David O. Carter

DECLARATION OF ELIZABETH A. MITCHELL IN SUPPORT OF PLAINTIFF'S REPLY TO COUNTY OF LOS ANGELES'S RESPONSE

Date: August 26, 2026
Time: 9:00 a.m.
Location: Courtroom 1

Complaint Filed: March 10, 2020
SASC Filed: July 15, 2022
Settlement Filed: Sept. 29, 2023

I, Elizabeth A. Mitchell, hereby declare as follows:

1. I am an attorney at the law firm of Umhofer, Mitchell & King LLP, and I represent Plaintiffs LA Alliance for Human Rights (the "Alliance"), Joseph Burk, George Frem, Wenzial Jarrell, Charles Malow, Karyn Pinsky, and Harry Tashdjian ("Plaintiffs") in this action. I submit this declaration in support of Plaintiff's Reply to County of Los Angeles's Response to June 15, 2026 Letter from Councilwoman Monica Rodriguez and Plaintiff's Request for Status Conference. Except for those that are stated upon information and belief, I have personal knowledge of the facts set forth herein, and if called and sworn as a witness, I could and would testify competently thereto.

2. I notified Defendant County about potential violations in November 26, 2024. Since then the parties have met and conferred multiple times about these issues which remain unresolved.

3. Attached hereto as **Exhibit A** is a true and correct copy of a letter from Elizabeth A. Mitchell to Lauren Brody re Notice of Violation of Settlement Agreement, dated November 26, 2024.

4. Attached hereto as **Exhibit B** is a true and correct copy of a letter from Lauren Brody to Elizabeth A. Mitchell re Notice of Violation of Settlement Agreement, dated December 9, 2024.

5. Attached hereto as **Exhibit C** is a true and correct copy of an email chain between Elizabeth A. Mitchell and Lauren Brody, et al., most recent date of August 8, 2025.

6. Attached hereto as **Exhibit D** is a true and correct copy of an email chain between Elizabeth A. Mitchell and Lauren Brody, most recent date of September 8, 2025.

7. Attached hereto as **Exhibit E** is a true and correct copy of an email chain between Elizabeth A. Mitchell and Michele Martinez, et al., most recent date of September 18, 2025.

8. Attached hereto as **Exhibit F** is a true and correct copy of an email chain between Elizabeth A. Mitchell and Lauren Brody, most recent date of September 24, 2025. No response was received from County or City to the Alliance's September 24, 2025 email.

9. I have also had multiple conversations with both Special Master Goethals and Special Master Martinez about these issues and understand that the County has proposed no resolution to the issues identified herein.

10. Regardless, pursuant to the Court's order, the parties are set to meet and confer about these issues again on July 20, 2026, with Special Masters Goethals and Martinez.

I declare under penalty of perjury under the laws of the State of California and the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

Executed on July 14, 2026 at Los Angeles, California.

/s/ Elizabeth A. Mitchell
Elizabeth A. Mitchell

Exhibit A

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November 26, 2024

VIA EMAIL

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Re: LA Alliance v. City and County of LA; Notice of Violation of Settlement Agreement

Dear Lauren:

We write to identify what appears to be multiple violations on the part of the County of Los Angeles of the parties' Settlement Agreement. Each of the issues identified herein have been the subject of multiple meet and confer attempts and discussions since at least April, 2024, well beyond the 120-day cure period identified in the Settlement Agreement [cite paragraph No.].

1) Support for Plaintiffs' Settlement with the City of Los Angeles (D.i.)

Provision of Supportive Services in City and County Units (D.i.1.)

The County does not appear to be sufficiently providing support for the City's interim and permanent supportive housing units, in particular public assistance programs, mental health services, substance use disorder services, and benefits advocacy services. Residents and service providers have stated in open court, during listening sessions, and directly to Plaintiff LA Alliance that services both in interim and PSH units are lacking. The County's reports are insufficient to counter those claims.

The County reports on services provided as reflected in the County's quarterly reports and exhibits A1 and A2 attached thereto. However, it has come to Plaintiffs' attention through the last several months that the County does not actually track the services provided to people experiencing homelessness ("PEH"), and does not know the number of PEH in the City receiving services. Thus, relies on the City's report of locations to identify the individuals accessing services at each site. This is problematic because it does not appear to be proactively evaluating residents at facilities for eligibility other than upon initial opening of an interim facility. *See* ECF No. 813 p. 6-7. The numbers reflected in Exhibits A1 and A2 support the anecdotal reports, insofar as the numbers of PEH accessing services at each site is far below the need. *See, e.g.* ECF No. 813 Ex. A1 (Mayfair has 294 beds, with the City reporting nearly full occupancy, but Ex. A-1 shows only 203 CalFresh recipients, 174 Medi-Cal recipients, 130 GA recipients, 20 DMH clients, 9 DPH-SAPC clients, and 10 CBEST clients—far below the need);

Ex. A2 (reflecting only 2,473 CalFresh recipients, 1,844 Medi-Cal recipients, 1,109 GA recipients, 578 DMH clients, 120 DPH-SAPC clients, 147 DHS clients, and 396 DHS clients out of the City's reported 3,572 residents). This reflects only a 7% (interim) and 16% (PSH) enrollment rate with the Department of Mental Health when the population needing mental health treatment is estimated at greater than 40%. For those PEH actually enrolled in services, provision thereof still appears to be insufficient as residents and providers report significant difficulty accessing services (e.g. having to travel long distances without transportation support to attend appointments).

To the extent the County shifts responsibility to service providers to evaluate, refer, and accommodate PEH accessing services, and the County fails to pay providers to do so, such shift is not contemplated by the parties' agreement. *See* ECF No. 813, p. 6 ("The provider is also responsible for engaging on-site participants to assess participant interest and eligibility, obtaining any client authorization/consents to share personal information with County Departments, creating a schedule of participants for engagement during a site visit, arranging for secure on-site facilities where County Departments may engage in confidential conversations with clients, and being present to support clients in connecting with County Departments."). Furthermore, to the extent the County provides Intensive Case Management Services ("ICMS") to PSH clients, the case manager—provided by the County—is responsible for connecting residents with services, not the housing provider. Evidently this is not being done.

The fact that nobody – the City, LAHSA, or the County—can provide a roster of individuals residing in the City's facilities is alarming and calls into question the reliability of the data provided in the reports.

Provision to City-funded Outreach Teams with Direct Access to DMH, DHS, DPSS, and DPH (D.1.ii.)

The County does not appear to be providing City-funded outreach teams with direct access to Department of Mental Health, Department of Health Services, Department of Public Social Services, and Department of Public health directly. As has become apparent through the last several months of meet-and-confers with the County, discussions in open court, listening sessions held by the Court, and direct conversations with outreach workers, City-funded outreach workers are unable to connect directly with representatives from these departments. The referral process for each department is cumbersome and takes several days to over a month to get a response from County departments. Outreach workers, who are in the best position to interface with unsheltered PEH due to the trust established, are unable to follow up on referrals to obtain a status report on referrals on behalf of their clients. The Department of Mental Health has recently established hotlines outreach workers can call, but the wait to talk to a person is often prohibitively long and unless there is an emergency it takes days to get a response. Other departments have more arcane and/or outdated connection processes, including referral by fax, which is insufficient.

The County recently instituted a new field in HMIS which was intended to document the outreach referrals made by the City-funded outreach workers in an attempt to report on activity. However, the last report only identified 25 referrals within a 3-month period, which is plainly

insufficient. One outreach worker alone reported 125 referrals in the same period and confirmed documentation via HMIS. The problem is not with the outreach workers and their efforts to make referrals. It is with the County's systems capturing and feeding back the disposition of the referrals. The feedback loop, both to the Court and to the outreach worker making the referral, is not only to affirm the referral but also to determine the outcomes of such referrals. No such feedback loop exists at this time.

To date the County has not instituted any process in place to the Alliance's knowledge about how to capture "indirect" referrals, such as requests for help from HOME and MDT teams, despite discussing this issue for well over six months.

In sum, the County's systems and infrastructure in place is insufficient to meet its obligations under this section. City PEH are not being connected to and provided with County treatment and services on the street, in interim facilities, or permanent facilities, to the extent required under the County agreement.

2) Beds Available to County Outreach Teams (D.2.)

The County is required to make "reasonable best efforts" to ensure County outreach teams have access to County Homeless Initiative-funded high service need interim housing beds for PEH in the City, and that those beds be exclusively for use by, or prioritize, PEH in the City. During settlement negotiations, the County represented that only medical personnel could refer to high service need interim housing beds, which is why the language reflects that *County* outreach teams have access to these beds (because City as a general rule does not employ medical personnel). However, during a recent meeting with the director of Housing for Health, which operates the beds in question, it was revealed for the first time that anybody can and does refer to these beds (including City-funded outreach workers who are aware of them, LAHSA outreach workers, and interim facilities). Yet the County is only reporting on HOME and MDT team referrals to these beds.

The County reports that it provides approximately 1,500 high-service needs IH beds, including approximately 1,000 within the City and 500 outside of the City. The County is obligated to report all referrals, not just those made by MDT and HOME teams. *See* D.9.ii. ("The number of referrals to Homeless Initiative-funded high service need interim housing beds, the type of team making the referral, the disposition of the referral, and an explanation for any referrals that are not approved (if any). The Alliance requests immediate reporting of all referrals made, in compliance with the Settlement Agreement.

Additionally, because it has now been revealed that referrals can come from all sources, there appears to be no mechanism in place to ensure that high service needs interim housing beds with the City are used exclusively for use by, or prioritize, PEH in the City.

The County reports that it has received "682 referrals from its outreach teams operating in the City, of which 401 were accepted." Given the scale of the homeless crisis in the Los Angeles region, with at least 23,963 PEH in the City who are seriously mentally ill and/or have chronic substance abuse according to the 2023 point-in-time count, 682 referrals with 401

acceptances reflects 3% and 1.6% respectively of the need for treatment and services to this vulnerable population. The Alliance requests an immediate report on all referrals made to high-service needs interim housing beds since the inception of the Agreement, including the source of referrals, and the amount of time accepted clients wait for available beds. The Alliance also requests a report on the activity of MDTs and HOME teams assigned to the City of Los Angeles since the inception of the Agreement, including time spent in council districts. With 34 MDTs and 10 HOME teams, the Alliance would expect far high referral rates.

3) Mental Health/Substance Use Disorder Beds (D.3.)

The County reports that Exhibit C reflects beds that are open and operational, but does not indicate which beds are in addition to beds previously utilized by the County to serve people with mental illnesses and SUD. The Alliance requests confirmation that all Mental Health/SUD beds in existence prior to June 14, 2022 are still open and operational or have otherwise been replaced such that the entire stock of MH/SUD beds is being increased, and the "new" beds are not merely replacing "old" beds which have closed or otherwise been discontinued.

4) Referrals by City Funded Outreach Workers

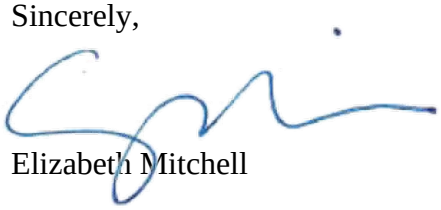
As discussed *infra*, Exhibit E to the County's report purports to identify referrals made by City-funded outreach workers for PEH in need of County-provided treatment and services. This is another example of the County's passive role regarding its obligations. The County artificially capitates the number of referrals by City Funded Outreach Workers by asserting that the settlement only demands requests submitted by City-funded outreach workers reached in HMIS during the reporting period. But no such limit exists. The County can and must perform its own enumeration and disposition of referral pursuant to Section D.9.i.2.

The County's default position appears to be that the existence of its programs and processes constitutes sufficient performance and there is no need to provide documented proof of efficacy. Therefore it focuses on completing processes rather than good outcomes, and fails to track progress of programs and clients. This disposition, as demonstrated by its submissions to the court, undermines the County's performance in substantively complying with the LA Alliance settlement and does nothing to dispel the anecdotal reports of non-compliance.

The County's lack of performance has a negative effect on the entire shelter, housing, and service system. The City or service provider may perform their due diligence and refer a client in need of mental health or SUD services to the County but then lose the client to the complex and process-burdened County system. The County's antiquated systems and lack of infrastructure and proactive support has directly led to the homelessness crisis, and its unwillingness to modify those systems to meet its obligations under the Alliance-County agreement is problematic.

Unless the County indicates willingness to immediately address the issues raised herein, given the significant amount of time spent meeting and conferring without resolution the Alliance believes these issues are ripe for Court adjudication.

Sincerely,



Elizabeth Mitchell

cc

Mira Hashmall (Miller Barondess)
Jason Tokoro (Miller Barondess)
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December 9, 2024

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VIA E-MAIL

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Re: Plaintiffs' November 26, 2024 Letter re: LA Alliance v. City and County of LA; Notice of Violation of Settlement Agreement

Dear Counsel/Monitors:

As you know, this firm is counsel to the County of Los Angeles ("County") in connection with the matter *LA Alliance for Human Rights et al. v. City of Los Angeles and County of Los Angeles*, Case No. 2:20-CV-02291 (the "Action"). We are in receipt of Ms. Mitchell's November 26, 2024 letter ("Letter"), which raises four issues that Plaintiffs assert constitute "violations on the part of the County of Los Angeles of the parties' Settlement Agreement" in the Action. (Ltr. 1.)

The County treats its obligations under the Settlement Agreement, and Plaintiffs' accusations of breach, with utmost seriousness. We have reviewed in detail the Letter as well as the Settlement Agreement and addenda (together, the "Settlement Agreement"), the County's quarterly reports, the parties' prior correspondence, and other materials. Based on that thorough review, we believe that Plaintiffs failed to comply with the mandatory pre-motion requirements for raising an allegation of breach pursuant to the Settlement Agreement. We also do not believe there is a factual basis for Plaintiffs' conclusion that any breach has occurred. We therefore write to clarify inaccuracies and omissions in the Letter and to respectfully request a meeting

with the Honorable Jay Gandhi and Michele Martinez in their capacities as Monitor/Special Master (together, the "Monitors") for the purpose of mediating a resolution of the issues set forth in the Letter. (*See* Agmt §§ P.1.i & T.)

A. Plaintiffs Have Not Complied With The Mandatory Dispute Resolution Procedures

The Settlement Agreement followed months of negotiations during which both sides were represented by counsel and participated in the drafting of the final, memorialized contract. With respect to potential disputes, the Settlement Agreement provides for the following process:

> **P. Dispute Resolution:**
>
> **1.** The Parties agree that the procedures contained in this Section are the required and exclusive steps for resolving any dispute between the Parties arising out of or relating to this Agreement or any Party's rights or obligations hereunder ("Dispute").
>
> > **i.** Dispute Initiation/Right to Cure: In the event of any dispute between the Parties arising out of or relating to this Agreement or any Party's rights or obligations hereunder, a Party wishing to raise a claim, demand, or cause of action (the "Claiming Party") against any other Party (the "Responding Party") shall, before taking any other action concerning the dispute, provide to the Responding Party written notice setting out in reasonable detail the nature of the dispute and the relief sought ("Notice of Dispute"). The Parties shall meet and confer within a reasonable time in a good-faith effort to resolve the dispute through informal negotiations. Any party that is alleged in a Notice of Dispute to be in breach of this Agreement, and who, after meeting and conferring, requests an opportunity to cure, shall have up to one hundred twenty (120) days after receipt of the Notice of Dispute to cure such alleged breach, unless otherwise agreed ("Cure Period"). No Party will be considered in breach of this Agreement unless it is alleged that such Party has failed to substantially perform its obligations under this Agreement ("Breach").
>
> > **ii.** Judicial Enforcement: If, after exhausting the dispute resolution procedures described in Section (P)(1)(i),

> the Claiming Party still alleges the Responding Party is in breach of this Agreement, the Claiming Party may file a notice of breach and request for judicial enforcement in the District Court to remedy such alleged breach. The District Court retains jurisdiction, at its discretion, for purposes of enforcing this Agreement until the end of fiscal year 2026/2027 (*i.e.*, June 30, 2027). The only relief that any Party may seek in the event of an alleged Breach of this Agreement will be an order compelling specific performance of the Agreement. No Party may seek monetary damages of any kind as a result of an alleged Breach.
>
> **2.** Each Party shall bear his, her, or its own costs and fees in connection with any of the dispute resolution processes under this Section.

(Dkt. 647 ("Settlement Agreement"), § P.) The Parties agreed to the Court's recommendation of Judge Gandhi and Ms. Martinez as, respectively, Monitor and Special Master "for the purpose of assisting the Court in overseeing and enforcing this Agreement, including resolving Disputes per Section P.1.i." (*Id.* at 38 (Second Addendum), § T.)

The ink had barely dried before Plaintiffs started to try and rewrite the substantive terms of the Settlement Agreement through "dispute" resolution, to no avail. Plaintiffs are wrong that "[e]ach of the issues identified [in the Letter] have been the subject of multiple meet and confer attempts and discussions since at least April, 2024." (Ltr. 1.) To the contrary, Plaintiffs have ***never*** complied with the "required" and "exclusive steps for resolving any dispute between the Parties arising out of or relating to this Agreement or any Party's rights or obligations [t]hereunder": written notice *to* ***County Counsel***, followed by "informal negotiations" between the parties to try and resolve any dispute. (Agmt §§ P.1, Q (emphasis added).) The Letter also purports to raise new issues about which the Parties have not met and conferred at all.

The County filed its first status report pursuant to the Settlement Agreement on January 30, 2024. (Dkt. 662.) The County's obligations to report on "support services for interim and permanent supportive housing" and "contacts or service support requests" from City-funded outreach workers are subject to, as a condition precedent, the County's "recei[pt] of information from [the] City at least 30 days before a quarterly report is due." (Agmt § 9.i.1–2.)

In its January 30, 2024 report, the County explained that "the City was not able to provide the County with information on City-funded outreach teams' access, including contacts or service requests made to the DMH, DHS, DPSS, and DPH," because it had learned that "[t]he City does not currently capture this information." (Dkt. 662 at 3.) The City instead "referred the County to LAHSA," which did not have this information either. (*Id.*) The County further

explained that, rather than rest on the City's lack of information, the County initated steps "to identify modifications that can be made to [LAHSA's homeless data system, Homeless Management Information System ("HMIS")] to capture specific referral-related information and to develop a training plan to train outreach workers on the use of the new HMIS data fields." (*Id.* at 3–4.)

At the request of Judge Gandhi, the Parties met with the Monitors on February 28, 2024 to discuss the County's status report. During that conference, the Monitors described recent site visits they performed to confirm the County's newly reported Substance Use Disorder ("SUD") beds, and also praised the County for exceeding the new-bed threshold set by the Settlement Agreement. Plaintiffs requested additional information regarding one provision of the Settlement Agreement: the geographic assignment of the County's Multi-Disciplinary Teams ("MDTs") and Homeless Outreach and Mobile Engagement ("HOME") Teams, and how the Departments evaluated the greatest need when assigning the teams. The County agreed to, and did, provide a supplemental Quarterly Report regarding these issues. (*See* Dkt. 689.)

On May 13, 2024, Plaintiffs filed a "Notice of Comments on the County of Los Angeles' April 30 Report." (*See* Dkt. 739.) In it, Plaintiffs expressed "concern[]" with the "detail included in the County's report," and posed a list of questions to the County. The County responded by letter on May 17, 2024, reminding Plaintiffs of the dispute resolution requirements under the Settlement Agreement, pointing out where the County's status report provided the information requested by Plaintiffs, and explaining that the remaining questions posed by Plaintiffs sought information that went beyond the scope of the County's reporting obligations as set forth in Paragraph D.9 of the Settlement Agreement. Despite the fact that Plaintiffs had not complied with the requirements to trigger any meet-and-confer obligations, the County nevertheless invited Plaintiffs to join it in dialogue with the Monitors.

According to email correspondence, Ms. Mitchell was out of town for a "two-week trip," so that meeting took place on May 28, 2024, after she returned. Following that meeting, the County provided Plaintiffs with a link to and copy of the HMIS training for City outreach workers as well as a breakdown of the reported new mental health/SUD beds by bed type, as well as a description of the different bed types that are part of the continuum of care and properly counted towards the County's bed milestones under the Settlement Agreement.

On June 7, 2024, Ms. Mitchell sent this firm an e-mail noting that Plaintiffs "still have some concerns" with the County's quarterly report. A copy of Ms. Mitchell's e-mail is attached hereto as **Exhibit A.** Of the issues set forth in that e-mail, only ***two*** involved actual reporting obligations: (1) Plaintiffs requested "the 'numbers of PEH accessing services" pursuant to 9(i)(1)'" of the Settlement Agreement and (2) "the number of referrals [to Adult Residential Facilities/Enriched Residential Care" beds], name of referral sources, number of referrals accepted, date individual moved in, and name and type of facility accepting enhanced rate" pursuant to Paragraph D.9.viii of the Settlement Agreement.

With respect to the numbers of PEH accessing County mainstream services, the County reported the information it had, which related to site visits conducted by the County to the City's housing sites after opening. The County was unable to report more granular information about mainstream services accessed by City housing clients because the City had never provided the County with a roster of the clients in its interim or permanent supportive housing, without which the County had no ability to report on County services provided to those individuals.[1] With respect to the board-and-care reporting requirement, the County had already provided the requested information in Exhibit D to the County's status report.

Shortly thereafter, the Court issued an order requiring the Parties to meet with the Monitors and the Honorable Andre Birotte regarding HMIS and the quarterly reports. (Dkt. 752.) Based on participant availability, that meeting was scheduled for July 29, 2024. Plaintiffs did not seek to meet and confer with the County prior to the meeting. Nor did Plaintiffs raise any issues with the County at that meeting, and the County thus reasonably believed Plaintiffs' concerns been addressed by the Parties' prior meetings and correspondence. Indeed, although the County filed another status report on July 30, 2024, and the Parties met with the Monitors on August 28, 2024, the County heard nothing further from Plaintiffs until the next status conference, when Plaintiffs stated for the first time that they "believe that the County has an obligation to provide far more detail in their reports than are currently happening" and "[t]here are a number of those things we believe that additional detail is required, and the County is at this point unwilling to provide additional detail and believes that it has met its reporting services" and represented that Plaintiffs "would be filing a separate motion on that." (Dkt. 768 at 96:12-21.)

The County promptly reached out to request that Plaintiffs provide written notice of the grounds for any putative motion. Plaintiffs responded on September 2, 2024, Labor Day, that they intended to imminently file a motion regarding four issues: (1) that the County was not reporting on the number of City PEH in interim housing accessing County services; (2) that the County was not reporting on the number of City PEH in permanent supportive housing accessing County services; (3) to obtain a description of the "reasonable best efforts" used by the County to ensure access to County high-service need interim housing beds, and (4) that the HMIS update was "insufficient to capture the County's full reporting obligation under D.9.i.2 because it does not "provide the necessary information to confirm the County is providing direct/indirect access

[1] The County needs project codes from LAHSA that are associated to interim housing sites to allow it to find clients enrolled at those sites. With project codes, the County is able to match to clients in InfoHub. For permanent supportive housing, the County has data regarding who receives Intensive Case Management Services, but no other client lists has been provided or proposed to us by the City, LAHSA, or Plaintiffs.

to specialized County services." A copy of Plaintiffs' September 2, 2024 e-mail is attached hereto as **Exhibit B**.

Once again, even though Plaintiffs had made no effort to comply with the dispute resolution provisions of the Settlement Agreement, the County invited Plaintiffs to meet and confer. Since early September 2024, the County has conferred with Plaintiffs on numerous occasions. Due to efforts undertaken by the County alone, the City subsequently provided the County with a roster of its housing clients and the County has already included in its last quarterly report information on City PEH accessing services, which addresses the first two purported issues set forth in Plaintiffs' September 2, 2024 correspondence.[2] The County also arranged a learning session for Plaintiffs with the Department of Health Services to learn more about the County's high service need beds, and the County's efforts to place City PEH in those beds. During that learning session, it was reported to Plaintiffs that the majority of high service needs beds are within the City of Los Angeles, and these beds have high (nearly 98 percent) occupancy rate. The County also requested additional information from the City regarding its outreach workers and their use of HMIS—a necessary prerequisite to understanding the data and engaging in problem solving if needed. The County has included Plaintiffs in that ongoing dialogue. And the County has been working on ways to capture indirect referrals through County outreach teams.

This record belies Plaintiffs' claims that ***any*** issues have gone unaddressed. The County has made ***every*** effort to partner with Plaintiffs in good faith, and has gone above and beyond the letter of the Settlement Agreement in providing Plaintiffs context for the information contained in the County's quarterly reports and otherwise be responsive to questions as they arise. It is Plaintiffs who have given their obligations under the Settlement Agreement short shrift by side-stepping the Monitors and the mandatory dispute resolution process agreed to by the Parties.

Plaintiffs' effort to bypass informal negotiations and rush to Court is anathema to the terms of the settlement. It is also short sighted. As set forth above, the "only relief" Plaintiffs may seek from the Court is "an order compelling specific performance of the Agreement. No Party may seek monetary damages of any kind as a result of an alleged Breach." (Agmt § P.1.ii); *see also R.J. Armstrong Living Tr. v. Holmes*, 2023 WL 3687723, at *4 (D. Nev. May 26, 2023) (granting summary judgment "with respect to Plaintiffs' claims for money damages for breach of the non-disparagement clause of the settlement agreement" because non-disparagement clause

[2] In fact, the County provided information on services provided to interim housing in September 2024, before its quarterly report was due. And after Plaintiffs requested an even further breakdown regarding services provided by the Department of Public Social Services, the County provided it in October 2024 in the interest of transparency, even though it went beyond the level of detail required by the Settlement Agreement.

