

MOTION

As of the last Los Angeles Homelessness Service Authority's (LAHSA) point-in-time count, there were over 41,000 people experiencing homelessness in the City. This statistic was captured *before* the COVID-19 Pandemic forced changes to everyday life. From March to August of this year, 84% of all calls to the city LA311 system were about public health, social services, or directly related to homelessness. However, by contractual agreement with the City, the County of LA provides direct services for the vast majority of these requests.

The delivery of health services today is shaped by a major change that drastically modified health programming citywide. In 1964, the City and County of Los Angeles finalized a merger of health focuses: the City chose to eliminate its own health department and adopted the county health code, with both jurisdictions agreeing to a contract for service delivery and code compliance within the City limits. Over the past 56 years, this arrangement has survived multiple changes to public health county-wide, such as the creation of the County Department of Mental Health (1978), and the County Department of Public Health (2006). In 1993, in response to a lawsuit filed against the County by the City of Los Angeles, LAHSA was established to manage the federal continuum of care and assist in the management of shelter, housing and outreach efforts. In 2014, the LA City Health Commission was established, with the goal of determining the health needs of City residents, and whether those needs were being served. This Commission functions in an advisory capacity to the Mayor and Council.

The City Council should understand why the City chose to eliminate its health department, and review the process that led to the adoption of the county health code and contractual relationship with Los Angeles County. In addition, the Council should be provided a comprehensive evaluation of health and mental health services delivered by the County of Los Angeles to unsheltered Angelenos residing in the City of Los Angeles, through the coordination of those services from LAHSA and nonprofit partners. It should describe data collected in regards to outreach and case management, services delivered, housing provided, and resources necessary to ensure individuals are receiving adequate care for their needs.

The CLA and CAO should provide an initial report with recommendations on the health services delivery system as a precursor to an in-depth analysis. Additionally, the City Health Commission should be requested to hold hearings focused on services meant and provided for people experiencing homelessness, giving further context to the in depth analysis.

I THEREFORE MOVE that the Council DIRECT the office of the Chief Legislative Analyst (CLA) and the office of the City Administrative Officer (CAO), with the assistance of the Housing and Community Investment Department (HCID), and all relevant City departments, to review the delivery of health, mental health, and social services by the County of Los

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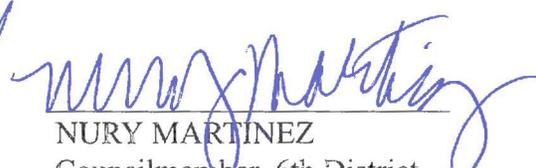


Angeles, to the over 41,000 unsheltered residents within the city limits, including the coordination of those services between the County, LAHSA and non-governmental partners, and report to Council with recommendations as outlined in the body of the motion.

I FURTHER MOVE that the Council REQUEST the Los Angeles City Health Commission, with the assistance of the CLA, CAO and City Clerk, to hold hearings focused on people experiencing homelessness and the delivery of health, mental health and social services by the County of Los Angeles, LAHSA and other non-governmental partners.

PRESENTED BY:


MITCH O'FARRELL
Councilmember, 13th District

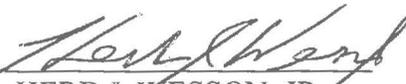

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ORIGINAL


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