"expressly limits the remedies for breach to injunctive relief and attorneys fees"). For the reasons below, Plaintiffs' claims of breach are also meritless.

B. The County Is In Full Compliance With The Settlement Agreement

"The construction and enforcement of settlement agreements are governed by principles of local law which apply to interpretation of contracts generally." *Jeff D. v. Andrus*, 899 F.2d 753, 759 (9th Cir. 1989); *see also O'Neill v. Bunge Corp.*, 365 F.3d 820, 822 (9th Cir. 2004) (same); *Adams v. Johns-Manville Corp.*, 876 F.2d 702, 704 (9th Cir. 1989) ("Under California law, settlement agreements are governed by general principles of contract law."). Where, as here, the contract is unambiguous, the plain language governs without exception. *United States v. Nunez*, 223 F.3d 956, 958 (9th Cir. 2000). This means the contract must be enforced as written and no new liabilities can be imposed that the parties did not deliberately agree to.

In this case, the Settlement Agreement sets forth specific performance and reporting obligations by the County. As explained in each of the County's quarterly status reports, the County has met or exceeded those obligations. For example, the County has already increased the number of MDTs and HOME teams from 27.5 to 44 teams (34 MDTs and 10 HOME teams)—surpassing its deadline to do so by over a year. The County has also exceeded its new mental health/SUD bed milestone in each of the reporting periods to date.

The Settlement Agreement defines breach narrowly. The County is not in "Breach" unless it has "failed to substantially perform its obligations under this Agreement." (*Id.* § P.1.i.) The Letter falls short of showing that the County is in breach of *any* of its obligations under the Settlement Agreement, under this definition or common sense.

1. Support for The City-Plaintiffs' Settlement

Plaintiffs have not identified any provision of Section D.1.i of the Settlement Agreement that the County has not complied with in full.

A threshold problem is that Plaintiffs agreed in the Settlement Agreement that the County's funding and provision of social services for interim and permanent supportive housing units financed by the City as part of the City settlement would be "in an amount to be determined ***solely*** by County and City in their respective discretion." (Agmt § D.1.i (emphasis added).) Thus, nothing in the settlement agreement gives Plaintiffs standing to dictate how the County provides supportive services to the residents of the City's new housing. For good reason: Plaintiffs are not subject matter experts. Homelessness is a multifaceted issue that requires a coordinated, collaborative alignment of resources, expertise, and policy decisions between the City and County of Los Angeles, as well as other regional partners and service providers. It cannot be effectively addressed from the perspective of a single interest group like the LA

Alliance for Human Rights, an organization that represents housed residents and business owners unhappy with the state of homelessness in the Los Angeles area.

Throughout the Action and in the time period since the Settlement Agreement was executed, Plaintiffs have championed policies contrary to best practices and that are at times adverse to the interests of people experiencing homelessness ("PEH") and will only worsen the crisis on the streets. For example, Plaintiffs have routinely minimized or disregarded the rights to privacy enjoyed equally by PEH and the County's housed clients. This includes the right to privacy in their health care under laws like the Health Insurance Portability and Accountability Act ("HIPAA") and 42 C.F.R. Part 2, pursuant to which health information, whether shared in a hospital or outreach setting, is protected from unauthorized disclosure. The LA Alliance for Human Rights was also one of the only organizations on record opposing Measure A on the November 5, 2024 ballot, which is expected to generate an expected $1.1 billion annually in critical funding for homeless services.

The Letter's criticism of the County highlights Plaintiffs' lack of relevant knowledge or experience. The Letter claims that "the County does not actually track the services provided to [PEH], and does not know the number of PEH in the City receiving services." (Ltr. 1.) Not so. The County retains an enormous amount of client- and population-level data regarding homeless services and the social welfare programs within its jurisdiction, which go far beyond the Settlement Agreement or its attendant reporting obligations. Those services and programs include specialty mental health and substance use disorder treatment, healthcare, financial assistance, food support, and job training, which are offered to all County residents in need, including eligible PEH. The County also manages programs like Medi-Cal (California's Medicaid program) and CalWORKs, which offer healthcare and welfare benefits for eligible PEH and other low-income residents.

In Section D.9.i.1 of the Settlement Agreement, however, the County agreed to report only on supportive services provided to residents of interim and permanent supportive housing units financed by the City as part of the City Settlement—a narrow subset of clients who access County services and benefits. The County does not administer or hold the contracts for that housing. And the County is the largest in the nation: it serves not only residents of the housing created by the City pursuant to the City settlement, but also the rest of the City of Los Angeles, the 87 other cities within the County, and the unincorporated areas. Plaintiffs now complain that the County "relies on the City's report of locations to identify the individuals accessing services at each site," but this should not be a surprise to Plaintiffs since the Settlement Agreement expressly conditions the County's reporting obligations on its "recei[pt] [of] information from [the] City." (Agmt § D.9.i.1.)

It is also not true that the County is not "proactively evaluating residents at facilities for eligibility other than upon initial opening of an interim facility," as the Letter asserts. (Ltr. 1.) One way the County supports the City's new housing is by having each of the County

Departments that provide mainstream services perform a site visit when a new interim housing site opens to connect with the new provider and educate them on how to connect clients to the County services provided by that Department. Contrary to Plaintiffs' unsupported contentions (Ltr. 2), housing providers do and should play a critical role in the homeless services delivery system. The site visit also allows Departments to meet with clients of the new site about mainstream services. In advance of that site visit, County Departments typically receive a roster of interim housing residents ***at that time*** against which they can screen for existing program enrollment and/or eligibility.

For reporting purposes, point-in-time snapshots of mainstream service enrollment as of the date of a Department's initial site visit or contacts at a site visit are underinclusive and provide an inaccurate picture of all of the mainstream services being accessed by interim housing clients. As the County has explained in its quarterly reports, referrals/connections to County mainstream services occur on a continuous basis and are not contingent on a client's enrollment or stay in any specific interim housing site, nor a specific site visit. It is common that City PEH placed in a new interim housing site are already enrolled in County mainstream services prior to placement as the result of earlier referrals or contacts with County outreach and benefits eligibility teams. Moreover, during the site visit, Departments traditionally prioritize engagement with clients who were not already enrolled in mainstream services to which they were potentially eligible. In addition, a client successfully engaged for the first time during a site visit (or later referred by the housing provider) would necessarily see their enrollment finalized at a date subsequent to the site visit. Given the inherently transitionary nature of interim housing, the residents at the time of an initial site visit may turnover during a quarter and be replaced by new PEH. For these myriad reasons and more, County Departments have no way of independently populating data regarding mainstream services provided only to residents of specific City housing sites in a given quarter. As soon as the City provided the County with a roster, as the Settlement Agreement contemplated, the County was able to report on the mainstream services provided to those individuals.

In addition to an initial site visit, the County has also piloted and implemented an enhanced service connection initiative at the City's interim housing sites, the Interim Housing Outreach Program ("IHOP"). IHOP is a cross-agency collaboration among the Departments of Health Services, Mental Health, and Public Health to address gaps in behavioral health and physical health services among PEH who are living in interim housing. These teams have the ability to perform more comprehensive assessments of PEH in interim housing settings and refer them to mainstream services, including services for higher acuity PEH. IHOP teams are also able to provide housing providers with training and technical assistance to better support clients.

Plaintiffs' attempt to extrapolate a breach of Section D.i.1 of the Settlement Agreement based on the numbers of PEH enrolled in mainstream services is in error. The County's reporting shows extremely high use levels for social benefits programs administered by the

County like CalFresh and Medi-Cal. Plaintiffs' speculation of under-enrollment ignores the eligibility requirements for mainstream services, which not every PEH can meet. For example, General Relief ("GR") recipients must be a U.S. citizen or legal immigrant who do not receive federal benefits, among other restrictions. The Countywide Benefits Entitlement Services Team ("CBEST") assists individuals with applying for public disability benefits. Plaintiffs erroneously treat the population of PEH in City interim housing as a monolith with identical needs.

The Letter also conflates the County's quarterly reporting on City housing clients who received clinical specialty mental health services from the Department of Mental Health with estimations of "mental health" need among the population of PEH in Los Angeles writ large. The Department of Mental Health provides only specialty mental health services for individuals with moderate to severe mental health conditions that require advanced, individualized treatment that goes beyond general or primary mental health services. These services typically focus on individuals who experience chronic mental health issues, co-occurring disorders (mental health and substance use), or severe psychiatric conditions such as schizophrenia. Mild to moderate mental health conditions, although included in census data regarding the prevalence of "mental illness" among PEH, are not within the ambit of responsibility of the Department of Mental Health. The County's reporting also excludes all PEH who received mental health treatment but did not reside in the City's housing during that quarter—for example, because they received stabilizing treatment prior to placement in City housing, or because they were accepted into one of the new mental health beds created by the County pursuant to the Settlement Agreement.

Most troubling is that, despite the County's request for further detail, Plaintiffs have refused to provide any information to substantiate their allegations that the County has not fulfilled its settlement obligations. The County is disappointed that Plaintiffs would try to exploit the anecdotal and often hearsay statements of the vulnerable members of the public who have spoken at the Court's invitation for their own litigious ends. There has been no showing, or attempted showing, that such individuals have any nexus to the City-funded new interim housing at issue or the County's provision of services thereto.

The Letter's comments regarding service providers appear to be similarly premature and misplaced. First, Plaintiffs have not provided written notice of any dispute regarding City outreach workers' supposed lack of access to County Departments, either directly or indirectly through the County outreach teams. Second, Plaintiffs attempt to manufacture a breach of the settlement agreement based on Plaintiffs' personal views on referral pathways or wait times reads terms into the Settlement Agreement that do not exist. Plaintiffs are trying to insert themselves into a system they have no place in. The City and County Memorandum of Understanding—which Plaintiffs are not a party to and is not part of the Settlement Agreement—contains specific terms regarding outreach coordination.

To the extent Plaintiffs concerns center on the County's reporting obligations, the Letter again fails to acknowledge that those obligations are contingent on the City's provision of

information regarding its referrals. The sufficiency of ***City*** outreach workers' submission, and documentation, of referrals for County mainstream services is beyond the *County*'s control. Following the County's July 2024 quarterly report, the County followed up on a report of alleged referrals that were not included in the County's status report and the outreach worker confirmed they had not, in fact, documented those referrals in HMIS. For this reason, the County has proactively sought information regarding the City's outreach workers and training or other policies by the City to enforce their outreach workers' proper use of HMIS.

Plaintiffs' request for a "feedback loop" to outreach workers similarly highlights Plaintiffs' reach beyond the Settlement Agreement based on a fundamental lack of relevant expertise. The Settlement Agreement does not require the County to provide service-request disposition to the outreach worker requesting services for a client. However, the County *does* provide feedback loops on whether clients were approved/denied or ineligible for the program referred. As the County has explained, repeatedly, further information would reveal private health and other personal identifying information. Plaintiffs appear to still misunderstand HMIS, over which the County has limited control. HMIS is a secure online data system that tracks and collects client-level data and data on the provision of services and housing of PEH and those who are at risk of homelessness. Local governments that receive federal funding have to have an HMIS system that complies with federal data standards. HMIS data standards are established by the federal government, by regulation, and by the LA Continuum of Care Board, which seek to protect the confidentiality of personal information and only allowing for reasonable, responsible, and limited uses and disclosures of data. These privacy and security standards are based on principles of fair information practices and on security standards recognized by the information privacy and technology communities. HMIS does not necessarily capture data regarding the disposition of request. To satisfy reporting requirements, County is confirming disposition requests on a department level.

Sharing information regarding "service request disposition" would violate HUD regulation and other confidentiality laws and regulations. For example, an outreach worker might refer someone to the Department of Mental Health, but the Department cannot confirm whether a referral was accepted without revealing that a patient is receiving specialty mental health treatment – this is medical information to which the patient has a statutory right to privacy and confidentiality. Substance use treatment services in particular receive heightened federal protection from disclosure. Meanwhile, the Letter ignores an important way the County's updated HMIS fields do create a feedback loop that did not exist previously: if the referring outreach worker provides *incomplete* information to a County Department, the Department notifies the referring outreach worker to try and complete the referral.

With respect to capturing "indirect" referrals, this is something the County has been working on and extended an arm to Plaintiffs to participate in. The County has already completed preliminary research and strategy sessions in October and November with the relevant

departments and LAHSA to explore capturing "indirect" referrals. The County and LAHSA have a plan to develop new fields to capture these referrals. Once that is complete, there will be updated training for outreach workers.

2. County Outreach Teams' Access To County-Funded High-Service Need Beds

The Settlement Agreement does not require the County to report on referrals other than from the County outreach teams, nor any of the additional information requested in the Letter. The Settlement Agreement contains an integration clause (Section I) that precludes Plaintiffs' attempt to reach outside the plain language of the Settlement Agreement to settlement negotiations to create new terms not memorialized in the final agreement.

However, as the Letter acknowledges, the County recently arranged a Learning Session for Plaintiffs' benefit with the Department of Health Services, which administers the high-service need beds. That Learning Session, along with the County's quarterly report, forecloses Plaintiffs' suggestion that the County is not prioritizing City PEH for such beds: there are a finite number of high-service needs beds, but these beds have high occupancy rates. Although the County is not required to report on all referrals, it does report on referrals that originate from the County outreach workers that operate *in the City* and are, therefore, referring PEH from the City. There is no reason for Plaintiffs to believe that City-funded outreach workers and interim housing facilities in the City, who can also make referrals to these beds, are predominantly referring a population other than the City PEH who the County is supposed to be prioritizing for placements. Plaintiffs' breach claim based on the total number of City PEH with a behavioral health condition does not withstand scrutiny: it is not credible for Plaintiffs to suggest that the Settlement Agreement required the County to, within a single year, house every City PEH with a behavioral health condition in one of the County's Homeless Initiative high-service needs beds, of which there are approximately 1,500.

3. Mental Health/SUD Beds

This is another issue that Plaintiffs raised for the first time in the Letter, and which is therefore not ripe for adjudication. Plaintiffs have also failed to articulate an alleged breach of the Settlement Agreement, and none exists.

For avoidance of doubt, all of the mental health and SUD beds reported in Exhibit C of the County's quarterly reports became open and operational after June 14, 2022, as required by the Settlement Agreement. The Settlement Agreement did not ever require the County to report on the number of mental health/SUD beds in existence prior to June 14, 2022, and natural attrition does occur. However, the County is increasing the overall stock of mental health/SUD beds. Since the Settlement Agreement, the County has also added beds that are more directly intended to serve the jail and probation population and are not being counted towards its bed

milestone under the Settlement Agreement and are not included in the County's quarterly reports.

4. Referrals by City Funded Outreach Workers

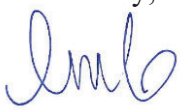
The County is not in breach of the Settlement Agreement based on its reporting of the disposition of referrals from City-funded outreach workers either. As explained above, this provision of the County's reporting obligations is triggered upon receipt of responsive information about referrals from the City. Far from taking a "passive role" or being "unwilling[] to modify [its] systems" (Ltr. 4), it was the County that took the initiative to implement a modification to HMIS to facilitate the ability to track referrals because the information was not forthcoming from the City. Not only was this to allow the County to begin to fulfill its reporting obligations, but it creates the exact kind of paper trail that Plaintiffs are calling for in the Letter, so that clients are not "lost" to a system.

However, the system necessarily relies on City-funded outreach workers to make and track their referrals. The County shares Plaintiffs' interest in ensuring they are doing so, and continues to try to work collaboratively with the City to better evaluate whether this is happening. The County has also welcomed feedback from Plaintiffs, the City, Intervenors, and other stakeholders regarding potential improvements to LAHSA's HMIS. It has received none.

* * *

The issues raised in Ms. Mitchell's letter are based on anecdotes, not evidence, and are not ripe for adjudication. Despite Plaintiffs' failure to comply with the procedures called for by the Settlement Agreement, the County respectfully requests that the Monitors promptly schedule and mediate a meeting between Plaintiffs and the County to discuss potential avenues for resolution. It is in the interest of all Parties and the community writ large that Plaintiffs work with the Monitors and the County to minimize the unnecessary waste of taxpayer dollars that should be spent addressing homelessness, not briefing issues that could be resolved through good faith cooperation.

Sincerely,



Lauren M. Brody

LMB

cc: Mira Hashmall (mhashmall@millerbarondess.com)
Jason Tokoro (jtokoro@millerbarondess.com)

Ana Lai (alai@counsel.lacounty.gov)
Julie Ware (JKWare@jamsadr.com)
Arlene Hoang (arlene.hoang@lacity.org)
Jessica Mariani (jessica.mariani@lacity.org)
Matthew Donald Umhofer (matthew@umklaw.com)
Diane H. Bang (dbang@umklaw.com)

EXHIBIT A

Ricky Reis

From: Elizabeth Mitchell <elizabeth@umklaw.com>
Sent: Friday, June 07, 2024 3:55 PM
To: Lauren M. Brody; Matthew Umhofer
Cc: Mira Hashmall; michele@michelecmartinez.com; pwebster@la-alliance.org; Jason H. Tokoro; Jay Gandhi
Subject: RE: LA Alliance For Human Rights, et al. v. City of Los Angeles, et. al. | Case No. 2:20-CV-02291

Thanks for this Lauren.

As noted in the hearing yesterday, we still have some concerns with the report contents (either missing required information, or an issue with the reported actions themselves):

- County's Support for Plaintiffs' Settlement with City
    - Please provide the "numbers of PEH accessing services" pursuant to 9(i)(1)
    - Please confirm the new HMIS system will provide the service-request disposition to the outreach worker requesting services for a client, such that the outreach worker can better serve the client
- High needs beds
    - Please describe the "reasonable best efforts" utilized to ensure access to high service need interim beds for PEH in the City, including:
        - Why there were only 12 referrals from DMH in a single quarter
        - Why there were 69 DHS referrals "pending placement"
    - Confirm that referrals triaged to LAHSA interim beds or higher level of care, that they were accepted into a bed (rather than, for example, told to call a number with no further follow up)
- Mental Health/SUD beds
    - Please confirm the 8 urgent care beds are actual "beds" such that they increase capacity (the overall goal)
    - Please explain why some locations only have 1 bed in the facility (e.g. Tarzana Treatment Centers, Fred Brown Recovery Services, etc.)—are these new facilities? Or is this a single bed contracted in a larger facility?
- ARF/ERC beds
    - Please report "the number of referrals, name of referral sources, number of referrals accepted, date individual moved in, and name and type of facility accepting enhanced rate."
- HOME/MDT teams
    - Please report the number of PEH connected to necessary services and housing through these teams.

To the extent the County does not intend to respond to one or more of these requests, please advise.

Thank you,
Liz

From: Lauren M. Brody <lbrody@millerbarondess.com>
Sent: Wednesday, June 5, 2024 11:45 AM
To: Elizabeth Mitchell <elizabeth@umklaw.com>; Matthew Umhofer <matthew@umklaw.com>
Cc: Mira Hashmall <mhashmall@Millerbarondess.com>; michele@michelecmartinez.com; pwebster@la-alliance.org; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Jay Gandhi <JGandhi@jamsadr.com>
Subject: RE: LA Alliance For Human Rights, et al. v. City of Los Angeles, et. al. | Case No. 2:20-CV-02291

Counsel,

I am writing to follow up on a few action items from our call last week. Apologies for the delay, I was out of the office.

1. **HMIS update**. Attached is a link to the powerpoint presentation for the training for outreach workers on how to use the updated HMIS fields. The trainings took place on May 7, 9 and 22 (originally scheduled for May 22). In addition to those live trainings, outreach workers can do a self-guided training at the following link: https://cta.lahsa.org/learn/courses/181/outreach-hmis-referral-training. Outreach workers must sign up to access the training video (hence, why we've provided you a copy for reference).

2. **A breakdown of the number of reported new mental health/SUD beds. The** County reported 1,010 beds in the April report. 507 are mental health beds and 503 are SAPC beds.

DMH BEDS

BED TYPE	AVAILABLE BEDS
Subacute	59
CRTP	192
Acute	110
Interim Housing	138
UCC	8
TOTAL	**507**

DPH-SAPC BEDS

BED TYPE	AVAILABLE BEDS
DMC	186
RBH	317
TOTAL	**503**

For additional context, these are the different bed types that are part of the continuum of care and are properly counted towards the County's MH/SUD bed goals.

Bed Type Definitions	
Recovery Bridge Housing (RBH)	Recovery-oriented, peer-supported housing that provides a safe interim housing environment for individuals who are concurrently in some form of outpatient substance us disorder treatment.
Drug Medi-Cal (DMC)	Medi-Cal funded residential SUD treatment beds, inpatient SUD treatment beds, and residential withdrawal management (aka: detox) beds.
Urgent Care Center (UCC)	Mental health services lasting less than 24 hours for a timelier response than a regularly scheduled visit. Services include crisis intervention, assessment, evaluation, collateral, medication support services, therapy, peer support, etc. to avoid unnecessary hospitalizatio and incarceration while improving wellness for individuals with mental health disorders and their families

Crisis Residential Treatment Program (CRTP)	Crisis residential treatment as an alternative to hospitalization for individuals who are experiencing acute psychiatric impairment and whose adaptive functioning is moderately impaired. Patients are voluntary without medical complications.
Acute	Acute, short-term behavioral health treatment in an acute care or psychiatric hospital inpatient unit. Twenty-four-hour clinical structure, including nursing monitoring on-site 24/ and clinical supervision and services provided daily.
Subacute	Extended, 24-hour behavioral health treatment in a secured (locked) or otherwise tradition institutional environment. Twenty-four-hour clinical structure, including nursing monitoring on-site 24/7 and clinical supervision and services provided every day. Also known as Institu for Mental Diseases (IMD) beds.
Interim Housing	Temporary shelter services for adults with mental illness and their minor children who are experiencing homelessness and who are concurrently in some form of outpatient mental health services. Provides safe and clean shelter, 24-hour general oversight, three meals eac day, linens, clothing, toiletries, and case management services. The goal of the program is t assist clients with transitioning to permanent housing.

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Biography

Please consider the environment – do you really need to print this email?

From: Elizabeth Mitchell <elizabeth@umklaw.com>
Sent: Wednesday, May 22, 2024 12:21 PM
To: Jason H. Tokoro <jtokoro@Millerbarondess.com>; Jay Gandhi <JGandhi@jamsadr.com>; Brian Binns <bbinns@millerbarondess.com>
Cc: Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>; Lauren M. Brody <lbrody@millerbarondess.com>; michele@michelecmartinez.com; pwebster@la-alliance.org
Subject: RE: LA Alliance For Human Rights, et al. v. City of Los Angeles, et. al. | Case No. 2:20-CV-02291

We can make that work. Thanks.

Sent from my T-Mobile 5G Device

-------- Original message --------
From: "Jason H. Tokoro" <jtokoro@Millerbarondess.com>
Date: 5/22/24 12:12 PM (GMT-08:00)
To: Jay Gandhi <JGandhi@jamsadr.com>, Elizabeth Mitchell <elizabeth@umklaw.com>, Brian Binns <bbinns@millerbarondess.com>
Cc: Matthew Umhofer <matthew@umklaw.com>, Mira Hashmall <mhashmall@Millerbarondess.com>, "Lauren M. Brody" <lbrody@millerbarondess.com>, michele@michelecmartinez.com, pwebster@la-alliance.org

Subject: RE: LA Alliance For Human Rights, et al. v. City of Los Angeles, et. al. | Case No. 2:20-CV-02291

That works for the County.

Jason H. Tokoro
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Biography

From: Jay Gandhi <JGandhi@jamsadr.com>
Sent: Wednesday, May 22, 2024 12:11 PM
To: Elizabeth Mitchell <elizabeth@umklaw.com>; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Brian Binns <bbinns@millerbarondess.com>
Cc: Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>; Lauren M. Brody <lbrody@millerbarondess.com>; michele@michelecmartinez.com; pwebster@la-alliance.org
Subject: RE: LA Alliance For Human Rights, et al. v. City of Los Angeles, et. al. | Case No. 2:20-CV-02291

Good afternoon, everyone. Is it possible for folks to do this at 4 pm on 5/28. Thx.

From: Elizabeth Mitchell <elizabeth@umklaw.com>
Sent: Wednesday, May 22, 2024 10:10 AM
To: Jason H. Tokoro <jtokoro@Millerbarondess.com>; Brian Binns <bbinns@millerbarondess.com>
Cc: Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>; Lauren M. Brody <lbrody@millerbarondess.com>; Jay Gandhi <JGandhi@jamsadr.com>; michele@michelecmartinez.com; pwebster@la-alliance.org
Subject: RE: LA Alliance For Human Rights, et al. v. City of Los Angeles, et. al. | Case No. 2:20-CV-02291

Thanks, lets do 5/28 at 2pm. I'll circulate an invite.

Best,
Liz

From: Jason H. Tokoro <jtokoro@Millerbarondess.com>
Sent: Wednesday, May 22, 2024 9:04 AM
To: Elizabeth Mitchell <elizabeth@umklaw.com>; Brian Binns <bbinns@millerbarondess.com>
Cc: Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>; Lauren M. Brody <lbrody@millerbarondess.com>; jgandhi@jamsadr.com; michele@michelecmartinez.com; pwebster@la-alliance.org
Subject: RE: LA Alliance For Human Rights, et al. v. City of Los Angeles, et. al. | Case No. 2:20-CV-02291

Liz – The County is available at the following times:

Tuesday 5/28 after 1pm-3pm and 4pm-5pm
Wednesday 5/29 from 9-11am

Jason H. Tokoro
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www.millerbarondess.com
Biography

Please consider the environment – do you really need to print this email?

From: Elizabeth Mitchell <elizabeth@umklaw.com>
Sent: Tuesday, May 21, 2024 8:25 AM
To: Brian Binns <bbinns@millerbarondess.com>; Jason H. Tokoro <jtokoro@Millerbarondess.com>
Cc: Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>; Lauren M. Brody <lbrody@millerbarondess.com>; jgandhi@jamsadr.com; michele@michelecmartinez.com; pwebster@la-alliance.org
Subject: RE: LA Alliance For Human Rights, et al. v. City of Los Angeles, et. al. | Case No. 2:20-CV-02291

@Jason H. Tokoro I'm back in town today after a two-week trip. While I don't think we side-stepped our obligations, but merely reported to the court the complete list of our concerns with the County's report, I'm happy to meet and confer to see if we can reach some type of resolution.

The rest of my week is booked, but my availability next week is as follows:

Monday 5/27: 8am-3pm
Tuesday 5/28: 11am-5pm
Wednesday 5/29 8am-11am
Thursday 5/29: 11am-5pm

Thanks,
Liz

From: Brian Binns <bbinns@millerbarondess.com>
Sent: Friday, May 17, 2024 12:05 PM
To: Elizabeth Mitchell <elizabeth@umklaw.com>
Cc: Matthew Umhofer <matthew@umklaw.com>; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Mira Hashmall <mhashmall@Millerbarondess.com>; Lauren M. Brody <lbrody@millerbarondess.com>; jgandhi@jamsadr.com; michele@michelecmartinez.com
Subject: LA Alliance For Human Rights, et al. v. City of Los Angeles, et. al. | Case No. 2:20-CV-02291

Counsel,

For the above-referenced matter on behalf of Jason H. Tokoro, attached is correspondence dated May 17, 2024.

Thank you.

Brian Binns
Legal Assistant
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2121 Avenue of the Stars, 26th Floor
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EXHIBIT B

Ricky Reis

From: Elizabeth Mitchell <elizabeth@umklaw.com>
Sent: Monday, September 02, 2024 8:25 AM
To: Lauren M. Brody; Matthew Umhofer
Cc: Mira Hashmall; Jason H. Tokoro; Diane Bang
Subject: RE: Alliance
Attachments: RE: LA Alliance For Human Rights, et al. v. City of Los Angeles, et. al. | Case No. 2:20-CV-02291

Lauren - these are the same issues we've been raising for months. We raised them at the last hearing and again followed up via email the very next day (Attached). You never responded. I followed up with the special masters thereafter and the meeting was set July 29. I wasn't able to attend the meeting on that day due to family medical issues but I sent the attached email to Michele, Jay, and Judge Birotte two weeks prior and we noted our intent to raise these issues in addition to the ongoing HMIS concerns. Matt and Diane can speak to what was actually discussed on July 29, but if it wasn't raised that wasn't due to lack of effort on our part.

My understanding is the City raised many of the same reporting issues with you on July 29 and again during our meet-and-confer last week. When I spoke with Michele after our meet-and-confer last week, she told me that the County simply has a different perspective on its reporting obligations and will not be changing anything. She indicated that these issues are now ripe for court resolution.

Specifically the issues we believe are ripe for judicial adjudication are:
- Exhibit A1 of report. The County still isn't reporting "numbers of PEH accessing services"
- Exhibit A2 of report. The County is only reporting ICMS services but not further information
- Exhibit B High needs beds - only 15 referrals from DMH and 540 total seems very low, particularly given the 1,000+ beds in existence. We have asked the county to describe the "reasonable best efforts" utilized to ensure access.
- Ongoing HMIS/Direct Access/Exhibit E issue. From our perspective, even if the glitches in the system or training is fixed, we don't believe additional entries in HMIS constitutes "direct access" as required. They are further insufficient to capture the County's full reporting obligation under D.9.i.2 and Exhibit E did not provide the necessary information to confirm the County is providing direct/indirect access to specialized County services. Further I understand the HMIS doesn't provide the "lookback" as needed to assist outreach workers serve their clients.

Our understanding is that the County maintains its reporting and efforts on the above issues are sufficient and therefore further discussion is pointless. If our understanding is incorrect, please let us know ASAP.

Thanks,
Liz

From: Lauren M. Brody <lbrody@millerbarondess.com>
Sent: Friday, August 30, 2024 5:25 PM
To: Elizabeth Mitchell <elizabeth@umklaw.com>; Matthew Umhofer <matthew@umklaw.com>
Cc: Mira Hashmall <mhashmall@Millerbarondess.com>; Jason H. Tokoro <jtokoro@Millerbarondess.com>
Subject: Alliance

Counsel,

As a follow up to yesterday's conference, we'd appreciate you sending us in writing the issues the Plaintiffs have with the County's last quarterly status report. This is called for by the language of the dispute resolution section of the settlement

agreement. We were somewhat surprised to hear the Plaintiffs suggest a motion is necessary let alone coming, since by my notes we responded to all your last questions and didn't hear anything further from Plaintiffs after June — including at the July 29 meeting with the monitors. It was only yesterday that we heard you had any concerns with the County's newest report, and we would also be well within the "cure" period under the Agreement.

Best,

Lauren

Exhibit C

From:	Elizabeth Mitchell
To:	Lauren M. Brody; Haward Cho; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; bwise@eldercenter.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; Jason H. Tokoro; Skip Miller; smyers@lafla.org; Angelica Ransom; Matthew Umhofer; Mira Hashmall
Cc:	Hon. Thomas Goethals
Subject:	RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting
Date:	Friday, August 8, 2025 2:02:00 PM
Attachments:	2025-04-22 Homelessness outreach report.pdf image001.png image002.png image003.png image004.png image005.png image006.png image007.png image008.png image009.jpg

Sure – see attached.

From: Lauren M. Brody <lbrody@millerbarondess.com>
Sent: Friday, August 8, 2025 2:00 PM
To: Elizabeth Mitchell <elizabeth@umklaw.com>; Haward Cho <haward@adrservices.com>; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber <tbarber@millerbarondess.com>; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; bwise@eldercenter.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding <briding@Millerbarondess.com>; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Skip Miller <smiller@Millerbarondess.com>; smyers@lafla.org; Angelica Ransom <aransom@millerbarondess.com>; Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>
Subject: RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

Liz,

Could you share a copy of the “CLA letter” referenced below? Thanks,

Lauren M. Brody
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Biography

Please consider the environment – do you really need to print this email?

From: Elizabeth Mitchell <elizabeth@umklaw.com>
Sent: Friday, August 8, 2025 12:32 PM
To: Lauren M. Brody <lbrody@millerbarondess.com>; Haward Cho <haward@adrservices.com>; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber <tbarber@millerbarondess.com>; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; bwise@eldercenter.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding <briding@Millerbarondess.com>; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Skip Miller <smiller@Millerbarondess.com>; smyers@lafla.org; Angelica Ransom <aransom@millerbarondess.com>; Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>
Subject: RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

Thanks Lauren. The Alliance would like to discuss the following:

- Services to interim and permanent facilities
  - We are still seeing low engagement with DMH and SAPC, and it doesn't appear that the County is proactively evaluating clients as they enroll and service providers are having difficulty with referrals
- Outreach direct access to county services
  - It appears outreach workers still have no direct access, particularly with DMH (I understood from our listening sessions that SAPC was far more responsive). This was confirmed by the City's recent outreach evaluation by the CLA.
- County-funded high-needs beds
  - Insufficient reporting by the County given that these beds take referrals from any source (this may have changed since last we engaged in this discussion)
- Mental Health beds
  - We're still looking for confirmation that the total number of beds has increased (rather than closing some and opening some, resulting in zero net gain)
- Referrals by city-funded outreach
  - The referrals reported by the County from city-funded outreach is still shockingly low. The County shifts the blame onto the City for not properly training its outreach workers on using HMIS, but the CLA letter identified issues with HMIS and referrals. This issue needs to get resolved.
- Data integrity
  - We need more transparency in the county's reporting—it's hard for us to understand how they are coming up with the numbers, and the county is not producing back-up support.

Best,
Liz

From: Lauren M. Brody <lbrody@millerbarondess.com>
Sent: Wednesday, August 6, 2025 1:02 PM
To: Haward Cho <haward@adrservices.com>; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber <tbarber@millerbarondess.com>; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; bwise@eldercenter.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding <briding@Millerbarondess.com>; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; Elizabeth Mitchell <elizabeth@umklaw.com>; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Skip Miller <smiller@Millerbarondess.com>; smyers@lafla.org; Angelica Ransom <aransom@millerbarondess.com>; Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>
Subject: RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

Dear Mr. Cho,

The County of Los Angeles would like to discuss the following items during our meeting on August 15:

- The City's proposal for how it will identify the participants enrolled in City's Inside Safe programs during each quarter it counts those beds towards the City's settlement obligations, so that the County can report on mainstream services provided to those participants during the reporting period.
- Clarifying the City's potentially erroneous characterization of certain unsupported Time-Limited Subsidy or Section 8 Units as "Permanent Supportive Housing" – all sites below from the City's quarterly report ending March 30, 2025.
    - 1200 Leighton Ave 90037
    - 1203 Rolland Curtis Pl 90037
    - 4222 Dalton Ave 90062
    - 639 E 21 St 90011
    - 1261-1269 Rolland Curtis Pl 90037
    - 1603 W 36th Pl 90018
    - 1317 S Grand Ave 90015
    - 1343 W 40th Pl 90037
    - 2106 S Central Ave 90011
- The City's efforts to ensure its funded outreach workers are consistently and accurately

using HMIS to record referrals to County departments, so that the County can report on referral dispositions during the reporting period

- A timeline for the City's provision of an updated list of City-funded outreach workers (for the same reason).

The County is looking forward to discussing these with the City, Monitors, and other parties.

Lauren M. Brody
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Biography

From: Haward Cho <haward@adrservices.com>
Sent: Tuesday, August 5, 2025 10:30 AM
To: Haward Cho <haward@adrservices.com>; Lauren M. Brody <lbrody@millerbarondess.com>; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber <tbarber@millerbarondess.com>; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; bwise@eldercenter.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding <briding@Millerbarondess.com>; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; elizabeth@umklaw.com; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Skip Miller <smiller@Millerbarondess.com>; smyers@lafla.org; Angelica Ransom <aransom@millerbarondess.com>; matthew@umklaw.com; Mira Hashmall <mhashmall@Millerbarondess.com>
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>
Subject: RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

Dear Counsel,

In preparation for the Initial Meeting scheduled for August 15, 2025 in the above-referenced matter, Justice Goethals would like to invite the parties to submit any agenda items they would like to discuss during the meeting.

Kindly submit your proposed agenda items by replying to this email, and please ensure that all parties are copied on your response.

Thank you for your courtesy and cooperation.

Sincerely,
Haward

Haward Cho

Director of Business Relations
Pronouns: he/him/his

+1 (213) 683-1600
+1 (714) 914-7008

haward@adrservices.com

550 South Hope Street, Suite 1000
Los Angeles, California 90071

From: ADR Services, Inc. <adrs@amsmail.adrservices.com>
Sent: Wednesday, July 30, 2025 7:39 PM
To: lbrody@millerbarondess.com; akaounis@gibsondunn.com; keckert@gibsondunn.com; tjohnson@millerbarondess.com; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; bwise@eldercenter.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; briding@millerbarondess.com; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; elizabeth@umklaw.com; jtokoro@millerbarondess.com; smiller@millerbarondess.com; smyers@lafla.org; aransom@millerbarondess.com; matthew@umklaw.com; mhashmall@millerbarondess.com
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>; Haward Cho <haward@adrservices.com>
Subject: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

Dear Counsel,

Please be advised that the Initial Meeting is scheduled as follows:

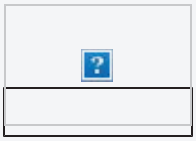
DATE: Friday, August 15, 2025

TIME:	10:00 a.m. - 2:00 p.m.
	ADR Services, Inc. - Downtown Los Angeles
ADDRESS:	550 South Hope Street, Suite 1000
	Los Angeles, California 90071
Neutral:	Hon. Thomas M. Goethals (Ret.)
AMS Case Link:	https://ams.adrservices.com/case/160811/

If you experience any issues, please contact our office at (213) 683-1600.

Please feel free to contact me if you have any questions.

Sincerely,
Haward Cho



Haward Cho, Director of Business Relations
ADR Services, Inc. - Your Partner in Resolution
haward@adrservices.com

Haward Cho | Director of Business Relations | ADR SERVICES, INC.

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REPORT OF THE CHIEF LEGISLATIVE ANALYST

DATE: April 22, 2025

TO: Honorable Members of the City Council

FROM: Sharon M. Tso
Chief Legislative Analyst

Council File No.: 23-1182
Assignment No.: 23-11-0607

SUBJECT: Homelessness Outreach Inventory and Needs Assessment Report

SUMMARY

On October 20, 2023, Motion (Blumenfield–Raman; C.F. 23-1182) was adopted instructing the Chief Legislative Analyst (CLA) and the City Administrative Officer (CAO) to engage with Council Offices, the Mayor's Office, and City Departments to:

- inventory existing outreach programs in operation in the City; and
- conduct a needs assessment in each District for homeless engagement services.

The Motion further instructs the CLA to analyze and provide recommendations for improvement of engagement with people experiencing homelessness (PEH), including:

- leveraging existing programs and reducing duplication of services;
- coordinating deployment of teams and service delivery in a manner that enables Council input into the prioritization of outreach locations and deployment schedules;
- identifying available funding sources and allocations for outreach services; and
- expanding service hours to include nights, weekends, and/or special projects.

In response to these instructions, our Office reviewed Council action, City practices, and relevant guidance related to homelessness outreach. Based on that review, we identified best practices for homelessness outreach, which suggests that City-funded outreach would be best directed toward providing housing and shelter placements, while County outreach would provide health-related and life-sustaining supports to unsheltered PEH. Our Office also reviewed outreach programs in operation within the City, including both City and County funded outreach. Attachment A to this report includes findings from this review and is intended to serve as the inventory of outreach teams, as instructed by Council.

In addition, our Office developed a needs assessment for outreach that highlights challenges and barriers for Council to leverage existing outreach programs and reduce duplication of efforts; coordinate service delivery; and prioritize locations and deployment schedules. The needs assessment also highlights additional system needs, including a lack of permanent housing suitable for the City's PEH population. Such additional system needs are outside the scope of this

report; however, we highlight them as key to achieving the rehousing goals of City outreach. This report makes recommendations to change City outreach policy based on the range of challenges identified through the needs assessment. Recommendations included are also based on obligations pursuant to the City's Memorandum of Understanding with the County, relative to the *Alliance Settlement* Agreement. The report finally provides a menu of options for the City Council to consider to improve organization of the City's homelessness outreach system, along with the policy changes discussed throughout the report.

The CAO provided information relative to funding sources and allocations in a separate report, dated March 29, 2024 (C.F 24-0361), and is included as Attachment B to this report. The costs of expansion of outreach services are not a part of this report. Analysis of funding requirements for outreach are dependent upon the option that Council selects for organization of the City's outreach system, so future reporting will be needed to address this concern.

RECOMMENDATIONS

That the City Council:

1. Establish City policy relative to homelessness outreach, with the exception of unarmed crisis response, street medicine, Skid Row-assigned, and CARE+ teams, as follows:

    a. City outreach is homeless engagement with the express purpose of providing a housing placement, or of providing a referral for an immediate housing placement, to people experiencing homelessness (PEH) in unsheltered settings;

    b. City outreach teams will conduct outreach activities only when accompanied by a housing resource, and in proportion to City interim housing (IH) vacancies;

    c. City outreach teams shall assist case managers for City IH participants with document readiness when occupancy rates are above 95 percent in the Council District or region to which the outreach team is assigned.

2. Instruct the CLA and CAO to report on LAHSA's IH matching processes, including in that analysis the feasibility of merging LAHSA's IH matching and City outreach into a single management structure to streamline placements into City IH beds.

3. Instruct the CLA and CAO to report on implementation of the Multi-Disciplinary Team Outreach Coordination Structure (C.F. 23-1022-S4), including in this analysis the addition of other City and County outreach teams into this structure and the disposition of referrals to County Departments.

4. Select an option for organization of homelessness outreach; and, relative to that option, instruct the CLA and CAO to implement the corresponding changes to the City's outreach programs, including the management of City-funded outreach by Council Office, where applicable to the option selected.

5. Instruct the CAO to report to Council on costs of expanding the City's homelessness outreach services to include nights, weekends, and off-hours, as determined by Council's selection for organization of homelessness outreach.

6. Instruct the Los Angeles Housing Department (LAHD), with the assistance of the CLA and CAO, to amend contracts for homelessness outreach to align with these recommendations and the Council-approved option for organization of City homelessness outreach, including metrics and benchmarks for performance.

BACKGROUND

On August 31, 2021, a CLA Report, entitled "Outreach Engagement Framework" (C.F. 21-0329), was released and subsequently adopted by the City Council on September 14, 2021. This report provided the Council with an Outreach Engagement Framework that described homelessness outreach as falling into three distinct categories: emergency outreach, service-focused outreach, and sanitation outreach. One of the recommendations in the report instructed the CAO, CLA, and the Los Angeles Housing Department (LAHD) to prepare and release two Requests for Proposals (RFP) in order to solicit contractors for the provision of outreach services to PEH, as well as to provide services related to the CARE+ program.

Subsequently, Council approved several actions related to outreach services. Council approved funding for five CAO Outreach Coordinators (C.F. 21-0329-S3). Outreach coordination duties include coordination of outreach services in the Districts to which they are assigned, especially Recreational Vehicle (RV) homelessness operations. Further, the Council instructed the Los Angeles Homeless Services Authority (LAHSA) to transition 10 Homeless Engagement Team (HET) positions to "System Navigators" (C.F. 23-1182-S1). System Navigation for City interim housing participants incorporates both Case Management and Housing Navigation duties into one Scope of Work (SOW), which is detailed in Attachment C to this report.

Finally, Council instructed the CAO, with the assistance of the CLA, to implement a Memorandum of Understanding between the County and City, a major component of which is the creation of a coordinating structure for outreach that includes both the City and County of Los Angeles (C.F. 23-1022-S4).

BEST PRACTICE

According to the 2024 Point-in-Time Count, there are 29,275 people experiencing unsheltered homelessness in the City. The City has focused on allocating resources to meet the needs of this population, and has invested significant local and State funding to ensure that unsheltered PEH are provided connections to services and placements in both interim and permanent housing. As a service type, homelessness outreach generally seeks to provide a wide range of resources, such as shelter, housing, food, case management, and urgent and non-urgent health services. Outreach workers may also serve as an intermediary between mental health services providers and eligible unsheltered clientele. Further, outreach workers build individual relationships with PEH that may be leveraged over time to help resolve challenging cases of housing instability.

The U.S. Interagency Council on Homelessness (USICH) establishes core outreach principles: to "reach people who might not otherwise seek assistance or come to the attention of the

homelessness service system, and ensure that people's basic needs are met while supporting them along pathways toward housing stability." USICH states that outreach must be guided by principles of being systematic and coordinated; must be housing focused and trauma informed; and should focus on safety and reducing harm. City policy currently requires that homelessness outreach be trauma informed and utilize harm reduction practices, thereby focusing on safety and reducing harm. However, City policy does not currently require that homelessness outreach be housing focused.

Our Office therefore recommends that, to be consistent with best practices, all City homelessness outreach be housing focused, with the exception of Street Medicine, Unarmed Crisis Response, Skid Row outreach teams, and CARE+ which respond to health, public safety, and hygiene concerns. Instituting this practice would make housing the priority of the City's homelessness outreach. Outreach personnel directly funded by the City would focus efforts on homeless engagement with the express purpose of providing a shelter bed or permanent housing unit. Other supports, such as connecting PEH to social and clinical services, benefits, and life-sustaining supports, would be offered by County outreach teams.

In practice, City-funded outreach would focus on filling vacancies in the City-funded portfolio of beds, vouchers, and permanent housing for PEH. Further, City-funded outreach teams should only conduct outreach with housing resources directly available for occupancy. It should also be noted that Inside Safe practices housing-focused outreach, conducting homelessness outreach when accompanied by a housing resource. Such a policy change would thus align all City outreach with the Inside Safe approach to homelessness outreach.

Document Readiness

Additional CLA recommendations contained in this report seek to systematize and coordinate the City's outreach program to cohere with USICH best practice.

To that end, a practicable housing-focused outreach system must recognize that outreach teams will not always have an available housing placement. LAHSA reports that City interim housing (IH) sites generally operate close to capacity. Independent review, dated March 6, 2025, and conducted under the aegis of the City's Homeless Strategy Committee (HSC), confirms total City IH occupancy rates to be 80 percent during the previous six months, with City Roadmap and Tiny Home Villages operating at 90 percent occupancy within that total. However, City-funded sites are clearly not meeting goals with respect to participants securing their social security and state identification cards, i.e., "document readiness." Only 66 percent and 79 percent of City IH participants secured social security and state identification cards, respectively, in that timeframe. Our Office therefore recommends that City-funded outreach teams be required to assist City IH participants with document readiness when occupancy at sites in the Council District or region to which the outreach team is assigned is greater than or equal to 95 percent. We identify the 95 percent target, since 95 percent IH occupancy may be considered full utilization, or at functional capacity, as State and local statutes dictate that, in some cases, beds must be held vacant. Further, this figure is reflected in the City's Key Performance Indicator for target occupancy at City IH.

Further discussion surrounding document readiness, in the context of housing navigation and additional system needs, is provided later in the report.

HOMELESSNESS OUTREACH INVENTORY

Outreach programs discussed in this report include both County-funded and City-funded teams. Attachment A to this report provides background information concerning all of the below outreach teams currently operating in the City, and which are instructed to varying degrees to coordinate their activities with City Offices. Further, the information contained in Attachment A derives from interviews that our Office conducted with management of teams listed below, as well as from review of City contracts related to their work.

COUNTY-FUNDED OUTREACH

The County funds outreach programs with teams that conduct outreach exclusively in the City.

- Department of Mental Health (DMH), Homeless Outreach and Mobile Engagement (HOME) team – 10 Teams
- Department of Health Services (DHS), Multi-Disciplinary Teams (MDTs) – 34 Teams

The outreach inventory does not include the County's Unarmed Model of Crisis Response, which partners Law Enforcement with DMH clinicians, nor Street Medicine efforts, inclusive of mobile clinics, that are managed directly by DHS. These teams are not under any obligation to coordinate activities with City Offices.

CITY-FUNDED OUTREACH

The City supports its homelessness outreach programs with its General Fund, as well as other local and State funding sources. CAO has noted in its Outreach Matrix, dated March 29, 2024, and included as Attachment B to this report, that the City spends $47.43 million annually to support the outreach teams listed below (C.F. 24-0361):

- Crisis and Incident Response through Community-Led Engagement (CIRCLE) Team
- LAHSA Homeless Engagement Teams (HET): Generalist, CARE+, Roadmap
- Inside Safe Field Interventionist Team (FIT)
- City-funded MDTs
- USC Street Medicine
- Council District Funded/Contracted Teams

On October 3, 2024, CAO and CLA received from the Office of the City Clerk an updated list of Council District funded/contracted outreach teams. That list is included on page 3 of Attachment B and replaces information relative to Council District funded teams. In addition, it should be noted, as of January 1, 2025, the City-funded MDTs are still in effect in CDs 5, 6, 8, and 9.

Additionally, this outreach inventory does not include City-funded outreach that is dedicated specifically to the Skid Row area of downtown Los Angeles. Skid Row is generally understood to comprise the geographic region bounded by Main and Alameda Streets to the East and West, and 3rd and 7th Streets to the North and South. City-funded Skid Row outreach teams are:

- Skid Row C3 Partnership
- Operation Healthy Streets
- Skid Row HET

These teams provide specialized services for the Skid Row PEH community. As such, this report does not make recommendations regarding their deployment and/or composition.

OUTREACH NEEDS ASSESSMENT

Pursuant to Council direction, our Office developed a needs assessment for homeless engagement services. This needs assessment involved a survey, which was distributed to all 15 Council Offices, and a series of follow-up interviews. Details concerning the components of the needs assessment are provided below. Further, findings relative to the surveys and interviews are summarized, and we provide recommendations for system improvements relative to each finding.

SURVEY AND INTERVIEWS

The CLA survey was completed by Council Office staff who work on homelessness policy and/or directly engage PEH in the field, to identify needs related to homelessness outreach. After Council Offices submitted their survey response, our Office conducted interviews with respondents to further develop the information provided in individual surveys. Our Office asked that each Council Office submit only one survey.

The survey posed questions concerning the rehousing of unsheltered populations in the District, and asked respondents to name the most significant challenges in this area. To that end, the survey posed short-answer and closed-ended questions regarding:

- The outreach teams with whom the Council Office works directly in the District
- The outreach teams most responsive to Council Office staff service requests
- Whether the Council District conducts its own outreach
- Average estimated calls and requests from the public related to homelessness
- Average estimated response time from LAHSA and the County to service requests.

The survey also posed open-ended questions, such as:

- The extent to which the Council Office receives data and reporting from LAHSA on engagement and rehousing of PEH in the District;

- How the prioritization of outreach service delivery occurs in the District, and whether the Council Office participates in decision making on deployment of existing outreach teams; and

- Service gaps, i.e., job duties that outreach teams currently do not address, and what improvements Council Offices want to see in the outreach system.

Interviews were conducted to follow up on information provided in each survey response. A subsequent interview addressed additional matters, including the Alliance Settlement.

FINDINGS

Findings relative to the surveys and interviews are first summarized with respect to the most immediate challenges. This is then followed by a summary of the key findings relative to

Council priorities: leveraging existing programs; duplication of efforts; coordinating deployment and services delivery, and prioritization of outreach locations; and expansion of service hours.

Immediate Challenges

Our Office noted several immediate challenges to successful service delivery. These challenges are shared by a majority of Council Offices:

- LAHSA matching of PEH to City interim housing (IH) beds
- Communication with service providers
- Referrals to County services
- Access to the Homeless Management Information System (HMIS)
- Reporting on metrics relative to homelessness outreach

Interim Housing Bed Matching

Several Council Offices find the current system for making placements ("matching") of PEH into the City's shelter system to be challenging. Council Offices report that when a shelter bed becomes available, LAHSA will initiate a search for PEH who fit certain criteria for matching to that bed.

A LAHSA report, dated August 13, 2024, shows that the matching process for City IH occurs either through the Centralized Referral System (CRS) or through LAHSA's Centralized Matching System (C.F. 23-0931). LAHSA states that the CRS refers to a collaboration between LAHSA and the Los Angeles County Health Agency (Departments of Health Services, Mental Health, and Public Health), while LAHSA's Centralized Matching System works closely with contracted providers to provide referrals based on eligibility, prioritization, and unit availability. Council Offices accordingly report that City-funded LAHSA HETs cannot effectuate placements of PEH into City-funded IH. Instead, housing placements must be conducted through a LAHSA 'matcher.' Matchers are limited in number and oversee housing placement efforts in entire Service Planning Areas (SPA). Further, Council Offices report that matchers are not immediately responsive to requests for urgent bed placements, and that there is generally a three-day waiting period to effectuate a placement.

As a result, our Office understands that it is a Council priority that placements into City IH be conducted through processes and/or programs housed within the City. To effectuate, City or directly-contracted staff could make use of occupancy data at each shelter facility, rather than the CRS or LAHSA's Centralized Matching, to achieve immediate bed placements. Alternatively, City-funded outreach teams might be leveraged to make matches directly. This change might involve merging LAHSA's IH matching and City outreach efforts into a single management structure to effect City IH bed placements. LAHSA reports that matching to Inside Safe motel beds already occurs through Inside Safe outreach teams (C.F. 23-0931).

We therefore recommend that our Office report on LAHSA's matching processes for City IH, including the feasibility of merging LAHSA's IH matching and City outreach efforts into a single management structure. This report will consider efficiency losses and/or gains to occupancy, and connections to County services, at City IH that might derive from this change. Further, this report will consider the extent to which Council provides additional funding for homelessness

outreach beyond fiscal year 2024-25, as well as the organization structure that Council selects, pursuant to this report.

Communication with Service Providers

Interviews with Council Offices presented inconsistencies in the way in which LAHSA's Access and Engagement (A&E) department deploys City-funded homeless engagement teams (HETs) across the City. At the same time, LAHSA raised concerns that Council-District contracted outreach teams are not required to take part in existing LAHSA coordination meetings. As a result, duplication of outreach efforts may occur as a service provider, contracted by a Council Office to provide outreach services, and the LAHSA HET assigned to the District, are not coordinating their outreach efforts.

Additional communication challenges are present with respect to service providers contracted by the County to provide MDTs. DHS contracts with service providers to provide the County-funded MDTs that are active in each Council District. As contract holder, DHS is responsible for management of the service providers contracted to provide MDTs in the District. As such, MDTs are not required to be in direct communication with the Council Office. Further, the SPA system generally organizes the deployment of homelessness outreach services within the County and the Los Angeles Continuum of Care (CoC). By contrast, contracts for City outreach (e.g., CIRCLE, LAHSA HET, Street Medicine, City-funded MDT, etc.) stipulate that outreach services are delivered within specific Council Districts.

To address this lack of consistent communication, and a lack of alignment, our Office and the CAO worked together to develop an MDT coordination structure, pursuant to the *Alliance Settlement* Agreement and the Memorandum of Understanding (MOU) executed between City and County. To that end, our Offices released a joint report on February 24, 2025 (C.F. 23-1022-S4), which Council approved on April 1, 2025. This report details how coordination may occur between Council Offices and DHS MDTs, which the County has approved in form. However, the MDT coordination structure represents a first step in the larger goal of coordination between all City and County outreach. In fact, the MOU reads: the "City shall establish a City structure for outreach coordination that represents the Mayor's Office, Council Districts, and other City entities involved in outreach, and coordination between City and County will occur through this structure" (IV.b.i.). The MOU further reads that "County and City will develop a mutually agreeable schedule for outreach coordination meetings that shall include DMH, DHS, DPH, and will consider the structure that City establishes for outreach coordination per Section IV. b.i." (VII.b.i.).

We therefore recommend that our Office and the CAO report on implementation of the MDT Outreach Coordination Structure, including in this analysis the addition of other City and County outreach teams into this structure. It is expected that referrals for PEH to other County services, especially to the DMH HOME program, may occur through this structure. The report will thus describe the extent to which such additional collaboration occurs, and whether the County should be formally requested, per MOU Section VII.b.i., to include other County outreach teams into the MDT coordination structure, on a mutually agreeable schedule.

Referrals to County Services

Council Offices uniformly report that referrals to County services are not occurring in a way that meets the needs of PEH in their Districts. Further, there is no system in place by which the referring City entity may be provided updates in a consistent manner on those referrals.

On July 25, 2024, the County Chief Executive Officer's Homelessness Initiative (CEO-HI) debuted and demonstrated protocols relative to referrals for City PEH to access County services, e.g., DHS health services, DMH mental and behavioral health services, Department of Public Health (DPH) substance use services, and the Department of Public and Social Services (DPSS) financial assistance, to City Offices (e.g. Council, Mayor, CAO, and CLA). CEO-HI also reported to have demonstrated these same protocols to LAHSA, who trained City-funded HETs on these protocols. Concurrently, LAHSA added data fields into HMIS that allow for City-funded outreach teams to document referrals for PEH to health-related County Services.

Council Offices may review referrals from City outreach to County services, and whether the referral has led to a service being "attained," i.e., that a PEH has been connected to a County service. However, this system has produced mixed results. Council Offices report that a referral may be documented on HMIS by a City outreach team, but then the connection to a County service appears unfulfilled. This may occur because the PEH declined services, or because the outreach team did not place the referral in a manner consistent with the County's preferred process, among other reasons. In any case, it is unclear why a PEH has not attained a County service, if the referral remains unfulfilled.

To address such concerns, our Office and the CAO have used the City-County MOU implementation process to express concerns regarding referrals to County services. To that end, our Offices have engaged with the County on how Council Offices may be informed about the disposition of referrals. Based on those discussions, it is expected that the disposition of referrals may be discussed verbally with providers during meetings of the MDT Coordination structure. Further, the County advises that the disposition of referrals may be discussed with County personnel if the outreach worker who placed the referral is present. Our Office therefore recommends that CAO and CLA continue to monitor this issue, and include the disposition of referrals into the analysis of the MDT coordination structure.

Access to HMIS

Council Offices expressed dissatisfaction with view-only access to the HMIS. Access policies were established by the Los Angeles CoC Board and implemented by LAHSA. View-only access to HMIS restricts review of case notes, though Council staff may review referrals, as discussed above. Client enrollments into other programs, such as County Health Services and Mainstream Benefits, and general updates on County service engagements, are not readily available through view-only access. Instead, much of the above information may be stored in case notes. Therefore, view-only access to HMIS limits the City's ability to understand to what extent City PEH are receiving County services.

The MOU implementation also provides a means to address how additional information may be requested from the County since access to HMIS case notes are not available to City staff. Discussion of the disposition of referrals, as described above, will continue to address this

matter. However, the County maintains that privileged, and personally-identifiable, health information may not be discussed on an individual case basis. Further discussion of, and potential changes to, HMIS access may be addressed in meetings of the CoC Board. On September 25, 2024, Council approved Resolution (Krekorian-Raman; C.F. 24-0387) to appoint the CAO to the City's vacant seat on the CoC Board. If Council wishes to amend HMIS access policies to broaden access, the CAO may request to agendize such matters.

Reporting on Metrics Relative to Homelessness Outreach

Council Offices report to be seeking better reporting on outreach work that occurs within their respective Districts. LAHSA has taken steps to remedy this concern, as recently-released Tableau dashboards provide District-level reporting relative to both outreach and IH. For outreach, Tableau dashboards track contacts, engagements (i.e., enrollments into HMIS), and housing placements, for both City HETs and County MDTs. However, Council Offices are unable to track engagements at individual encampments. LAHSA dashboards produce data in aggregate, so by-location and encampment-level data on homelessness outreach is not available on Tableau.

Further, several Council Offices expressed a desire to set meaningful goals for outreach teams to measure success, as current metrics do not reflect the full body of work occurring on the ground. Current outreach metrics, and the associated outcomes, for City and County outreach teams are provided as Attachment D to this report. As well, metrics produced through LAHSA's data dashboards are also included in Attachment D to this report. Absent from City and County metrics are referrals to County services; however, LAHSA's data dashboards may be used to track referrals to County services. City-County MOU implementation can be leveraged to evaluate whether referrals elevated to County through MDT coordination structure are trackable. Outside of MOU implementation, additional actions to address reporting and metrics may be identified through subsequent reports.

In addition, Council action regarding LAHSA performance management may provide avenues to reform current City outreach reporting. Council has instructed LAHD to report on inclusion of Key Performance Indicators (KPIs) into the City's contracting relationship with LAHSA (C.F. 23-0029); to draft contract amendment language that sets performance metrics for LAHSA programs (C.F. 20-0841-S36); and to develop a program evaluation framework for its homelessness contracts (C.F. 23-0890-S1). Council has similarly instructed our Office to conduct a performance evaluation on the delivery of homeless services; and to establish more regular reporting on LAHSA KPIs (C.F. 23-0890). Additionally, a recent CLA report, dated September 27, 2024, relative to IH, calls for a quarterly review process to be established for the City's shelter KPIs (C.F. 23-1348). Such a review process could also be applied to outreach to provide Council with an effective means to review City outreach data.

Finally, it should be noted that the City has contracted with philanthropy to fund a study of the performance of the City's Homeless Response System (C.F. 24-1179), including interim and permanent housing placements, as well as Time Limited Subsidies. The results of this ongoing analysis are presented in meetings of the City's HSC, and the City's outreach performance is to be addressed in future meetings. This analysis may provide a means to both reform current City metrics and indicators, and to effectuate better District-level reporting on outreach.

Key Findings relative to Council Priorities

Motion instructs our Office to report with analysis and recommendations to improve engagement with PEH. In response, our Office addresses the below components.

Leveraging Existing Programs

- Most Council Offices conduct their own outreach activities with staff dedicated to homelessness issues, and engage with PEH in the field.

- Several MDTs are funded with General Fund monies, and provide outreach services within a specific District (C-139823); other Council Offices field an outreach team with District discretionary funding. In both cases, Council Offices consistently report that such teams are most responsive to their outreach priorities.

- Council Offices most often rely upon the Roadmap HETs, among all City-funded and LAHSA-managed outreach teams, to effectuate rehousing priorities. Some Council Offices note that CARE+ operations can produce similar results.

- CARE+ outreach should involve the act of notifying encampments of an impending cleanup; however, CARE+ outreach efforts that occur leading up to an actual clean-up event are not reported to the City in a consistent manner.

- Council Offices are often unfamiliar with the LAHSA Generalist HETs, and do not work with City-funded system navigators.

To most effectively leverage existing programs, our Office identified an alternative organization structure which would consolidate City outreach, as discussed on page 18 of this report (Option 4). This option would allow for City funded outreach to be consolidated into one District-based, or regionally oriented, outreach team. We further recommend that this District-specific team take direction from the Council Office. However, such authority may also be delegated to the CAO Outreach Coordination unit, with input from the Council Office. Consolidation of these outreach teams would mean that currently disparate management structures are brought under one roof. This City Consolidated Outreach Team would not include unarmed crisis response teams, street medicine, or Skid Row-assigned and CARE+ outreach, since they are responsive to public safety, health, and hygiene concerns. It would also not include LAHSA HETs funded through measure H, and deployed by the County. Council may also consider including the Mayor's FIT into the Consolidated Team.

Consolidation of this kind would also serve to alleviate the difficulties corresponding to duplication of outreach efforts and coordinating deployments, as outlined below. Further, consolidation would be responsive to recent court consideration of encampment resolution, as City-funded outreach would be housing focused (i.e., intended to resolve encampments), and held separate from CARE+ activities.

Duplication of Efforts

- Council Offices report to be largely uninformed of County outreach activities. As a result, Council Offices perceive a duplication of efforts as outreach service delivery by City-funded

outreach (e.g., LAHSA HET, CIRCLE, etc.), City-funded MDT, and County-funded MDT and HOME, efforts overlap without consistent coordination or communication.

- The Inside Safe field interventions team (FIT) operates autonomously, and we were not able to ascertain whether the FIT employs a standardized process for collaboration with Council Offices, nor with other City-funded and District-assigned Outreach teams; this may lead to duplication of outreach services.

As discussed previously, our Office has identified an option to consolidate outreach, which would also serve the purpose of reducing duplication in outreach efforts. Similarly, our Office has recommended that City Outreach, with the exception of CIRCLE, Street Medicine, and Skid Row-assigned teams, focus on effectuating placements of unsheltered PEH into City shelter, in order to align with best practice. This policy may also serve to reduce duplication in outreach efforts, as the County would take on provision of life sustaining services to unsheltered PEH through its MDT and HOME teams, while City-funded outreach would facilitate the placement of unsheltered PEH into City IH. To effectuate, scopes of work for City outreach should be amended to reflect that housing-focused outreach will be conducted in relation to the current shelter bed vacancies where the outreach team is assigned.

Additionally, it is important to note that outreach teams have, concurrently, discrete roles within the City's outreach program, which are relative to the specific services they offer. MDT, Street Medicine, and HOME teams, as discussed in Attachment A to this report, perform very specific health and behavioral-health functions, while HET outreach ranges in function from sanitation to service-focused and emergency outreach. See CLA report dated August 31, 2021, for further detail on HET outreach activities (C.F. 21-0329). As such, there may not be appreciable "duplication" in efforts, as each outreach type offers different kinds of support to PEH. A complicating factor is that use of the term "services" may result in confusion and a perception of duplication that isn't actually happening on the ground.

In this report, recommendations to consolidate outreach and focus it on housing seek to systematize existing outreach efforts. They also recognize that unique outreach functions should continue. Our Office therefore recommends reducing duplication by focusing outreach on housing, and making other forms of outreach (e.g., Sanitation, Emergency) separate from the offer of shelter and/or housing. Further, it is intended that service-oriented outreach take place only after the offer of housing or shelter has first occurred.

Coordinating Deployments and Service Delivery, Prioritization of Locations for Outreach

- Council Offices host regular outreach coordination meetings that include City-funded outreach teams active in the District; membership in those meetings varies across Districts.

- Regular coordination between Council Offices and the County's outreach teams does not occur. Referrals from County Offices to County services cannot be effectively tracked[1].

[1] The MDT Coordination structure, as outlined in CLA-CAO joint report, dated February 24, 2025, and approved by Council on April 1, 2025, seeks to establish regular communication between Council Offices and County outreach teams.

- To avoid LAHSA's process for matching to City IH, some Council Offices report to conduct "reverse matching," a process whereby Council Offices may secure a bed placement for a specific PEH in the event that an IH bed becomes available in the District.

- CIRCLE has a unique program element insofar as it offers 24/7 on-call availability for immediate engagement with PEH; CIRCLE does not follow up consistently with Council Offices after the initial engagement.

- Council Office staff must have relationships with outreach teams working in the District to receive timely data and responses on service engagements and housing placements relative to Council priorities; even with strong relationships, timely response is inconsistent.

As discussed previously, our Office intends that the City leverage MOU implementation to ensure that County outreach meets with Council District staff to discuss outreach priorities and locations. If MDT coordination meetings are successful, other City outreach teams, such as HET and CIRCLE, may also be included in these meetings to increase their awareness of Council District outreach priorities. To effectuate, this report recommends that our Office and the CAO report on implementation of the MDT Outreach Coordination Structure (C.F. 23-1022-S4), including in this analysis the addition of other City and County outreach teams into this structure.

Pursuant to the MOU, the County is required to engage with the City and Council Offices to discuss needs and operations within the District, and that City input provided through these engagements "be given great weight" in the County's planning of service deployments. It is thus expected that locations discussed in these outreach coordination meetings should lead to direct deployment and service delivery from County MDTs. Per relevant MOU language[2], County-funded outreach should communicate service delivery, or non-delivery, relative to priority locations set by Council Offices. In addition, coordination of outreach between City and County should serve the larger purpose of reducing duplication of outreach efforts among all parties, as mentioned above.

Expansion of Service Hours

- Council Offices express the need for after-hours and weekend outreach. However, Council Offices also expressed concerns, if the City does expand outreach service hours, that such an increase would not be beneficial without empowering shelters to conduct intakes after-hours.

Our Office understands that expansion of outreach service hours is a Council priority. Capacity should be expanded across the entire region's homelessness response system to accommodate this increase in service hours. However, the Council must first select an option for organization of homelessness outreach system. The scope for potential expansion at the City level will necessarily be informed by the option chosen. Thereafter, the cost of adding swing, night, and weekend shifts may be evaluated. For this reason, we recommend that the CAO undertake a cost analysis that includes expanding City homelessness outreach to include swing, night and weekend shifts, within the context of Council's selection for the organization of outreach.

[2] "To the extent that County deployment and coverage does not match City's input, County shall articulate the basis for the difference" (VII.b.ii.).

Additional System Needs

Council Offices consistently raised the need for additional resources in the City's homelessness response system. These resources do not currently exist within the Homelessness Response System at a scale necessary to meet demand. For example, most Council Offices expressed a desire to increase housing resources rather than outreach teams in the District (i.e., "we are outreach rich but housing poor"). Below is a discussion of those needed resources.

Permanent Housing

The most important challenge the homelessness response system is currently facing is lack of permanent housing. In order for PEH to move successfully through the system, i.e., for "throughput" to occur, there needs to be enough housing supply. Outreach workers may engage with PEH, enroll them into HMIS, and assist with their case management. However, if there are not enough housing placements available, the system cannot function effectively.

In order to increase exits to permanent housing, there needs to be an increased supply of permanent housing units. This supply could be market rate housing units, federal housing vouchers, permanent supportive housing, or any other type of permanent housing that resolves an individual's homelessness. To that end, LAHD released a report, dated October 1, 2024 (C.F. 23-0429), which was heard and subsequently continued in the Housing and Homelessness Committee on November 20, 2024. The report details housing needs and associated costs required over a 10-year period to reduce the City's PEH population to functional zero. That report states that the City needs roughly 60,000 new permanent housing units at a cost to the City of $3 billion over a 10-year period.

Housing Navigation

For the outreach system to work effectively, it is important to ensure that PEH engaged by outreach and enrolled into HMIS are entered into a system that enables continuous throughput to permanent housing. Housing Navigation is a service focused exclusively on finding a permanent housing solution for a PEH client. However, CEO-HI and LAHSA report that Housing Navigation services are underutilized, and have proposed reducing homelessness budgets to reflect actual need for this service in Fiscal Year 2025-26. One reason for this underutilization may be that case managers are struggling to achieve document readiness for their clients.

PEH cannot be connected to a housing unit without first securing the necessary documentation, e.g., State identification, social security card, a completed universal housing application (UHA), etc. Case managers assist PEH to achieve document readiness, which is a prerequisite for successful use of Housing Navigation services. Performance indicators relative to document readiness show a clear need to expand capacity to assist case managers with this vital function. Independent review, dated March 6, 2025, and conducted under the aegis of the City HSC, shows that 66 percent of City IH participants had secured social security cards, while 79 percent had their state identification, within 45 days. However, only 33 percent had completed their UHA during that time.

To help solve this issue, Council had previously approved hiring up to ten "System Navigators" to fill HET vacancies (C.F. 23-1182-S3). A System Navigator supports housing navigation with the performance of such duties as: providing support with assembling required documents

("document readiness"); assisting in the completion of UHAs; and conducting CES assessments, among other duties. Attachment C to this report includes the full job description for the position. LAHSA reports effective housing navigation requires a more skilled workforce than that which is traditionally required of HET outreach. However, support with assembling required documents may be accomplished by all levels of outreach staff. Additionally, to help solve this issue, Council approved on December 6, 2024, a new Scope of Required Services (SRS) for the City's IH portfolio. Included in this SRS is the requirement that case management be provided in each IH site, and that each case manager will maintain a caseload of up to 25 participants.

A dedicated case manager to assist IH participants should expand capacity to complete document readiness at IH sites and may help case managers better manage the needs of their participants. This report therefore recommends to direct City-funded outreach teams to conduct document readiness activities, in support of IH case managers, at sites in the District/region to which they are assigned.

Further, this report recommends that City outreach workers conduct homelessness outreach in direct proportion to available IH beds. In effect, when vacancy rates drop below 5 percent in the District or region to which the team is assigned, then City-funded outreach workers would work with City IH case managers to support collection of identification documentation, or other work that supports client needs. This recommendation is thus intended to support IH case managers in City facilities with quality assistance to help PEH prepare and move into a permanent solution.

SYSTEM ORGANIZATION

This report has identified a number of recommendations that could result in improvements to the outreach system. Additionally, to improve the current outreach system within the City, and to collaborate better with the County, the following provides Council with a menu of options to restructure the City's outreach system. The City can improve the system by fixing two elements in the system: geographic deployments and the management structure. This report proposes new models for outreach based on those two principles. The report therefore recommends that the City Council select a system.

DEPLOYMENT

We advise that Council first select whether it wishes to coordinate and deploy outreach through a regional or District-based approach. In effect, Council would decide upon geographic boundaries for the coordination of City outreach before it decides whether to make substantive changes to the City's outreach programs. The decision that Council makes on geographic boundaries will determine the basis upon which the City deploys outreach generally.

Option 1: Council District Approach

In this model, City outreach would be assigned based on Council District boundaries.

Option 2: Regional Approach

In this model, City Outreach coordination would be based upon geographically-defined (i.e., naturally occurring borders/climate zones) and evidence-based (i.e., according to PEH movements, historic communities) boundaries. Regions could mirror current LAHSA and DHS

outreach zones (See Attachment E). Regions could also be determined at Council discretion through GIS mapping. One possible option to draw boundaries is provided below:

- East Valley
- West Valley
- Central City
- Westside
- Eastside
- South Los Angeles

To effectuate, CAO outreach coordinators could be assigned to contiguous regions to facilitate coordination among multiple Council Districts. Such coordination meetings could comprise multiple Council Districts, while other Council Districts would need to take part in multiple meetings. Coordination and deployment of Outreach would occur according to the priorities discussed collectively, among the membership of each region. Further, the MDT coordination structure would be amended to occur on a regional basis.

There are two key considerations for making a decision on deployment. First, a District-based approach to outreach would obviate difficulties that Council Offices currently experience with LAHSA's outreach coordination system, as detailed in Attachment A. In short, Regional deployment demands that a greater number of teams and managers are present in coordinating meetings, which may present challenges to the effective deployment of outreach, and ensuring service delivery. Alternatively, District-level coordination is not an evidence-based practice, that is, it does not consider the movement of individuals within geographically and/or historically-defined communities. PEH movement does not cohere with Council District boundaries, as the jurisdictional bounds are artificial constructs. As a result, District-level coordination may be less effective in managing individual PEH cases, because information concerning the movement of individual PEH will not be shared on a regional basis. Council Consideration and direction is needed to specify an approach.

MANAGEMENT STRUCTURE

The management of outreach teams could be structured in different ways. Components of the options described may be mixed and matched to achieve unique options for organizing the City's outreach program, at Council's discretion.

For each option, we identify which outreach teams would be eliminated, maintained, consolidated, or expanded. Any reduction in staffing and costs would allow Council to consider repurposing those funds to adjacent purposes within the City's Homeless Response System, which may include:

- Interim housing (IH) stipend for subpopulations: Survivors, Youth, Families
- Housing Navigation
- City-funded IH Matchers for City-funded IH facilities
- Peer specialists (i.e., lived experience) addition to CARE+ Staffing
- Housing Creation: Affordable Housing Managed Pipeline, Con Plan Projects, etc.

Further, we identify whether, relative to each option, the management structure for the outreach teams assigned to each District will be placed under the Council Office's purview. For example, Option 4 provides Council Offices with the ability to directly manage the full complement of outreach teams that the City funds in their respective Districts.

Council may also choose to leave the current system in place, without making any changes to City outreach management. However, it should be noted that the recommendations of this report do make changes to outreach worker activities. Recommendations relative to housing-focused outreach, and document readiness work, require changes to the City's outreach programs.

Option 1: Eliminate City-funded MDT, Generalist, and Sanitation Outreach
This option would seek to reallocate the largest sum of City funding to adjacent purposes

.

Maintain	Eliminate	Consolidate
a. Street Medicine b. CIRCLE c. Skid Row Outreach	a. LAHSA HETs (Roadmap, Generalist) b. Mayor's FIT c. Council District Funded Outreach d. City-funded MDT	a. CARE+ HET within Sanitation Bureau (LASAN)

County MDT and HOME would provide a base level of outreach services within the City. Council could provide outreach priorities to MDTs through the MDT Coordination Structure. This composition would allow Council to repurpose City funds currently allocated toward Outreach. Recommendations relative to housing-focused outreach and document readiness assistance would no longer apply. Further, outreach duties related to CARE+ operations would be consolidated within LASAN, and conducted in direct coordination with CAO Regional Outreach Coordination (ROC).

Option 2: Retain Single HET
This option is the same as option 1, except that one LAHSA HET would be retained in each Council District to conduct housing-focused outreach and document readiness assistance. This team would be managed by LAHSA but report regularly to Council Offices or to the CAO ROC.

Option 3: No City-funded Outreach through LAHSA
This option would expand CIRCLE to fulfill current HET duties. This expansion may amount to level funding for outreach, though expansion could be limited to extract modest savings.

Maintain	Eliminate	Expand
a. Street Medicine b. Skid Row Outreach c. Mayor's FIT d. Council-District Funded Outreach e. City-funded MDT	a. LAHSA HETs (Roadmap, Generalist, CARE+)	a. CIRCLE

To effectuate, CIRCLE could be divided into three units: a public safety-related unit; a housing-focused outreach unit; and a CARE+/hygiene-related unit. The City could also amend its contracts to effectuate Council-District or regional coordination and establish performance management processes. The expanded CIRCLE programs may also be managed through a City department, in which case outreach would be directly managed by staff within this department. The City could then issue a new Request for Proposals to engage additional service providers for CIRCLE expansion.

Option 4: Consolidate City Outreach

This option would create a City Consolidated Outreach Team for each District, as well as maintain level funding for outreach.

Maintain	Eliminate	Consolidate
a. CIRCLE b. Street Medicine c. Skidrow Outreach d. Optional: Mayor's FIT	N/A	a. LAHSA HETs b. City-funded MDT c. Council District-funded Outreach d. Optional: Mayor's FIT

The City Consolidated Team would be directed by the Council Office, or by CAO ROCs with input from the Council Office, in the same way that Council District-funded Teams are currently operated. Further, each Consolidated Team would be provided capacity to conduct MDT, i.e., health-related, activities. HET positions could be restructured or eliminated to allow the City to contract for health services relative to each Consolidated Team. The Mayor's FIT may also be considered for consolidation into the Consolidated Team to further bolster its outreach capacity.

Council decision to organize outreach on a regional basis would not be affected by this option. The City Consolidated Teams would be assigned to specific Districts and thus be responsive to the respective Council Office. However, Consolidated Teams would work more closely with one another within specific outreach regions. Further, Consolidated Teams could be included into either District-level or regional meetings of the MDT coordination structure to improve outreach coordination and reduce duplication of services.

The City could then issue a new Request for Proposals to engage service providers to implement the City Consolidated Team.

Option 5: No Changes to City-funded Outreach

This option would maintain the current system of City outreach, as described in the Outreach Inventory (Attachment A). Recommendations relative to housing-focused outreach and assistance with document readiness would still be implemented, with public-safety and sanitation-focused outreach held separate.

DISCUSSION

In option 1, the City would not fund its own outreach teams. Instead, the City would rely on the MOU terms, which assign 34 County-funded MDTs and 10 HOME teams to outreach within the

City (See Attachment F). In this option, the City would communicate outreach priorities to the County, and receive reports from MDTs through the coordination structure. The City would allocate funding for outreach to other priorities. To provide outreach support at CARE+ operations, peer specialists may be considered for direct City employment with LA Sanitation. To supplement the loss of outreach, option 2 would retain a single HET in each District to conduct housing-focused outreach, assist with document readiness, and to support CARE+ operations with offers of housing.

In option 3, the City would not fund any outreach through LAHSA. Instead, outreach would be exclusively conducted through CIRCLE. To effectuate, CIRCLE could be transferred to a City Department, such as CAO, LAHD, or to another department for management purposes. In any case, CIRCLE teams would be deployed in each Council District, and their efforts would be coordinated at Council Office discretion. Further, the CIRCLE teams assigned to each District or region should be divided into three units: the first unit would continue to respond to requests from the public related to public safety, in conformance with the current program. The second unit would conduct housing-focused outreach and document readiness assistance, in conformance with the recommendations in this report. The third unit would be assigned to the hygiene and Sanitation-related duties formerly conducted by CARE+ HET and Skid Row HET. With this option, the City would receive regular reporting and metrics from CIRCLE teams regarding their outreach work, in conformance with current reporting, as well as any other such metrics as Council may adopt through forthcoming reports.

In option 4, the City would consolidate existing outreach teams, except Street Medicine, CIRCLE, and Skid Row-assigned outreach, into a single District-based team, the City Consolidated Outreach Team. To effectuate, the City may proceed with level funding of its outreach programs. Council may also consider adding MDT capacity to each Consolidated Team. To effectuate, the City will fund one City Consolidated Outreach Team to be deployed in each District, and will be coordinated on a District or regional basis. The City Consolidated team will conduct operations at the discretion of the Council District to which the outreach team is assigned. Recommendations contained in this report further seek to explore incorporation of additional outreach teams, such as the City Consolidated Team, into the MDT coordination structure. Similar to option 3, the City will issue a Request for Proposals to engage service providers to implement the City Consolidated Team. At Council Discretion, the RFP could provide an opportunity for the engaged service providers to subcontract with Community Health Centers, as described in Attachment A, to add capacity for health-related services to the Consolidated Team.

In Option 5, there will be no changes to the current system.

CONCLUSION

Through this report our Office has described the role that outreach plays in the larger homeless response system. The outreach inventory provides an overview of the current system, while the needs assessment presents challenges to implementation of the current outreach system. The report also highlights the relevance of the Alliance Settlement to City-funded outreach.

Our Office recommends that the City principally conduct outreach in direct relation to available City interim housing (IH) beds. This practice is intended to reduce trauma and distrust induced by inability of outreach to secure housing for an unsheltered client. As such, housing-focused outreach should be the model adopted Citywide, excepting CIRCLE, Street Medicine, and CARE+/Skid Row outreach. The report also recommends City outreach teams assist case managers at IH in direct proportion to vacancy rates at the sites. In addition, this report recommends that our Office and the CAO look into merging LAHSA's IH matching and City outreach into a single management structure. The report also recommends that our Offices report investigate the addition of other City and County outreach teams into the City MDT Coordination structure, in conformance with the relevant MOU requirement[3].

This report also recommends that Council select an organizational approach to outreach from a menu of options, as listed above. This requires that Council select the basis upon which City outreach is deployed, i.e., by region or Council District; and select the management structure for the City's outreach program, i.e., which teams should be funded and how they may be consolidated or expanded. The CAO and CLA will work to effectuate the Council's chosen system. In addition, this report provides a recommendation that the CAO report on the cost of expanding outreach service hours; and that our Office, CAO, and LAHD amend contracts for homelessness outreach to align with the Council-approved coordinating approach, as well as with policies proposed for Council adoption in this report, including metrics and benchmarks for performance.

David J. Wimsatt
Analyst

Attachments:

A. Homelessness Outreach Inventory
B. CAO Outreach Matrix
C. System Navigator SOW
D. City & County Outreach KPIs
E. LAHSA HET & DHS MDT Outreach Zones
F. County-funded MDT and HOME Team & City-funded MDT Allocations
G. Motion

[3] County and City will develop a mutually agreeable schedule for outreach coordination meetings that shall include DMH, DHS, DPH, and will consider the structure that City establishes for outreach coordination per Section IV. b.i."

Attachment A

Homelessness Outreach Inventory: City and County-funded Outreach Teams Active in the City of Los Angeles

This section provides background information concerning outreach teams currently operating in the City and County. Additionally, findings concerning coordination of these teams with Council Offices are provided.

LOS ANGELES HOMELESS SERVICES AUTHORITY

The City of Los Angeles funds a variety of homeless outreach programs through the Los Angeles Homeless Services Authority (LAHSA), with activities delivered by Homeless Engagement Teams (HETs). With the passage of Measure H, the County of Los Angeles also funds LAHSA HETs to conduct outreach within the City of Los Angeles. This report does not consider County-funded HETs.

City Homeless Engagement Teams (HETs)

LAHSA's Access and Engagement Department manages the day-to-day activities of the City-funded HETs. City-funded HETs comprise Roadmap, Generalist, CARE+, and Skid Row outreach teams. LAHSA reports that Senior Management situated within LAHSA's Access and Engagement Department create virtual meeting spaces, at the request of the Council District, to coordinate deployment of City-funded HETs to places of need in the District, and with respect to CARE and CARE+ priorities. Council Offices generally report a close working relationship with one LAHSA-funded team in the District, typically the District-assigned Roadmap team. However, several Council Offices indicated in initial interviews with our Office that they were not in regular contact with the full complement of outreach teams that are assigned to the District and managed through LAHSA (e.g., Roadmap, Generalist, and CARE+). In such cases, the Council Office reported that no such virtual meeting spaces were available to coordinate the full complement of City-funded HETs assigned to the District.

Our Office noted that Council Offices reported difficulty communicating priorities to the full complement of HETs assigned to the District. This may occur because LAHSA generally organizes its outreach strategy through the Service Planning Area (SPA) System. For example, Council Districts located within SPA 2 and SPA 4 express logistical challenges with respect to coordination of outreach assigned to the District. SPA 2 encompasses the entirety of the geographic bounds of the San Fernando Valley, consisting either wholly or in part, of six Council Districts. Similarly, SPA 4 spans sections of five Council Districts, including such high-concentration areas of homelessness as the Skid Row sector of Downtown, the MacArthur Park sector of Westlake, and Hollywood. LAHSA also reports to organize homelessness outreach within smaller geographic units ("Zones" or "Hubs"); however, outreach zones do not conform either to Council District boundaries, and may traverse multiple jurisdictions (Attachment E).

LAHSA Outreach Coordination System

There are two types of forums for outreach coordination, which LAHSA leads and organizes: "Macro Coordination," also known as Regional Coordination, and "Zone-level Coordination," also termed Hub-level Coordination. These forums for coordinating outreach are virtual meeting spaces that include all HETs and MDTs assigned to outreach within a geographic region. Council Offices are invited to the former outreach coordination forums, while they are barred from attending the latter forums.

Macro Coordination

Macro Coordination forums are organized on a SPA basis, meaning, they are based upon the exact boundaries of the SPA. Accordingly, there are eight Macro Coordination meetings, which are facilitated by a dedicated LAHSA Macro Outreach coordinator, who is generally assigned to the management of several SPAs. Each Macro Coordination meeting can include dozens of outreach teams, including representatives of every City-funded HET, as well as every County-funded HET, MDT, and HOME team, assigned to the SPA. As such, the service providers contracted by the County to provide MDTs within the SPA should be present. LAHSA reports that the City-funded Council District-contracted Outreach teams, which are not managed by LAHSA, are not included in nor required to attend Macro Coordination meetings.

Council Office staff are invited to attend Macro Coordination meetings corresponding to the District, though this presents logistical challenges as several Districts are divided into multiple SPAs; conversely, as noted above, several Districts are included into a single SPA. LAHSA reports that Council Offices are encouraged to identify specific PEH cases, i.e., District priorities, for the City-funded and County-funded outreach teams who provide outreach services within the zone. However, due to the large volume of teams conducting outreach within each SPA, it is difficult for Offices to identify the outreach teams who are responsive to the priorities.

Zone-level Coordination

Zone-level, or Hub-level, Coordination is also organized on a SPA basis but is based on smaller geographic units within each SPA (Attachment E). These meetings may also be referred to as "case-conferencing." As such, Council Offices are not invited to attend these meetings, as protected information regarding client health history is discussed. Zone-level meetings are subunits of the larger Macro Coordination meetings and are generally organized by the LAHSA Macro Coordinator assigned to the SPA in which the zone is situated. These meetings should also include the full complement of outreach teams, i.e., HETs, HOME teams, and MDTs who have outreach activities within the zone. The City currently does not require District-contracted teams, which are not managed by LAHSA, to attend the Zone-level Coordination meetings. However, should the District-contracted team attend, they would be able to update Council Offices on what is discussed in these calls, so long as updates do not violate relevant privacy laws.

Council Office Coordination

There is no fixed coordinating forum for Council Offices to engage with LAHSA's outreach coordination system. Further, Council Offices report that District-level priorities may be overtaken by competing priorities within the SPA when they engage with Macro Coordination. As a result, Council Offices turn more to ad-hoc, as-needed coordination with LAHSA HETs and service-provider staff to fulfill District outreach priorities. Our Office noted that most Offices report very little engagement with Macro Coordination, as SPA boundaries do not correspond or conform to District boundaries. Moreover, the volume of teams present at these meetings makes it difficult to identify who should be responsive to Council-District priorities. Additionally, some Council Offices indicated little to no contact with LAHSA-managed HETs.

To remedy these challenges, several Council Offices suggest that District-specific coordination would be the most useful system design so as to quickly direct HETs to District-based PEH. Other Council Offices maintain that homelessness outreach should be regional in nature; however, the specific regions should correspond to the City's jurisdictional boundaries.

COUNTY OF LOS ANGELES

The County has funded outreach teams for many years. With the passage of Measure H, County Outreach teams are operated by the Department of Health Services (MDTs) and the Department of Mental Health (HOME).

DHS Multi-Disciplinary Teams (MDTs)

The County's Department of Health Services (DHS), Housing for Health Unit, oversees the Multi-Disciplinary Teams (MDTs) assigned to each Council District. DHS defines an MDT as a homelessness outreach team with competency in five service areas: Peer Specialization, i.e., lived experience; Case Management; and Health, Mental-Health, and Substance Use Disorder (SUD) Services. DHS further reports that each MDT may comprise a variable number of staff, depending on how the contracted MDT provider organizes and structures staffing of a given MDT. For example, staffing of City-funded MDTs varies from six to eight staff members. In terms of clinical licensure, each City and County MDT should employ at least one social worker, a registered nurse, and a mental health professional. However, MDTs cannot provide direct primary care to unsheltered clientele, as they do not employ licensed health service and mental health service providers (i.e., M.D., D.O., and PsyD). Thus the health- and mental-health services component of the MDT lacks the competencies to diagnose, develop treatment plans, or prescribe medicine in cases of acute and chronic illness. Instead, the health services component of the MDT may conduct such activities as health assessments, wound care, and placing referrals to licensed health service providers.

DHS reports to contract with "Community Based Organizations" (CBOs), i.e., service providers, to implement the MDT Program. DHS reports that these contracts may bolster existing efforts of service providers to provide wraparound services to PEH in the SPA. MDT contracts thus fund and enable the service provider to add health services to their service portfolio, thereby adding capacity to provide comprehensive care in the District. However, service providers that implement MDTs sometimes do not hire health professionals directly, relative to these contracts. Instead, many CBOs subcontract with Community Health Centers (CHCs) to provide the clinical staffing necessary for a CBO to implement an MDT. Additionally, DHS reports that both service providers and their subcontractors face significant challenges in filling staff vacancies for health-professionals, relative to both MDT contracts and subcontracts.

In this environment of scarcity, DHS reports that service providers with multiple MDT contracts often pool staff resources. For example, due to staff shortages, a CBO would direct its pool of health professionals to respond to Council District-contracted MDT priorities one day, to respond to Metro-contracted MDTs on the following day, and then to County-funded MDTs on the remaining days of the work week. DHS then deploys its own mobile health units ("mobile clinics"), which are staffed by DHS employees, i.e. medical providers, to fill this service gap. DHS also reports that MDT and mobile clinic staffing has suffered due to downstream effects of the Medi-Cal expansion, entitled "California Advancing Innovations and Medi-Cal" (Cal AIM").

Under Cal AIM, Managed Care Plans (MCPs), such as Healthnet and L.A. CARE, can reimburse private health service providers for PEH. As a result, DHS reports that staffing shortages have further increased, as potential hires opt more for traditional private sector employment.

Council Office Coordination

As a result of the challenges and complexities inherent to the system, as described above, and due to the fact that DHS holds the contracts for the MDTs deployed under the Alliance Agreement (Attachment E), DHS maintains that the Council Office is not properly situated to deploy and manage MDTs funded by the County but which operate exclusively within the City. Instead, DHS' Housing for Health (HFH) unit has instituted a mediator between the service provider contracted to provide MDT services in the District and the Council Office itself. This mediator is known as the "City-County coordination" team. A recent joint report of the CLA and CAO, dated February 25, 2025, describes in detail the coordination that can occur among the Council Office, DHS, and the MDT provider (C.F. 23-1022-S4). If approved, the MDT coordination structure described in this report will provide the basis upon which Council Offices may coordinate with the DHS MDTs citywide.

DMH Homeless Outreach and Mobile Engagement (HOME) Teams

The County's Department of Mental Health (DMH) directly manages the ten Homeless Outreach and Mobile Engagement (HOME) teams assigned to work within the City, pursuant to the Alliance Settlement (See: Attachment F.II). DMH reports that staffing of each team can range from two to eleven full time positions. HOME ensures there are commensurate medical health professionals, and specialty medical personnel, allocated to needs of a particular region. As such, more densely populated parts of LA will have HOME teams assigned to them with a higher total number of clinical personnel.

According to the County, HOME teams provide field-based outreach, engagement, and treatment to people with severe and persistent mental illness who are experiencing unsheltered homelessness. HOME teams accompany the engaged PEH from unsheltered into sheltered settings, until a connection to patient care in an institutional or housed setting occurs. DMH reports that this process may last anywhere from one month to a year. HOME teams provide to PEH on their caseload the proper balance of social work, medication, and treatment in order that they may choose to be housed, in spite of multiple co-occurring illnesses and barriers to resolving homelessness.

DMH reports to receive 130 referrals to HOME per month. Pursuant to such referrals, the County reports that HOME teams engage and assess unsheltered PEH in the throes of a mental health crisis, since MDT and HET staff are not qualified or licensed to address such situations. The County also reports that a field response team (DMH FIT) may be dispatched in response to DMH crisis hotline calls[1]. DMH FIT assesses and determines the appropriate referrals (i.e. outpatient, full service partnership, HOME, etc.) for PEH in the field. It is unclear to what extent HOME prioritizes FIT referrals, since HOME also receives referrals from the general public, MDTs, other generalist outreach teams, and law enforcement. Finally, it is important to note, HOME teams are not assigned specifically to work within a given Council District. Instead, the

[1](800-854-7771): "DMH Access Line for Service Referrals, Crisis Assessments and Field Deployments – available 24/7." https://dmh.lacounty.gov/get-help-now/

County assigns HOME teams by SPA, proportionate to the geographic concentration of PEH, as informed by LAHSA's Point-in-Time count.

Similar to DHS, DMH reports challenges with hiring. These challenges arise from both the difficulty of the work itself, as well as from the inability of HOME to offer any remote work, which has become more of an industry standard since the onset of the pandemic. Nonetheless, DMH reports to have fully hired two additional HOME teams during FY23-24, for a total of 10 HOME teams. DMH also reports that this hiring process proved especially difficult, and it would not be possible to hire staff for additional teams in the near future.

It should be noted that our Office was not able to ascertain the exact caseload of the HOME Program, nor could we identify the total number of HOME clinical staff. However, DMH reports a 1:10 caseload of clinical staff to participants, as well as 130 unique referrals from all sources per month. In addition, we learned that the duration of engagement with each client often lasts as long as one year. As a result, it can be inferred that the HOME program will face significant challenges with staff capacity to respond to immediate and urgent Council priorities.

Council Office Coordination

Council Offices generally note that they do not have a clear means to make referrals to HOME teams. In the present system, an Office will receive several notifications regarding PEH in the throes of a mental-health crisis from community members in the District, yet they are unable to successfully request mental health services from HOME teams upon the community's observation of such a crisis. DMH staff have at times directed Council Office staff to call LA-HOP to make a service request for PEH, as would any member of the general public. Some Council Office staff have been directed to call the DMH hotline, noted above. DMH also reports that Council Offices may use LAHSA's macro outreach coordination calls to flag specific PEH cases that may be eligible for HOME team services. Council Offices report that the above pathways seldom lead to a timely deployment, as a HOME/FIT team is generally unavailable to respond immediately to Council Office priorities.

Such prolonged response times, which are attributable to issues detailed in the previous section, lead Council Offices to undertake indirect methods of placing referrals, and receiving information about the disposition of those referrals. Most often, Council Offices dialogue with staff dedicated to homelessness at the relevant County Supervisor's Office in order to make requests for referrals to mental-health services, or to receive non-privileged information, regarding specific PEH in the District. Other Council Offices reach out to CBOs or CHCs situated in the District to place referrals and/or receive information about the disposition of referrals. Similarly, Council Offices report working with CBOs contracted to provide MDT services in the District to affect similar results. Our office notes that such communication pathways with MDTs are most effective when the CBO is directly funded by the City to provide those services.

However, indirect communication provides the Council Office with little indication as to whether the client has been engaged by HOME, though such information should be recorded in HMIS. The Council Office also cannot determine whether engagement is ongoing with the client, nor whether HOME teams have lost contact with the client. In the latter case, the Council Office may

very well be situated to provide valuable information to DMH/HOME, as the Council Office fields frequent constituent calls regarding PEH in the throes of a mental health crisis.

CITY OF LOS ANGELES

Aside from LAHSA HETs, the City funds a variety of outreach programs, the most significant of which are detailed below. In addition, the City funds a variety of specialized outreach programs dedicated to Skid Row, including Operation Healthy Streets and the C3 Partnership. Such homelessness outreach is not discussed below, as its implementation occurs in only one location in the City.

Street Medicine

The University of Southern California Keck School of Medicine, Division of Street Medicine (USC-Keck) implements the City's Street Medicine program. The City's Street Medicine program deploys five clinical teams whose respective deployments loosely correspond to the geographic bounds of Council District 1, Council Districts 4 & 13, Council Districts 8 & 9, Council District 10, and Council District 14. Each USC Street Medicine team comprises an Advanced Practice Provider (i.e., Physician Assistant or Nurse Practitioner licensure), a Registered Nurse, a Medical Assistant, and two Community Health Workers.

In contrast to the MDT health services component, Street Medicine as a service type delivers primary care to street-based, unsheltered PEH. This includes treatment for acute and chronic disease, preventative medicine, treatment for psychiatric conditions, and substance use disorders. Instead of relying on referrals to institutional settings, or even to mobile clinics, all primary care is provided where the unsheltered client resides. When clients of this program are placed in housing, the team continues to monitor and meet with the client until they transition to a permanent health care provider, which the Street Medicine team may facilitate. DHS reports that this type of outreach, termed 'in-reach', to clients residing in Interim or Permanent Housing can also be a component of MDT work. However, MDT in reach is generally restricted to clients based on Skid Row who need additional assistance to transition to permanent housing. DMH also reports that HOME teams practice 'in-reach' on an as-needed basis for its entire client caseload, until the linkage can be made between a primary care provider and the client.

Council Office Coordination

Council Offices generally report maintaining good communications with the Street Medicine team, or teams, active in the District, and most notably in Skid Row.

Alternative and Unarmed Crisis Response Program

The Mayor's Office of Community Safety manages the Crisis and Incident Response through Community Led Engagement (CIRCLE) program. CIRCLE is the alternative and unarmed crisis program funded by the City. The unarmed crisis response model institutes a means to divert 911 emergency calls regarding PEH to non-emergency crisis response specialists. These specialists may be outreach workers, or licensed social workers, and respond to emergency calls in lieu of the Police or Fire departments. At present, CIRCLE teams are deployed in 10 Council Districts, and the provider of these services is Urban Alchemy. To date, there have been no oversight or management reports issued with respect to the cost effectiveness of the CIRCLE Program. As a result, such information as daily or nightly call volume, total client engagements, or referrals to

County services, remain unavailable to the public. Nonetheless, Council Offices generally express satisfaction with their District-assigned CIRCLE team, noting they provide 'white glove services' to Council Offices with respect to immediate concerns of public health and safety for PEH in the District. Further, CIRCLE provides coverage outside of the usual service hours, which may lead to even greater integration between Council Offices and the CIRCLE teams active in the District.

Council Office Coordination

Council Offices report that they work closely with the CIRCLE teams contracted in their District, often leaning on these teams for resolution of issues that occur outside the typical workday when the full complement of Outreach resources in the District are generally deployed. In some cases, Council Offices make use of CIRCLE teams to affect an immediate response to constituent calls regarding people experiencing homelessness. As a result, several Offices have moved toward working closely with their unarmed response provider, which appears to also allow LAHSA-managed teams more flexibility to choose their own deployments, since the CIRCLE teams may respond directly to constituent calls, which the Council Offices receive. Council Offices also appear to broadly support that CIRCLE be provided additional capacity to secure housing placements.

Inside Safe Program

The Mayor's Office of Homelessness and Housing Solutions manages the "Field Intervention" component of the Inside Safe Program. The Mayor's Office reports that this program component is composed of 20 outreach staff members, who together comprise the Field Intervention Team (FIT), and who canvas the unhoused population at a given Inside Safe location. The Mayor's FIT conducts outreach to unhoused clientele in the lead up to an Inside Safe action. Like their City-funded, LAHSA-managed counterparts, the Mayor's FIT may distribute food and water, facilitate document readiness, provide baseline social support, as well as refer clients to mainstream benefits, all of which helps to ease the transition of Inside Safe clients from unsheltered homelessness to interim, generally motel and hotel, housing. Like CARE+, FIT also provides notice of the impending action. However, unlike LAHSA-managed City-funded outreach teams, the Mayor's Office reports that FIT only conducts outreach with a housing resource in hand, that is, with an available bed placement. The availability of the housing resource constitutes the major difference between FIT outreach work and City-funded, LAHSA-managed outreach work. This type of outreach is known as housing-focused outreach.

Council Office Coordination

The Mayor's Office of Homelessness and Community Health (MOHCH) is uniquely positioned to coordinate between City-funded outreach teams and the Council Office when Inside Safe encampment resolution and repopulation efforts occur. However, to date, our interview with Council Offices highlighted the fact that MOHCH has not consistently coordinated with Council and their staff, and in some cases, has not engaged in direct contact during Inside Safe encampment resolutions. This lack of consistent communication, which several Council Offices report, may lead to a duplication of outreach work already conducted in the District, as FIT generally conducts outreach independently of Council District or CAO outreach coordination. It should also be noted that duplication in outreach services is not an uncommon occurrence, as

outreach teams have discrete functions, responding to health, safety, and hygiene concerns, and thus may have overlapping caseloads.

Attachment B

CAO Outreach Matrix: City-funded Outreach Teams Updated on October 3, 2024

City Funded Homelessness Outreach Matrix (Revised 03/28/2024)								
Outreach Team Type[1]	CD	Service Provider Type	2023-24 Budget	2023-24 Funding Source	No. of Teams	No. of FTEs per Team[2]	Geographical Areas	Description and Purpose
Crisis and Incident Response through Community-Led Engagement (CIRCLE)	1,4,6,7,9,10,11,13,14, and 15	Non-Profit Provider	$ 9,500,000	GCP	3	3	Hollywood, Downtown Los Angeles, East Los Angeles, South Los Angeles, San Fernando Valley, West Los Angeles	CIRCLE teams are unarmed response teams composed of one outreach worker, one mental health clinician or licensed behavioral health clinician, and one community ambassador to respond to non-urgent 9-1-1 calls related to unhoused individuals. The pilot launched with two outreach teams in Hollywood and Venice to improve the City's interactions and response to unhoused Angelenos and allow LAPD police officers to focus on traditional law enforcement efforts. In 2022-23, the City expanded its service area coverage for the Hollywood and Venice communities and launched three outreach teams in the following service areas: Downtown/Metro, Northeast Valley, and South Los Angeles. Each service area is equipped with a Crisis Response Team to handle incidents diverted from 911 and/or 877ASK-LAPD and at least one CIRCLE outreach team is available to deploy and proactively engage in areas where there are high concentrations of unhoused individuals.
Comprehensive Cleaning and Rapid Engagement (CARE and CARE+) Outreach Team	All	TBD	$ 9,283,507	GCP	TBD	TBD	TBD	Sanitation homeless outreach and engagement services alongside CARE+ teams and comprehensive cleaning operations. Outreach teams will conduct outreach and engagement to persons experiencing homelessness who are living at or near scheduled CARE+ locations, and prioritize connecting them to critical services and supporting on-the-ground operations and cleanings.
System Navigation	All	LAHSA	$ 419,722	GCP	5	2	TBD	Up to 10 FTEs will support the pilot of a hybrid system navigator and outreach worker role. System Navigation include engaging an unsheltered person experiencing homelessness (PEH) to provide document assistance and connection with interim housing and other stabilizing resources. The system navigator will also assist PEH with finding and navigating into permanent housing opportunities as well as coordinating with multiple services to help stabilize them. While not performing System Navigation duties, the staff will continue to provide outreach efforts.
Homeless Engagement Teams (Generalists, CARE/CARE+)	All	LAHSA	$ 6,542,909	GCP	36	2	Hollywood, the area surrounding City Hall, and the Broadway/110 corridor	LAHSA provides 36 two-person outreach teams outreach. Relative to sanitation outreach, 15 teams are focused on supporting CARE + operations for each council district. 13 teams are dedicated to provide outreach services for CARE citywide. Eight general outreach teams are deployed to targeted areas that will be identified based on priorities from Council offices, the general public, and service requests from lahop.org. Three teams are assigned to specific geographic locations and covers Hollywood, the area surrounding City Hall, and the Broadway/110 corridor. The primary focus of the HETs is to undertake targeted engagement efforts that focus on moving unsheltered residents experiencing homelessness into crisis, bridge and/or permanent housing utilizing a housing-first orientation with minimum eligibility criteria.
Homeless Engagement Teams (C3 Partnership)	14	LAHSA	$ 396,247	GCP	2	3.5	Skid Row	The C3 (City + County + Community) is a partnership designed to systematically engage people living on the streets of Skid Row and help them regain their health and housing stability. This outreach team provides street engagement, immediate access to needed resources including but not limited to: interim housing, urgent care, primary care, mental health services and substance abuse services, and expenditure linkage to permanent supportive housing services.
Homeless Engagement Teams (Operation Healthy Streets)	14	LAHSA	$ 396,247	GCP	2	3.5	Skid Row	Three outreach workers that are linked with the sanitation team in the Skid Row area. The team provides outreach services and support as sanitation provides clean ups during regular sanitation services through CARE+ operations. The teams also assist in providing outreach and notification prior to sanitation cleaning of a specific area.
Mayor Outreach	All	City Staff	$ 1,960,000	GCP	N/A	18	Citywide	18 field interventionist are deployed in support of the Inside Safe initiative at the selected encampment locations to provide outreach and engagement efforts, and health and behavioral services for individuals inside Safe locations.
Multi-Disciplinary Teams (MDTs)	2	Non-Profit Provider	$ 531,326	GCP-AHS	1	4	San Fernando Valley	Multi-disciplinary teams provide specialized outreach that combines medical, mental health, substance abuse, and lived-experience to have a comprehensive, integrated approach to outreach.
	3	Non-Profit Provider	$ 416,963	GCP-AHS	1	5	San Fernando Valley	
	4	Non-Profit Provider	$ 370,118	GCP	1	TBD	Hollywood/San Fernando Valley	
	5	Non-Profit Provider	$ 450,000	HHAP	1	4	West Los Angeles	
	6	Non-Profit Provider	$ 276,615	HHAP	1	6	San Fernando Valley	
	8	Non-Profit Provider	$ 600,000	HHAP, GCP	1	6	South Los Angeles	
	9	Non-Profit Provider	$ 450,000	HHAP	1	5.5	South Los Angeles	
Roadmap Outreach Teams	All	LAHSA	$ 3,396,405	HHAP	15	2	Citywide	To support the City's Homelessness Roadmap efforts,15 outreach teams are provided across the City, one per Council District. These teams are focused on encampments and people experiencing homelessness within five hundred (500) feet of all freeway overpasses, underpasses, on-ramps, and off-ramps. These teams work closely with relevant City partners to prioritize their targeted population for new housing interventions being funded through the City's Covid Recovery Roadmap. Similar to the Homeless Engagement Teams, the Roadmap Outreach Teams prioritize linking targeted engagement efforts into new and existing Crisis, Bridge and / or Permanent Housing units.
Skid Row Homeless Engagement Teams	14	LAHSA	$ 452,854	HHAP	2	2	Skid Row	The Skid Row HETs provide two two-person teams assigned to the Skid Row area for street engagement. Skid Row HETs are displayed within the Skid Row area that include at least one bilingual HET staff member. These additional teams are meant to expand the existing capacity of outreach in the Skid Row area of the C3 and MDT and other outreach efforts happening within the area.
Street Medicine	1, 4, 8, 9, 13, and 14	Non-Profit Provider	$ 5,000,000	GCP, GCP-AHS, HHAP	5	5	Central, Eastside, Hollywood, South Los Angeles	The USC Street Medicine Program delivers full service primary care on the street, which includes treatment for acute and chronic disease, preventative medicine, treatment for psychiatric conditions, and substance use disorders.
Council District Funded	3	LAHSA/Non-Profit Provider	$ 420,000	GCP	1	5	San Fernando Valley	Funding for the Multi-Disciplinary Street Team will be composed of clinicians, case managers and those with lived-experience and will complement the street engagement efforts undertaken by the County, LAHSA, and other community based organizations in CD 3.
	4	Non-Profit Provider	$ 688,000	ERF-1	1	5	LA River	To provide additional funding to continue to provide a Homeless Outreach team related to the Encampment Resolution Fund - LA River Project.
	4	Non-Profit Provider	$ 132,000	ERF-1	1	4	LA River	To provide a Homeless Outreach team that will be composed of two (2) Outreach Workers, one (1) Case Manager dedicated to intensive case management and one (1) Housing Location Navigator connecting with property owners to find appropriate housing options related to the ERF-1 LA River Project.
	4	Non-Profit Provider	$ 471,937	ERF-1, Congressional Earmark	1	3.5	LA River	To provide medical care and social services for patients experiencing homelessness using a "street medicine" model in CD 4
	6	Non-Profit Provider	$ 1,500,000	GCP	1	~11	San Fernando Valley	To defray the expenses supporting homeless programs and outreach in CD6
	7	Non-Profit Provider	$ 500,000	GCP	2	2	San Fernando Valley	To defray costs associated with the RV Outreach program, a trauma-informed and service focused methodology to actively involved individuals living in vehicles, especially those staying in recreational vehicles

City Funded Homelessness Outreach Matrix (Revised 03/28/2024)								
Outreach Team Type[1]	CD	Service Provider Type	2023-24 Budget	2023-24 Funding Source	No. of Teams	No. of FTEs per Team[2]	Geographical Areas	Description and Purpose
	8	Non-Profit Provider	$ 300,000	GCP	N/A	~18	South Los Angeles	To defray costs associated with the Homeless Outreach Program Integrated Care System (HOPICS) project for CD 8 Homeless Outreach and Intervention Program.
	10	Non-Profit Provider	$ 500,000	GCP	1	2	South Los Angeles	To defray costs associated with the Homeless Outreach Program Integrated Care System (HOPICS) project for CD10 Encampment to Home efforts.
	10	Non-Profit Provider	$ 1,155,314	GCP	N/A	2	South Los Angeles	To defray expenses associated with with expanding homeless outreach in CD10 in particular the Mid City areas near Venice Beach and David Ave
	10	Non-Profit Provider	$ 226,000	GCP	N/A	2.5	South Los Angeles	To defray expenses associated with homeless outreach for individuals experiencing homelessness in CD10.
	12	Non-Profit Provider	$ 200,000	GCP	N/A	2	San Fernando Valley	Direct client assistance supports/supplies (ie. bus passes, clothing, hygiene supplies, snacks); staff salaries/benefits and associated administrative costs; outreach program operating costs (ie. communication equipment, transportation)
	13	Non-Profit Provider	$ 895,744	AB2190	N/A	5	East Los Angeles	To defray expenses associated with case management, outreach and temporary housing of individuals experiencing homelessness in CD13.
Total			$ 47,431,907					

2024	Date Allocation Request Received	Funding Source	Account #	Council District	Allocation Amount	Funding Intent	Contract Term Start Date	Contract Term End Date	Date of Contract Execution	Contract #	Remark
Homeless Health Care LA	7/28/23	LAPD	000412	10	$226,000.00	To defray expenses to support their homeless outreach program within Council District 10.	09/01/22	8/30/24	1/10/24	C-144305	Currently being amended to extend term 1 year. No addl funding.
Ward Economic Development Corporation	8/2/23	LAPD	000463	8	$300,000.00	To defray expenses associated with the administration and management of Community Intervention Workers for the Homeless Outreach and Prevention program.	07/01/23	6/30/24	10/1/2024	C-144309	Currently being amended to extend term 1 yr & add addl funds of $300,000 for a total of $600,000
West Valley Homes YES	9/26/23	GCP	000903	7	$500,000.00	To defray costs associated with the RV homelessness outreach program, a trauma-informed and service focused methodology to actively involve individuals living in vehicles, especially those staying in recreational vehicles.	11/1/23	11/1/25	11/1/25	C-144852	$250,000 expended. The remaining encumbrance is $250,000.
The People Concern	9/4/24	GCP	000524	10	$1,159,314.00	To defray expenses associated with expanding homeless outreach in CD10 in particular the Mid City areas near Venice Beach and David Ave	7/1/21	6/30/24	2/1/24	C-139076	Currently pending 3rd amendment to extend term for 1 year and additional funding of $404,314.
Volunteers of America	8/24/22	GCP	712/000903	12	$400,000.00	Funds procured under this Agreement to defray costs associated with direct outreach, engagement and case management services to facilitate referrals to housing/supporting services for homeless	07/01/22	12/31/24	3/23/23	C-142924	1st amendment executed 4/15/24

Attachment C

System Navigator Scope of Work (SOW): City General Fund Contract (C-140706) Added June 10, 2024

Los Angeles
HOMELESS SERVICES AUTHORITY
"We drive the collaborative strategic vision to create solutions for the crisis of homelessness grounded in compassion, equity and inclusion".

707 Wilshire Blvd., 10th Floor · Los Angeles, California · 90017
Telephone: (213) 683-3333 · Fax: (213) 553-9373 · TTY: (213) 553-8488

Department: Access & Engagement
Salary: $26.27-$30.25
Appointments are typically made between the minimum and the midpoint of the range, depending on qualifications.

System Navigator- Outreach

The Los Angeles Homeless Services Authority (LAHSA) seeks motivated professionals who want to use their talents and skills to make a difference. Our 500+ FTE staff are adaptive problem solvers and passionate about enriching people's lives. If you are mission-driven, dedicated to superior service and support, and can diligently work independently and in a collaborative environment, join our team. LAHSA is leading the fight to end homelessness in LA County. Here, not only would your work have a real impact on the community, but we also offer a comprehensive and competitive benefits package.

Created in 1993, LAHSA is a joint powers authority of the city and county of Los Angeles. As the lead agency in the HUD-funded Los Angeles Continuum of Care, we coordinate and manage over $300 million annually in federal, state, county, and city funds for programs providing shelter, housing, and services to people experiencing homelessness.

Job Summary
Under the leadership of the Director of Access & Engagement Department, the System Navigator-Outreach will provide field-based services to persons experiencing sheltered & unsheltered homelessness as they transition into permanent housing. This position will serve as a hybrid of Homeless Outreach and Housing Navigation. The selected candidate's primary responsibilities are to engage unsheltered persons experiencing homelessness to provide document assistance and connect them with interim housing and other stabilizing resources. Other responsibilities include supporting city-wide Interim Housing (traditional shelters and motel sites) sites with assisting clients with permanent housing opportunities and locating best fit housing placement options, providing housing stability services, including implementation of housing stabilization plans, and coordination of multiple services to meet each clients' needs. System Navigators- Outreach are also responsible for building and maintaining good working relationships with partnering agencies and landlords. Given the hybrid nature of this position staff may be assigned to work in any area of the City of Los Angeles and that assignment will change as the needs of the homelessness response system change. **This position may require the System Navigator to be temporarily assigned at Interim Housing/Service Provider sites across the city in an effort to support system flow and the City's Encampment Resolution efforts.**

Essential Job Functions

- Work with team members to assist people experiencing homelessness in response to requests received and while performing outreach duties.
- Provide connections to available resources for the homeless population (e.g. linkage to primary care physicians, health insurance, mental health / substance abuse support, benefits advocacy, employment services, food banks, credit repair, legal aid, In Home care)
- Maintain professional relationships with clients, Elected Offices, and city or County Departments

- Work with clients to develop and implement a housing location plan that will maximize housing location, placement, and retention which will increase quality of life and community engagement
- Conduct CES Assessment or alternative required assessment to accompany housing plan to determine appropriate housing intervention and service needs.
- Keep up-to-date, accurate, well-written/well documented case notes in required format
- Complete all documentation and paperwork in a timely manner
- Prepare clear and thorough housing assessments and referrals for inclusion in case files and provide supervisor with all information requested in the timeframe given
- Assist clients with completing housing and/or subsidy applications and securing housing of their choice
- Transport clients to gather needed documents for housing including but not limited to the DMV, Social Security office and Department of Social Services
- Transport clients to unit viewings and assist with completion of rental applications
- Coordinate with Unit Acquisition teams to identify and share appropriate housing options with participants
- Develop relationships with landlords to assist in identification of housing units and leasing process for participants
- Represent LAHSA at community meetings (i.e. care coordination & case conferencing) to advocate for client needs
- The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this role. While performing duties of this very active position, the employee must regularly walk, climb or balance, stoop, kneel, or crouch. The employee must occasionally lift and or move items over 10 pounds.

Knowledge, Skills and Abilities:

- Knowledge of the LA CoC HMIS
- Strong computer skills to maintain up to date Clarity (HMIS) Records for services provided to clients directly in the field.
- Excellent people skills, specifically customer service skills and a capacity for collaboration and interpersonal relationships with varied populations
- Excellent written and verbal communication skills, including the ability to express technical concepts clearly to both technical and non-technical audiences
- Strong organizational skills with a strong attention to detail
- Intermediate level of skill with computer software programs specifically, Microsoft Office (Word, Excel, Access, Power Point and Outlook)
- Ability to simultaneously manage multiple projects and timelines
- Demonstrated ability to work with diverse community and organizational groups
- Other duties and special projects as assigned
- The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. This is a very active position. While performing the duties of this job, the employee is regularly required to walk; climb or balance; and stoop, kneel, crouch or crawl. The employee must occasionally lift and/or move items over 10 pounds.

Training & Experience.

- Minimum 2 combined years of experience and demonstrated effectiveness in social services, preferably homeless services

- Certificates and/or trainings specific to domestic violence, mental illness, and harm reduction, preferred
- A high school Diploma is mandatory, however an A.A. degree with relevant social service work experience and bilingual (English/Spanish) is preferred.
- Any combination of extensive and applicable work experience and educational credentials to perform the above duties successfully.
- **Candidate must have a valid California Drivers' License and a clean driving record (including no unpaid parking fines) for a minimum of 3 years**.

COVID-19 Vaccines

- Effective **November 1, 2021, LAHSA will require proof of vaccination for all employees.** This requirement is in response to the public health emergency and is intended to reduce the spread of COVID-19 among LAHSA employees, our stakeholders and those we serve – it will remain in effect for the duration of the public health emergency.
- Employees may apply for an exemption if they cannot be vaccinated due to complicating medical conditions or sincerely held religious beliefs. If the exemption is approved, then the employees will be subject to weekly COVID-19 testing.

Applicants may make a reasonable accommodation request for this job by calling the Human Resources Department at (213) 683-3333; or via email at humanresources@lahsa.org; or in person @ 707 Wilshire Blvd., 6th Floor, LA, CA 90017.

To Apply, please go to www.lahsa.org/jobs

Template Revised: 09/01/2020 **Job Description Revised: 12/01/2023**

Attachment D

City & County Outreach Key Performance Indicators (KPIs): Outcomes & Metrics
Updated August 1, 2024

City/County Homelessness Outreach Outcomes & Metrics

The below information is current as of August 1, 2024.

City HET Contracts: Outcomes-Metrics:

500 Contacts per team
85%-Contacted will receive direct services
50%-Contacted will be engaged
20%-Engaged will be placed in interim housing
10%-Engaged will be linked to permanent housing

County HET Contracts: Outcomes-Metrics:

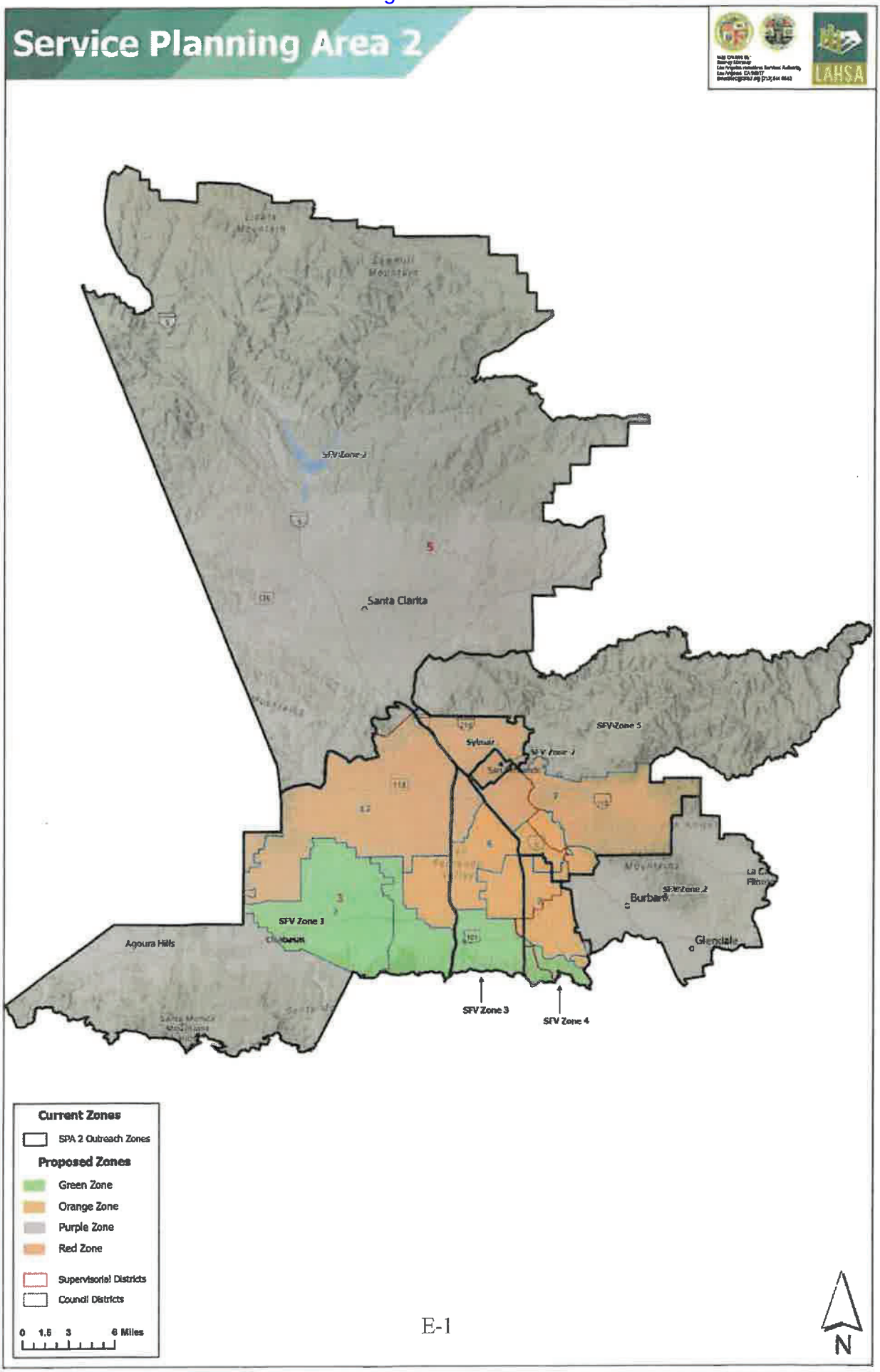
375 Contacts per team
70%-Individuals engaged
75%-Engaged individuals provided services
10%-Engaged will be placed in interim housing
5%-Engaged will be permanently housed

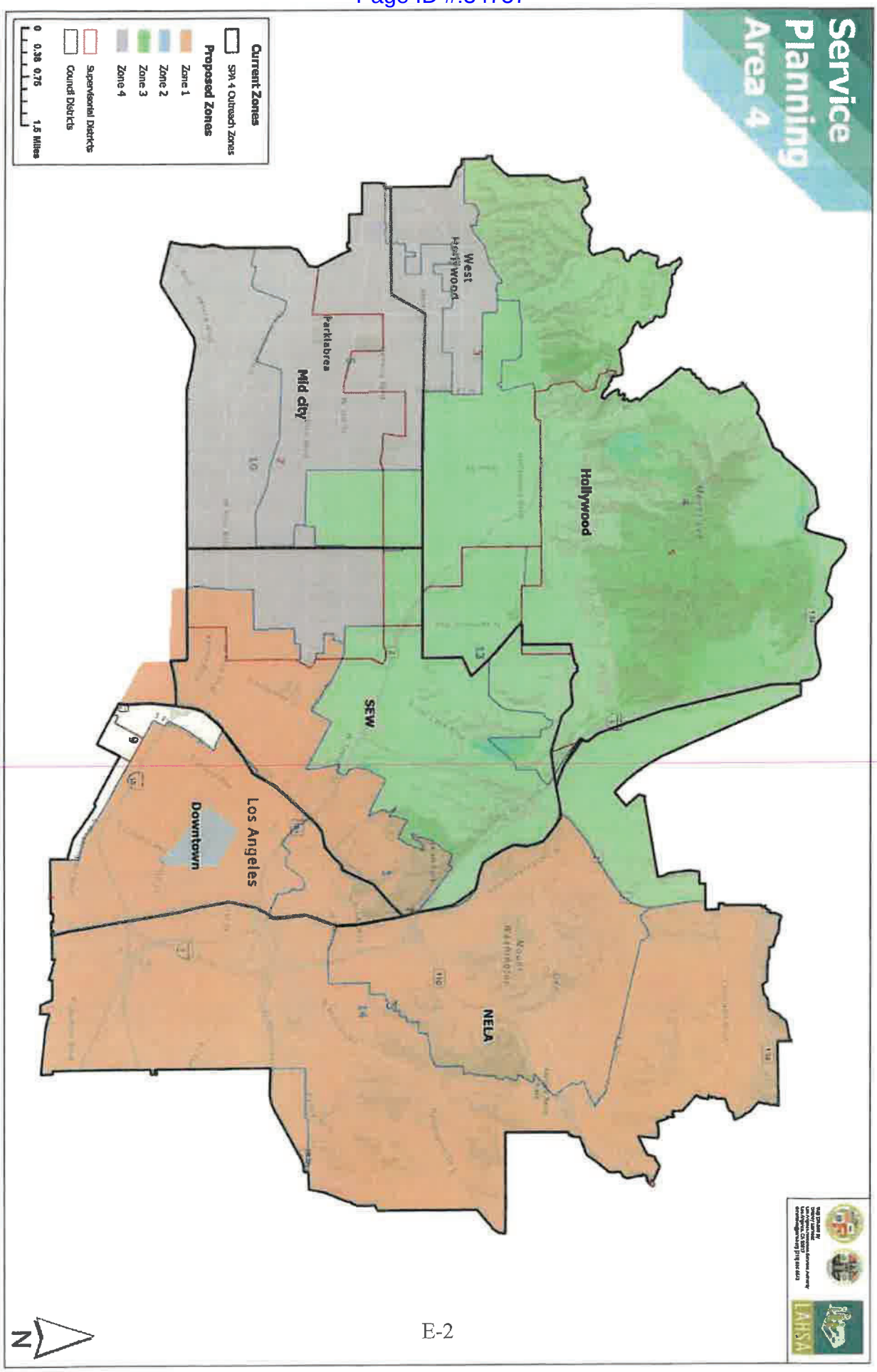
LAHSA Outreach Dashboards Available Data:

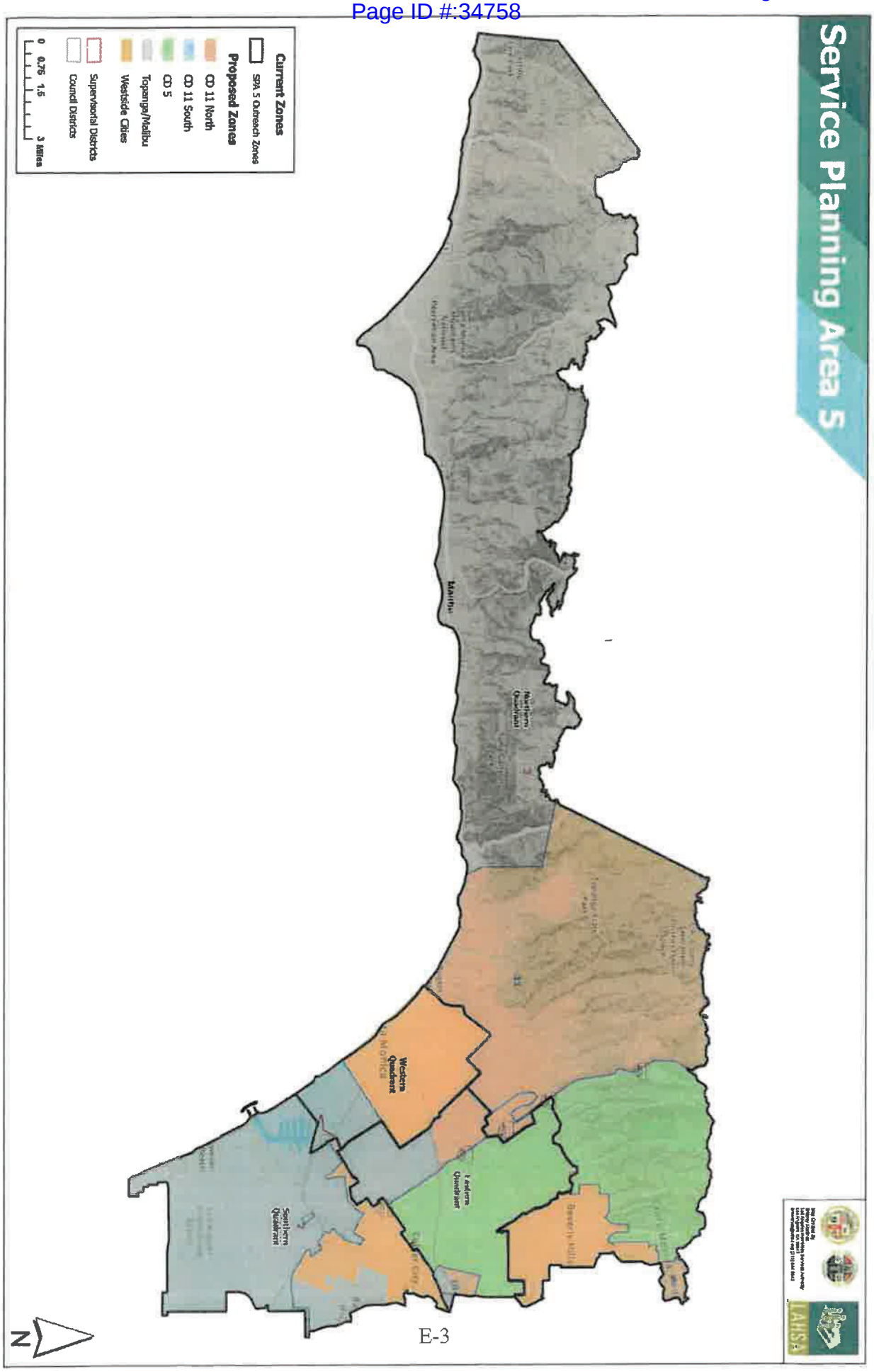
- Active Clients
- Outreach Locations (non-specific)
- Total Clients Served
    - Newly contacted
    - Newly engaged
    - Engagement rate (percentage)
- Total Services and Referrals Provided
- Types of Referrals completed
- Placements
- Clients Exited
- Exits from Outreach Programs into Interim or Permanent Housing
- Exit destination - broken down by destination type: unknown, interim situation, homeless situation, permanent situation, institutional situation.

Attachment E

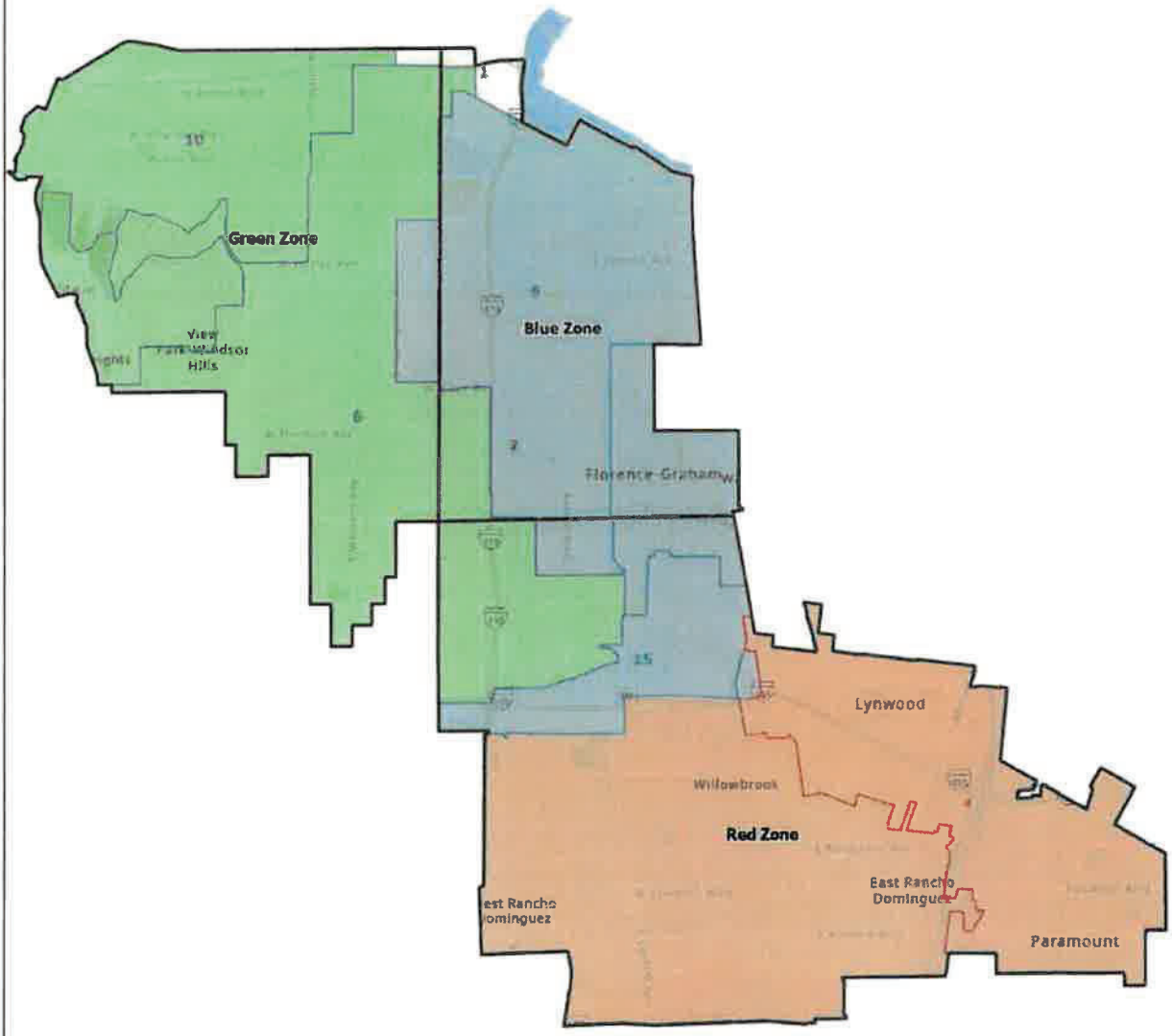
LAHSA HET & DHS MDT Outreach Zones: Service Planning Area (SPA) Updated August 1, 2024

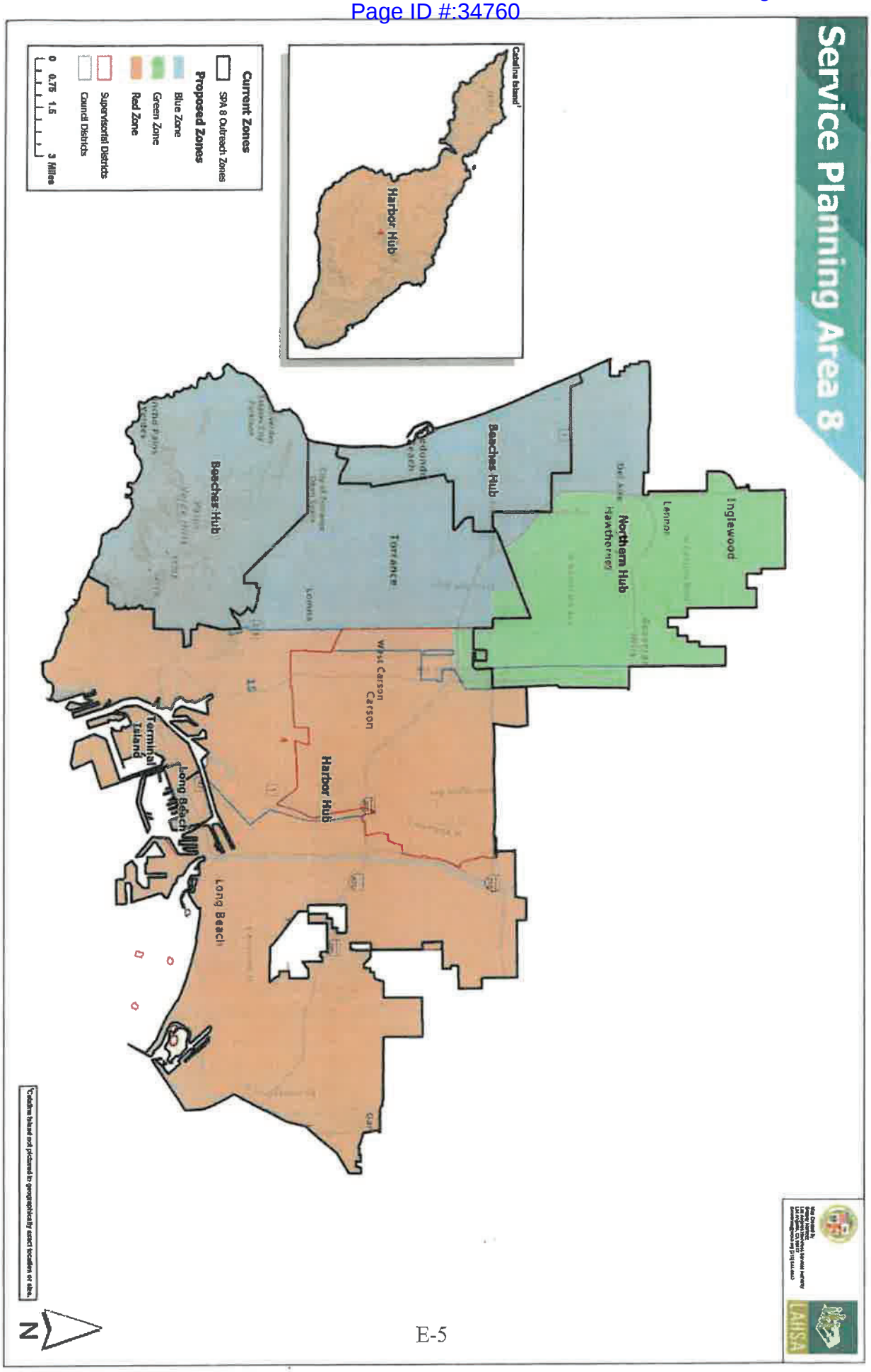

Service Planning Area 2
LAHSA
Santa Clarita
SFV Zone 5
Sylmar
SFV Zone 1
SFV Zone 2
Burbank
Glendale
SFV Zone 3
Agoura Hills
SFV Zone 3
SFV Zone 4
Current Zones
SPA 2 Outreach Zones
Proposed Zones
Green Zone
Orange Zone
Purple Zone
Red Zone
Supervisorial Districts
Council Districts
0 1.5 3 6 Miles
N


Service Planning Area 4
Current Zones
SPA 4 Outreach Zones
Proposed Zones
Zone 1
Zone 2
Zone 3
Zone 4
Supervisorial Districts
Council Districts
0 0.38 0.76 1.5 Miles
West Hollywood
Beverly Hills
Parklabrea
Mid city
Hollywood
SEW
Downtown
Los Angeles
NELA
N


Service Planning Area 5
Current Zones
SPA 5 Outreach Zones
Proposed Zones
CD 11 North
CD 11 South
CD 5
Topanga/Malibu
Westside Cities
Supervisorial Districts
Council Districts
0 0.75 1.5 3 Miles
Malibu
Western Quadrant
Eastern Quadrant
Southern Quadrant
N

Service Planning Area 6




Service Planning Area 8
Current Zones
SPA 8 Outreach Zones
Proposed Zones
Blue Zone
Green Zone
Red Zone
Supervisorial Districts
Council Districts
0 0.75 1.5 3 Miles
Catalina Island*
Harbor Hub
Beaches Hub
Northern Hub
Harbor Hub
Inglewood
Lennox
Hawthorne
Torrance
Lomita
West Carson
Carson
Terminal Island
Long Beach
Long Beach
*Catalina Island not pictured to geographically correct location or size.
N
LAHSA

Attachment F

County-funded MDT and HOME Team & City-funded MDT Allocations: By Council District and Non-Profit Provider

City-Funded and County MDT, by Council District and Service Provider

I) County-funded MDT (pursuant to Alliance Settlement Agreement):

Council District	Allocation	Service Provider
1	3	Homeless Health Care Los Angeles (HHC) (*Westlake*); Exodus (*Northeast LA*); The People Concern (TPC) (*Chinatown/Elysian Park*)
2	1	LA Family Housing
3	1	Hope the Mission
4	1	LAFH (x*0.5 in Service Planning Area 2 (SPA 2)*); TPC (x*0.5 in SPA 4*)
5	1	St. Joseph Center (x*0.5 in SPA 5*); TPC (x*0.5 in SPA 4*)
6	2	LA Family Housing; Hope the Mission
7	2	LA Family Housing
8	2	Homeless Outreach Program Integrated Care System (HOPICS)
9	4	HOPICS
10	2	HOPICS (*SPA 6*); HHC (*SPA 4*)
11	2	St. Joseph Center
12	1	LA Family Housing
13	3	The Center (*Hollywood*), HHC (*Echo Park*), TPC (*Hollywood and Midtown*)
14	7	TPC (*x5 DTLA & Skid Row*), Exodus (*x2 Northeast LA)*
15	2	Mental Health America of Los Angeles

II) County-funded DMH HOME teams

The County's 10 HOME teams that conduct outreach in the City are deployed as follows:

Service Planning Area (SPA)	Number of HOME Teams
2	2
4	3
5	2
6	2
8	1

Note: DMH HOME Teams are fully funded by the County. The County does not contract with service providers to conduct HOME program activities.

III) City-funded MDT - Fiscal Year 2024-2025

Council District (CD)	Non-Profit Provider	Contract
CD 3*	Hope the Mission (*Through 12/31/24)	C-139823
CD 5	People Assisting the Homeless	C-139823
CD 6	Hope The Mission	C-139823
CD 8	Special Services for Groups/HOPICS	C-139823
CD 9	Special Services for Groups/HOPICS	C-139823

Attachment G

Motion
Blumenfield-Raman
C.F. 23-1182

MOTION

HOUSING & HOMELESSNESS

The City of Los Angeles' investments into street engagement strategies has resulted in the deployment of outreach workers across the City providing people experiencing homelessness with life-sustaining resources for health and safety, and connections into interim and permanent housing programs. Outreach workers are often the first point of contact for people experiencing homelessness into the homeless service system and over the years the City has developed specialized teams and engagement strategies to address neighborhood needs across the City.

For this fiscal year 2023-24, the City of Los Angeles is funding 41 Homeless Engagement Teams (HET) through the Los Angeles Homeless Services Authority (LAHSA), 7 Multi-Disciplinary Teams (MDT) through the Los Angeles County Department of Health Services, 5 Street Medicine Teams, 6 CIRCLE teams, Mayor's Inside Safe Teams, and other homeless street engagement teams coordinated by Council Offices. According to a May 7, 2021 LAHSA Report (CF 20-1603), there are additional Los Angeles County funded outreach teams operating within the City through HETs, MDTs, County + City + Community (C3) Teams, Department of Mental Health Homeless Outreach Mobile Engagement (HOME) Teams, Coordinated Entry System (CES) Outreach Teams, Public Spaces MDTs, LA-HOP, and other speciality teams.

The scope of homeless outreach and the corresponding engagement strategies have evolved in the City and the demand for outreach teams are evolving. During budget discussions, LAHSA reported a proposed pivot for HETs to provide housing navigation services and recently announced the launch of the Multi-Departmental Crisis Response Team (MDCRT). The discussion on the evolution of LAHSA HETs and alignment with City homeless engagement efforts is needed, along with continued funding for LAHSA HETs.

I THEREFORE MOVE that the Council instruct the City Administrative Officer (CAO) to report back within 30 days, on LAHSA's plan for Homeless Engagement Teams related to the six-months funding allocated in the Unappropriated Balance.

I FURTHER MOVE that the Council instruct the Chief Legislative Analyst (CLA) and the CAO to engage Council Offices, Mayor's Office, and City Departments to conduct a needs assessment in each district for homeless engagement services and inventory existing outreach programs in operations in the City and report back in 60 days with analysis and recommendations to improve engagement with people experiencing homelessness, including:

- Leveraging existing programs and reducing duplication of services
- Coordinating deployment of teams and service delivery that enables Council input to prioritize locations and deployment schedules in coordination with other City programs
- Funding allocations and sources for outreach services
- Options to expand service hours to include nights, weekends, and/or specialized projects/locations

OCT 2 0 2023

PK

I FURTHER MOVE that the CAO with the assistance of the CLA report back on the implementation plan of the LA Alliance settlement related to outreach, dispute resolution, assessment for "city shelter appropriate" and coordinating with County MDT, HOME teams, and other programs.

I FURTHER MOVE that the CAO, with the assistance of the CLA and LAHSA, to report back on establishing standardized data points to collect, metrics to measure effectiveness of outreach, tracks referrals/linkages to services and service requests, documents offers of housing, and identifying a geolocation data tool

I FURTHER MOVE that the Council request LAHSA to report back with quarterly contract performance reports for City-funded outreach as outlined in the CF 20-1603 May 7, 2021 LAHSA Report with data from 2020 to present.

PRESENTED BY: _____
BOB BLUMENFIELD
Councilmember, 3rd District

SECONDED BY: _____

ORIGINAL

Exhibit D

From:	Elizabeth Mitchell
To:	Lauren M. Brody; Haward Cho; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; Jason H. Tokoro; Skip Miller; smyers@lafla.org; Angelica Ransom; Matthew Umhofer; Mira Hashmall; Paul Webster
Cc:	Hon. Thomas Goethals; michele@michelecmartinez.com; Andrea Haas
Subject:	Re: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting
Date:	Monday, September 8, 2025 6:32:02 PM
Attachments:	image001.png image002.png image003.png image004.png image005.png image006.png image007.png image008.png image009.jpg

---

Thanks Lauren. The fundamental question that was raised is how can the County demonstrate that 3,000 treatment beds are being added to increase the overall inventory and you offered to share the bed presentations as a rough estimate. I recognize that the dates do not line up but its at least something to look at. But to your point, it cannot be relied on to demonstrate compliance so I guess that puts the ball back in your court - how can the County demonstrate compliance in terms of an overall increase? Thanks much.

Sent from my T-Mobile 5G Device
Get Outlook for Android

From: Lauren M. Brody <lbrody@millerbarondess.com>
Sent: Monday, September 8, 2025 6:21:20 PM
To: Elizabeth Mitchell <elizabeth@umklaw.com>; Haward Cho <haward@adrservices.com>; akaounis@gibsondunn.com <akaounis@gibsondunn.com>; keckert@gibsondunn.com <keckert@gibsondunn.com>; Tisarai Barber <tbarber@millerbarondess.com>; JRotstein@gibsondunn.com <JRotstein@gibsondunn.com>; mmcrae@gibsondunn.com <mmcrae@gibsondunn.com>; bhamburger@gibsondunn.com <bhamburger@gibsondunn.com>; carolsobellaw@gmail.com <carolsobellaw@gmail.com>; ava.smith@lacity.org <ava.smith@lacity.org>; Alai@counsel.lacounty.gov <Alai@counsel.lacounty.gov>; kscolnick@gibsondunn.com <kscolnick@gibsondunn.com>; dadler@gibsondunn.com <dadler@gibsondunn.com>; arlene.hoang@lacity.org <arlene.hoang@lacity.org>; pfuster@gibsondunn.com <pfuster@gibsondunn.com>; csweetser@sshhlaw.com <csweetser@sshhlaw.com>; Brenda Riding <briding@Millerbarondess.com>; jessica.mariani@lacity.org <jessica.mariani@lacity.org>; tevangelis@gibsondunn.com <tevangelis@gibsondunn.com>; bweitzman@eldrcenter.org <bweitzman@eldrcenter.org>; tbiche@gibsondunn.com <tbiche@gibsondunn.com>; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Skip Miller <smiller@Millerbarondess.com>; smyers@lafla.org <smyers@lafla.org>; Angelica Ransom <aransom@millerbarondess.com>; Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>; Paul Webster

<pwebster@la-alliance.org>
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>; michele@michelecmartinez.com <michele@michelecmartinez.com>; Andrea Haas <ahaas@adrservices.com>
Subject: RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

Counsel:

We reiterate that the beds presentation is not a proper source for trying to understand the mental health/SUD beds in the County's quarterly status reports. Under the settlement, the criteria for counting "new" mental health/SUD beds towards the agreed-upon benchmarks is based on bed contracts and dates, not census figures. With respect to the acute category, the point we continue to make is that a change in census (how many Medi-Cal members obtain acute psychiatric services within a specific time period) is not equivalent to a change in the number of specialized in-patient beds that DMH has dedicated contracts for. The bed presentations report acute census numbers. Census numbers are not utilized for purposes of the County's quarterly reports. Specialized inpatient beds from dedicated contracts are counted, with the caveat that the parties' settlement neither limits the County's discretion nor requires the County to contract for particular bed categories and the County may change the beds it counts towards the settlement benchmarks over time.

Where we are having trouble is that you seem to be relying on definitions and methodologies from the bed presentations to ask questions about the quarterly reports, and they are not intended for that. Once we better understand your questions, we should be able to work on any that are not answered by this e-mail.

Lauren M. Brody
MILLER | BARONDESS LLP
2121 Avenue of the Stars, 26th Floor
Los Angeles, CA 90067
Main: 310-552-4400
Fax: 310-552-8400
lbrody@millerbarondess.com
www.millerbarondess.com
Biography

From: Elizabeth Mitchell <elizabeth@umklaw.com>
Sent: Monday, September 8, 2025 1:39 PM
To: Lauren M. Brody <lbrody@millerbarondess.com>; Haward Cho <haward@adrservices.com>; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber <tbarber@millerbarondess.com>; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding

<briding@Millerbarondess.com>; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Skip Miller <smiller@Millerbarondess.com>; smyers@lafla.org; Angelica Ransom <aransom@millerbarondess.com>; Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>; Paul Webster <pwebster@la-alliance.org>
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>; michele@michelecmartinez.com; Andrea Haas <ahaas@adrservices.com>
Subject: RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

Hi Lauren,

Circling back to this. Please confirm our understanding:

> In looking at the beds presentation, please confirm that the only counting mechanism that changed from 2023 to 2025 was how the County counts beds in the category "acute inpatient/subacute" – and those beds aren't being counted towards the Alliance Settlement. Also please confirm that beds in the other categories (Crisis Receiving & Stabilization, Crisis Residential/Extended Residential, Licensed Residential Care, Interim Housing, Permanent Housing) are counted towards the Alliance Settlement.

Also I don't think we've heard back from the City on the numerous issues delineated in my 8/18 email. I've included below for reference. Can we get an update from the City and County about the service-to-facilities issue (#1), the HMIS/Referral issue (#2: where are we at with this?), and Mental Health Bed confirmations (#3)? Thanks all.

> Below are issues we addressed on Friday:
> 1) Services to interim and permanent facilities: Per the County, DMH cannot communicate back to service providers or outreach workers even whether the referral has resulted in DMH accepting or rejecting the referred individual as a client. Unfortunately this means that a lot of people aren't getting mental health care because the service provider/outreach worker isn't aware of the status, and doesn't follow up on a subsequent referral to the managed care plan if DMH rejects them for a low acuity level. Pending query to the County/City: should service providers dual-refer everyone they suspect has a mental health issue to both managed care and DMH? County to inquire and follow up.
> - Follow up issue: This still doesn't totally address the low engagement with some County services that we are seeing. Questions the City needs to answer: i) **What's the City's position? ii) Do the service providers at the interim facilities agree that service provision is sufficient? iii) Other than "service connection days", the service provider is responsible for evaluations and referrals to county services—is this a sufficient process? iv)Does County need to proactively evaluate as each new person enters?** I understand the City will be conferring with its service providers and reporting back. **v) What's the timeline for that report-back?**

2) HMIS/Referral Issue: County confirmed that the redundancy (service providers making referrals then entering it into HMIS) must stay not only for court-reporting purposes but also to follow-up on referrals. City confirmed that outreach workers and providers are making referrals, claiming they entered it in the system, but it is not being reported. Next steps:
   - (i) Lauren will confirm they do not have a list of outreach workers from LAHSA and will today/tomorrow advise the parties.
   - (ii) If the County does not have the list, Jessica will again ask LAHSA to provide it. Both Jessica and Lauren will confirm by the end of this week that the list has in fact been transferred to the County or advise the parties (including special masters) otherwise
   - (iii) The City will also provide its updated list of outreach workers (that don't go through LAHSA) ASAP.
   - (iv) Within 30 days, the County will cross-check the outreach workers and referrals to confirm redundancy (referral + HMIS) is happening.
   - Anything I missed here?
3) Mental Health Beds: We need confirmation that the County is increasing overall capacity rather than shuffling beds/numbers. Lauren explained the County doesn't track things like this clearly Next steps:
   - (i) Lauren is going to talk to DMH/SAPC/County to figure out how to get us this information.
   - (ii) In the meantime, Lauren is going to circulate the 2022 and 2025 treatment bed reports that are given to the Board. These numbers should accurately reflect the snapshot of beds (the "acute" numbers have changed, but the County isn't reporting "acute" beds for this litigation)

Below are issues that still need to be discussed:

4) Direct Access to County Services for Outreach Workers (particularly DMH): We did not get to this issue. Service providers and council district reps previously stated that outreach workers do not have direct access. **Has anything changed?**
5) County-Funded High Needs Beds: We didn't get to this issue. We need better/more robust reporting for all high needs beds in the city and explanation for prioritization.
6) Data Integrity: More transparency, clarity, and support for County's reported metrics
7) Inside Safe Participants: How is the City going to get the County the information on participants so County can properly report services?
8) TLS as "PSH": City must clarify the potentially erroneous characterization of these beds as "PSH" which they don't appear to be.

From: Elizabeth Mitchell
Sent: Sunday, August 24, 2025 6:19 PM
To: Lauren M. Brody <lbrody@millerbarondess.com>; Haward Cho <haward@adrservices.com>; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber <tbarber@millerbarondess.com>; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org;

Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding <briding@Millerbarondess.com>; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Skip Miller <smiller@Millerbarondess.com>; smyers@lafla.org; Angelica Ransom <aransom@millerbarondess.com>; Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>; Paul Webster <pwebster@la-alliance.org>
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>; michele@michelecmartinez.com; Andrea Haas <ahaas@adrservices.com>
Subject: RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

Thanks Lauren. In looking at the beds presentation, please confirm that the only counting mechanism that changed from 2023 to 2025 was how the County counts beds in the category "acute inpatient/subacute" – and those beds aren't being counted towards the Alliance Settlement. Also please confirm that beds in the other categories (Crisis Receiving & Stabilization, Crisis Residential/Extended Residential, Licensed Residential Care, Interim Housing, Permanent Housing) are counted towards the Alliance Settlement.

Best,
Liz

From: Lauren M. Brody <lbrody@millerbarondess.com>
Sent: Tuesday, August 19, 2025 2:46 PM
To: Elizabeth Mitchell <elizabeth@umklaw.com>; Haward Cho <haward@adrservices.com>; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber <tbarber@millerbarondess.com>; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding <briding@Millerbarondess.com>; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Skip Miller <smiller@Millerbarondess.com>; smyers@lafla.org; Angelica Ransom <aransom@millerbarondess.com>; Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>; Paul Webster <pwebster@la-alliance.org>
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>; michele@michelecmartinez.com; Andrea Haas <ahaas@adrservices.com>
Subject: RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

We are still reviewing Liz's summary and may have some respectful disagreement. However, I did not want to delay in sending some pieces that we promised to circulate.

Mental Health/SUD Bed Reports

Attached please find copies of the beds presentations to the Board from May 2023 (pre-settlement) versus the latest one, May 2025.

City Funded Outreach Workers

The last list of City-Funded Outreach workers we received from LAHSA was in November 2024. I have also attached our two recent status reports in which we indicated that we needed an updated list from the City. We appreciate the City's offer to follow up with LAHSA and support the suggestion to start a combined discussion with the City, LAHSA, and the County so we aren't both following up.

Attached are the names of the city-funded outreach workers who documented County referrals in HMIS for the period ending June 30.

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Biography

From: Elizabeth Mitchell <elizabeth@umklaw.com>
Sent: Monday, August 18, 2025 4:35 PM
To: Haward Cho <haward@adrservices.com>; Lauren M. Brody <lbrody@millerbarondess.com>; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber <tbarber@millerbarondess.com>; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding <briding@Millerbarondess.com>; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Skip Miller <smiller@Millerbarondess.com>; smyers@lafla.org; Angelica Ransom <aransom@millerbarondess.com>; Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>; Paul Webster <pwebster@la-alliance.org>
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>; michele@michelecmartinez.com; Andrea Haas <ahaas@adrservices.com>
Subject: RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

All:

Thank you for meeting on Friday. Items 1-3 were discussed, with summaries and action items identified below. As always, if you have a different understanding of what was discussed or the action items please let the parties know. Items 4-8 were not addressed and we need to set some time to continue our discussions, as there was much we didn't get to. My availability for the rest of the week for a 2-hour Zoom call: Wednesday (8/20) 1pm+; Thursday (8/21): 8am-12pm; 3:3pm-6pm; Friday (8/22): 8am-11am

Thanks,
Liz

Below are issues we addressed on Friday:

1. Services to interim and permanent facilities: Per the County, DMH cannot communicate back to service providers or outreach workers even whether the referral has resulted in DMH accepting or rejecting the referred individual as a client. Unfortunately this means that a lot of people aren't getting mental health care because the service provider/outreach worker isn't aware of the status, and doesn't follow up on a subsequent referral to the managed care plan if DMH rejects them for a low acuity level. Pending query to the County/City: should service providers dual-refer everyone they suspect has a mental health issue to both managed care and DMH? County to inquire and follow up.
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7. Inside Safe Participants: How is the City going to get the County the information on participants so County can properly report services?
8. TLS as "PSH": City must clarify the potentially erroneous characterization of these beds as "PSH" which they don't appear to be.

From: Haward Cho <haward@adrservices.com>
Sent: Wednesday, August 13, 2025 5:03 PM
To: Elizabeth Mitchell <elizabeth@umklaw.com>; Lauren M. Brody <lbrody@millerbarondess.com>; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber <tbarber@millerbarondess.com>; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; bwise@eldercenter.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding <briding@Millerbarondess.com>; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Skip Miller <smiller@Millerbarondess.com>; smyers@lafla.org; Angelica Ransom <aransom@millerbarondess.com>; Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>

Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>; michele@michelecmartinez.com; Andrea Haas <ahaas@adrservices.com>
Subject: RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

Dear Counsel,

Kindly, please let us know who will be attending the Initial Meeting on Friday, August 15 in the above-referenced matter so that we can inform our building for security clearance.

Thank you for your courtesy and cooperation.

Sincerely,
Haward

Haward Cho

Director of Business Relations
Pronouns: he/him/his

+1 (213) 683-1600
+1 (714) 914-7008
haward@adrservices.com
550 South Hope Street, Suite 1000
Los Angeles, California 90071

From: Haward Cho
Sent: Friday, August 8, 2025 2:05 PM
To: Elizabeth Mitchell <elizabeth@umklaw.com>; Lauren M. Brody <lbrody@millerbarondess.com>; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber <tbarber@millerbarondess.com>; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; bwise@eldercenter.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding <briding@Millerbarondess.com>; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Skip Miller <smiller@Millerbarondess.com>; smyers@lafla.org; Angelica Ransom <aransom@millerbarondess.com>; Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>; michele@michelecmartinez.com

Subject: RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

Dear Counsel,

Thank you. This will confirm receipt.

Sincerely,
Haward

Haward Cho

Director of Business Relations
Pronouns: he/him/his

+1 (213) 683-1600
+1 (714) 914-7008
haward@adrservices.com
550 South Hope Street, Suite 1000
Los Angeles, California 90071

From: Elizabeth Mitchell <elizabeth@umklaw.com>
Sent: Friday, August 8, 2025 2:03 PM
To: Lauren M. Brody <lbrody@millerbarondess.com>; Haward Cho <haward@adrservices.com>; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber <tbarber@millerbarondess.com>; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; bwise@eldercenter.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding <briding@Millerbarondess.com>; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Skip Miller <smiller@Millerbarondess.com>; smyers@lafla.org; Angelica Ransom <aransom@millerbarondess.com>; Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>
Subject: RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

Sure – see attached.

From: Lauren M. Brody <lbrody@millerbarondess.com>
Sent: Friday, August 8, 2025 2:00 PM
To: Elizabeth Mitchell <elizabeth@umklaw.com>; Haward Cho <haward@adrservices.com>; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber <tbarber@millerbarondess.com>; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; bwise@eldercenter.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding <briding@Millerbarondess.com>; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Skip Miller <smiller@Millerbarondess.com>; smyers@lafla.org; Angelica Ransom <aransom@millerbarondess.com>; Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>
Subject: RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

Liz,

Could you share a copy of the "CLA letter" referenced below? Thanks,

Lauren M. Brody
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Los Angeles, CA 90067
Main: 310-552-4400
Fax: 310-552-8400
lbrody@millerbarondess.com
www.millerbarondess.com
Biography

From: Elizabeth Mitchell <elizabeth@umklaw.com>
Sent: Friday, August 8, 2025 12:32 PM
To: Lauren M. Brody <lbrody@millerbarondess.com>; Haward Cho <haward@adrservices.com>; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber <tbarber@millerbarondess.com>; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; bwise@eldercenter.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding <briding@Millerbarondess.com>; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org;

tbiche@gibsondunn.com; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Skip Miller <smiller@Millerbarondess.com>; smyers@lafla.org; Angelica Ransom <aransom@millerbarondess.com>; Matthew Umhofer <matthew@umklaw.com>; Mira Hashmall <mhashmall@Millerbarondess.com>
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>
Subject: RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

Thanks Lauren. The Alliance would like to discuss the following:

9. Services to interim and permanent facilities
   - We are still seeing low engagement with DMH and SAPC, and it doesn't appear that the County is proactively evaluating clients as they enroll and service providers are having difficulty with referrals
10. Outreach direct access to county services
   - It appears outreach workers still have no direct access, particularly with DMH (I understood from our listening sessions that SAPC was far more responsive). This was confirmed by the City's recent outreach evaluation by the CLA.
11. County-funded high-needs beds
   - Insufficient reporting by the County given that these beds take referrals from any source (this may have changed since last we engaged in this discussion)
12. Mental Health beds
   - We're still looking for confirmation that the total number of beds has increased (rather than closing some and opening some, resulting in zero net gain)
13. Referrals by city-funded outreach
   - The referrals reported by the County from city-funded outreach is still shockingly low. The County shifts the blame onto the City for not properly training its outreach workers on using HMIS, but the CLA letter identified issues with HMIS and referrals. This issue needs to get resolved.
14. Data integrity
   - We need more transparency in the county's reporting—it's hard for us to understand how they are coming up with the numbers, and the county is not producing back-up support.

Best,
Liz

From: Lauren M. Brody <lbrody@millerbarondess.com>
Sent: Wednesday, August 6, 2025 1:02 PM
To: Haward Cho <haward@adrservices.com>; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber <tbarber@millerbarondess.com>; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; bwise@eldercenter.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding <briding@Millerbarondess.com>; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; Elizabeth Mitchell <elizabeth@umklaw.com>;

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Subject: RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

Dear Mr. Cho,

The County of Los Angeles would like to discuss the following items during our meeting on August 15:

- The City's proposal for how it will identify the participants enrolled in City's Inside Safe programs during each quarter it counts those beds towards the City's settlement obligations, so that the County can report on mainstream services provided to those participants during the reporting period.
- Clarifying the City's potentially erroneous characterization of certain unsupported Time-Limited Subsidy or Section 8 Units as "Permanent Supportive Housing" – all sites below from the City's quarterly report ending March 30, 2025.
    - 1200 Leighton Ave 90037
    - 1203 Rolland Curtis Pl 90037
    - 4222 Dalton Ave 90062
    - 639 E 21 St 90011
    - 1261-1269 Rolland Curtis Pl 90037
    - 1603 W 36th Pl 90018
    - 1317 S Grand Ave 90015
    - 1343 W 40th Pl 90037
    - 2106 S Central Ave 90011
- The City's efforts to ensure its funded outreach workers are consistently and accurately using HMIS to record referrals to County departments, so that the County can report on referral dispositions during the reporting period
- A timeline for the City's provision of an updated list of City-funded outreach workers (for the same reason).

The County is looking forward to discussing these with the City, Monitors, and other parties.

Lauren M. Brody
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Los Angeles, CA 90067
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Biography

Please consider the environment – do you really need to print this email?

From: Haward Cho <haward@adrservices.com>
Sent: Tuesday, August 5, 2025 10:30 AM
To: Haward Cho <haward@adrservices.com>; Lauren M. Brody <lbrody@millerbarondess.com>; akaounis@gibsondunn.com; keckert@gibsondunn.com; Tisarai Barber <tbarber@millerbarondess.com>; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; bwise@eldercenter.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; Brenda Riding <briding@Millerbarondess.com>; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; elizabeth@umklaw.com; Jason H. Tokoro <jtokoro@Millerbarondess.com>; Skip Miller <smiller@Millerbarondess.com>; smyers@lafla.org; Angelica Ransom <aransom@millerbarondess.com>; matthew@umklaw.com; Mira Hashmall <mhashmall@Millerbarondess.com>
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>
Subject: RE: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

Dear Counsel,

In preparation for the Initial Meeting scheduled for August 15, 2025 in the above-referenced matter, Justice Goethals would like to invite the parties to submit any agenda items they would like to discuss during the meeting.

Kindly submit your proposed agenda items by replying to this email, and please ensure that all parties are copied on your response.

Thank you for your courtesy and cooperation.

Sincerely,
Haward

Haward Cho

Director of Business Relations
Pronouns: he/him/his

+1 (213) 683-1600
haward@adrservices.com

+1 (714) 914-7008

550 South Hope Street, Suite 1000
Los Angeles, California 90071

From: ADR Services, Inc. <adrs@amsmail.adrservices.com>
Sent: Wednesday, July 30, 2025 7:39 PM
To: lbrody@millerbarondess.com; akaounis@gibsondunn.com; keckert@gibsondunn.com; tjohnson@millerbarondess.com; JRotstein@gibsondunn.com; mmcrae@gibsondunn.com; bhamburger@gibsondunn.com; carolsobellaw@gmail.com; ava.smith@lacity.org; bwise@eldercenter.org; Alai@counsel.lacounty.gov; kscolnick@gibsondunn.com; dadler@gibsondunn.com; arlene.hoang@lacity.org; pfuster@gibsondunn.com; csweetser@sshhlaw.com; briding@millerbarondess.com; jessica.mariani@lacity.org; tevangelis@gibsondunn.com; bweitzman@eldrcenter.org; tbiche@gibsondunn.com; elizabeth@umklaw.com; jtokoro@millerbarondess.com; smiller@millerbarondess.com; smyers@lafla.org; aransom@millerbarondess.com; matthew@umklaw.com; mhashmall@millerbarondess.com
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>; Haward Cho <haward@adrservices.com>
Subject: LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. (25-3778-TMG): 08/15/2025 Initial Meeting

Dear Counsel,

Please be advised that the Initial Meeting is scheduled as follows:

DATE:	Friday, August 15, 2025
TIME:	10:00 a.m. - 2:00 p.m.
	ADR Services, Inc. - Downtown Los Angeles
ADDRESS:	550 South Hope Street, Suite 1000

	Los Angeles, California 90071
Neutral:	Hon. Thomas M. Goethals (Ret.)
AMS Case Link:	https://ams.adrservices.com/case/160811/

If you experience any issues, please contact our office at (213) 683-1600.

Please feel free to contact me if you have any questions.

Sincerely,
Haward Cho

Haward Cho, Director of Business Relations
ADR Services, Inc. - Your Partner in Resolution
haward@adrservices.com

Haward Cho | Director of Business Relations | ADR SERVICES, INC.

Tel: (213) 683-1600 | Fax: (213) 683-9797 | 550 South Hope Street, Suite 1000 | Los Angeles, California | 90071 | ams.adrservices.com

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Exhibit E

From:	Elizabeth Mitchell
To:	Michele; Lauren M. Brody; Mira Hashmall; Jason H. Tokoro; Ana Lai; Arlene Hoang; Jessica Mariani; Matthew Umhofer; Katherine Bowser; Bradley J. Hamburger
Cc:	Hon. Thomas Goethals
Subject:	RE: Request to Schedule Coordination Meeting: LAHSA, City, County, and LA Alliance
Date:	Thursday, September 18, 2025 10:58:00 AM
Attachments:	image001.png

Thanks Michele.

To keep this at the top of the list, we're still looking for confirmation from the County that the overall inventory of beds (MH/SUD/Enhanced B&C) are increasing (rather than opening some and closing others resulting in no net gain).

From: Michele <michele@michelecmartinez.com>
Sent: Tuesday, September 16, 2025 1:25 PM
To: Lauren M. Brody <lbrody@millerbarondess.com>; Mira Hashmall <mhashmall@millerbarondess.com>; Jason H. Tokoro <jtokoro@millerbarondess.com>; Ana Lai <ALai@counsel.lacounty.gov>; Elizabeth Mitchell <elizabeth@umklaw.com>; Arlene Hoang <arlene.hoang@lacity.org>; Jessica Mariani <jessica.mariani@lacity.org>; Matthew Umhofer <matthew@umklaw.com>; Katherine Bowser <Kbowser@counsel.lacounty.gov>; Bradley J. Hamburger <BHamburger@gibsondunn.com>
Cc: Hon. Thomas Goethals <justicegoethals@adrservices.com>
Subject: Fwd: Request to Schedule Coordination Meeting: LAHSA, City, County, and LA Alliance

Hi all,

I'm currently working to schedule a Zoom meeting with LAHSA. Once I receive a few date and time options from Dr. Henderson, I'll follow back up so we can get this confirmed.

In the meantime, please let me know from the City and County side who else should be included—particularly anyone not already on this thread who can help provide guidance to LAHSA during the meeting.

Thanks so much,
Michele

Begin forwarded message:

> **From:** "Dr. Holly Henderson" <hhenderson@lahsa.org>
> **Date:** September 16, 2025 at 1:12:35 PM PDT
> **To:** Michele <michele@michelecmartinez.com>
> **Cc:** "Chandler A. Parker" <CParker@ccllp.law>, "Hon. Thomas Goethals" <justicegoethals@adrservices.com>, Bevin Kuhn <bkuhn@lahsa.org>, Rachel Johnson <rajohnson@lahsa.org>, Gita O'Neill <goneill@lahsa.org>
> **Subject: Re: Request to Schedule Coordination Meeting: LAHSA, City,**

County, and LA Alliance

Hello, Special Master Martinez,

Acknowledging receipt of email. I will coordinate this zoom meeting and get back to you shortly.

Thanks,

Dr. Holly Henderson

Director, Risk Management

Cell: (213) 369-2371

Email: hhenderson@lahsa.org
www.lahsa.org

To drive the collaborative strategic vision to create solutions for the crisis of homelessness grounded in hope, compassion, and community.

From: Michele <michele@michelecmartinez.com>
Sent: Tuesday, September 16, 2025 12:29 PM
To: Dr. Holly Henderson <hhenderson@lahsa.org>
Cc: Chandler A. Parker <CParker@ccllp.law>; Hon. Thomas Goethals <justicegoethals@adrservices.com>; Bevin Kuhn <bkuhn@lahsa.org>
Subject: Request to Schedule Coordination Meeting: LAHSA, City, County, and LA Alliance

Good Afternoon Dr. Henderson,

As Special Master, I'm requesting a joint coordination meeting with LAHSA, the City, the County, and the LA Alliance to review current data needs and explore how LAHSA can best support all parties in meeting quarterly reporting requirements.

This meeting is intended to be collaborative and solution-focused. We appreciate

LAHSA's role in maintaining the data that informs both City and County submissions, and we hope to work together to identify the most effective ways to access and organize the information needed.

Topics for Discussion:

- Provision of a regularly updated list of City-funded outreach workers, including verification of the most recent list
- Reconciliation of services provided to Inside Safe clients during reporting periods
- Classification of Section 8/TLS units as Permanent Supportive Housing (PSH), including the following sites:

    - 1200 Leighton Ave, Los Angeles, CA 90037
    - 1203 Rolland Curtis Pl, Los Angeles, CA 90037
    - 4222 Dalton Ave, Los Angeles, CA 90062
    - 639 E 21st St, Los Angeles, CA 90011
    - 1261–1269 Rolland Curtis Pl, Los Angeles, CA 90037
    - 1603 W 36th Pl, Los Angeles, CA 90018
    - 1317 S Grand Ave, Los Angeles, CA 90015
    - 1343 W 40th Pl, Los Angeles, CA 90037
    - 2106 S Central Ave, Los Angeles, CA 90011

We'd like to hold this meeting via Zoom within the next two weeks. If LAHSA has any questions or needs clarification on the topics above, please feel free to share them in advance so we can ensure the discussion is productive and well-prepared.

Once LAHSA suggests a few possible dates and times, I'll coordinate with the City, County, and LA Alliance to confirm availability. Your flexibility in providing a few scheduling options would be greatly appreciated.

Thank you again for your partnership and support.

Warm regards,
Michele Martinez
Special Master

Exhibit F

From: Elizabeth Mitchell
To: Lauren M. Brody; Mira Hashmall; Jason H. Tokoro; Scolnick, Kahn A.; Hamburger, Bradley J.; Jessica Mariani; Arlene Hoang; Valerie Flores; Ana Lai; Jennifer Lehman; Katherine Bowser
Cc: michele@michelecmartinez.com; Hon. Thomas Goethals
Subject: LA Alliance - County-specific Issues
Date: Wednesday, September 24, 2025 11:16:00 AM
Attachments: image001.png

Hi All: To keep us on track with the County-related issues about which we've been meeting and conferring, I've prepared the summary below taken largely from my earlier emails. Some of the issues involving LAHSA (such as the HMIS/referral issue) are being managed. Others need a response and follow up. Please review, respond as appropriate, or lets get on a call to work through these issues or if we are at an impasse move forward with court intervention.

Thanks,
Liz

1. Services to interim and permanent facilities:
   Anecdotal reports from council districts, service providers, and residents suggest that mainstream services (DMH, DPH, etc.) are not being sufficiently provided to residents in the City's interim and permanent facilities. The County's reports seem to support that conclusion, as reported engagement appears to be lower than the historically documented need.
   - **County Response Needed**: Part of the problem with DMH seems to be their refusal/inability to report back if they have declined services. It leaves residents and case managers in limbo. Alliance suggests providers be advised to dual-refer everyone with a suspected mental health issue to both managed care and DMH. Another alternative would be that if no services have begun within 7 days of enrollment, the resident then gets connected to managed care. Please advise.
   - **City Response Needed:**
     - i) Do the service providers at the interim facilities and those who operate permanent facilities agree that service provision is sufficient? ii) Is the issue limited to DMH or is it across-the-board/relevant to other departments as well? iii) Other than "service connection days", the service provider is responsible for evaluations and referrals to county services—is this a sufficient process? iv)Does County need to proactively evaluate as each new person enters?
       - I understand the City will be conferring with its service providers and reporting back. v) What's the timeline for that report-back?

2. HMIS/Referral Issue: To help resolve the "Exhibit E" low referral issue, the parties have agreed that LAHSA and the City will provide the County with lists of City-paid outreach workers on a quarterly basis (10 days after the quarter ends) so the County can attempt to tie referrals to outreach workers to determine whether they are being made appropriately.

3. Mental Health Beds: We need confirmation that the County is increasing overall capacity rather than shuffling beds/numbers. At the last meet and confer, Lauren agreed to talk to DMH/SAPC/County to figure out how to get us this information.
   - **County response needed:** Please send update and confirmation data as requested.

4. Direct Access to County Services for Outreach Workers (particularly DMH):
   Service providers and council district reps previously stated during learning sessions that outreach workers do not have direct access.
   - **City Response needed:** Has anything changed? CLA report suggests no.
   - **County:** Does the County intend to change its "access" process? If not, **this issue appears ripe for adjudication by the court.**

5. County-Funded High Needs Beds:
   We need better and more robust reporting for all high needs beds in the city and explanation for prioritization. All referrals should be reported, not limited to county outreach teams, as referrals are available from all sources and the agreement doesn't limit it to county outreach teams.

6. Data Integrity: More transparency, clarity, and support for County's reported metrics is needed, as discussed.

7. Inside Safe Participants: Has the City addressed getting the County information on participants so County can properly report services?

8. TLS/Section 8 as "PSH": Pursuant to the meeting with LAHSA, we understand that some of the TLS/PSH units reported by the City as "master leased" are being provided with ICMS by the County; County will work internally to pull the requisite data from databases. Other vouchers are Section 8 which do not appear to be serviced by the County and it is unclear what role the City has in these units. I have sent a separate inquiry to the City about these beds.

ELIZABETH A. MITCHELL
Partner

Phone: (213) 394-7979
Email: elizabeth@umklaw.com

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