



San Gabriel Valley Council of Governments

AGENDA AND NOTICE

OF THE MEETING OF THE HOMELESSNESS COMMITTEE

Thursday, February 22, 2018, 12:30 PM

Monrovia Public Library – 321 S Myrtle Ave; Monrovia, CA

HOMELESSNESS COMMITTEE

Chair

Joe Lyons
City of Claremont

Vice-Chair

Becky Shevlin
City of Monrovia

MEMBERS

Baldwin Park
Claremont
Covina
Monrovia
Pasadena
Pomona
Rosemead
San Gabriel
West Covina
LA County Supervisorial
District #1
San Gabriel Valley Water
Districts

Thank you for participating in today's meeting. The Homelessness Committee encourages public participation and invites you to share your views on agenda items.

MEETINGS: *Regular Meetings of the Homelessness Committee are held on the fourth Thursday of each month at 12:30 PM at Monrovia Public Library (321 S. Myrtle, Monrovia, CA 91016).* The Meeting agenda packet is available at the San Gabriel Valley Council of Government's (SGVCOG) Office, 1000 South Fremont Avenue, Suite 10210, Alhambra, CA, and on the website, www.sgvkog.org. Copies are available via email upon request (sgv@sgvkog.org). Documents distributed to a majority of the Committee after the posting will be available for review in the SGVCOG office and on the SGVCOG website. Your attendance at this public meeting may result in the recording of your voice.

CITIZEN PARTICIPATION: Your participation is welcomed and invited at all Committee meetings. Time is reserved at each regular meeting for those who wish to address the Board. SGVCOG requests that persons addressing the Committee refrain from making personal, slanderous, profane or disruptive remarks.

TO ADDRESS THE COMMITTEE: At a regular meeting, the public may comment on any matter within the jurisdiction of the Committee during the public comment period and may also comment on any agenda item at the time it is discussed. At a special meeting, the public may only comment on items that are on the agenda. Members of the public wishing to speak are asked to complete a comment card or simply rise to be recognized when the Chair asks for public comments to speak. We ask that members of the public state their name for the record and keep their remarks brief. If several persons wish to address the Committee on a single item, the Chair may impose a time limit on individual remarks at the beginning of discussion. **The Committee may not discuss or vote on items not on the agenda.**

AGENDA ITEMS: The Agenda contains the regular order of business of the Committee. Items on the Agenda have generally been reviewed and investigated by the staff in advance of the meeting so that the Committee can be fully informed about a matter before making its decision.

CONSENT CALENDAR: Items listed on the Consent Calendar are considered to be routine and will be acted upon by one motion. There will be no separate discussion on these items unless a Committee member or citizen so requests. In this event, the item will be removed from the Consent Calendar and considered after the Consent Calendar. If you would like an item on the Consent Calendar discussed, simply tell Staff or a member of the Committee.



In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the SGVCOG office at (626) 457-1800. Notification 48 hours prior to the meeting will enable the SGVCOG to make reasonable arrangement to ensure accessibility to this meeting.



PRELIMINARY BUSINESS

1. Call to Order
2. Roll Call
3. Public Comment (*If necessary, the Chair may place reasonable time limits on all comments*)
4. Changes to Agenda Order: Identify emergency items arising after agenda posting and requiring action prior to the next regular meeting (*It is anticipated the Committee may take action*)

CONSENT CALENDAR

(It is anticipated the Committee may take action on the following matters)

5. Homelessness Meeting Minutes – Page 1
Recommended Action: Approve.
6. Correspondence – Page 3
Recommended Action: Receive and File.

PRESENTATIONS

(It is anticipated the Committee may take action on the following matters)

7. Permanent Supportive Housing– Bill Huang, Director of Housing, Pasadena – Page 5
Recommended Action: For information only.

ACTION ITEMS

(It is anticipated that the Committee may take action on the following matters)

8. AB 1795 (Gipson) – Chris Wilson, District Director, Assemblymember Mike A. Gipson – Page 7
Recommended Action: Discuss and provide direction.

DISCUSSION ITEMS

(It is anticipated the Committee may take action on the following matters)

9. City Homelessness Plan Update – Jan Cicco, SGVCOG Regional Homelessness Coordinator
Recommended Action: For information only.

UPDATE ITEMS

(It is anticipated the Committee may take action on the following matters)

Regional Homeless Advisory Council

COMMITTEE MEMBER ITEMS

STAFF ANNOUNCEMENTS

ANNOUNCEMENTS

ADJOURN



SGVCOG Homelessness Committee Unapproved Minutes

Date: January 25, 2018

Time: 12:30 PM

Location: Monrovia Public Library (321 S. Myrtle Ave; Monrovia, CA)

PRELIMINARY BUSINESS

1. Call to Order
The meeting was called to order at 12:35 PM

2. Roll Call
Members Present

Claremont	J. Lyons
Baldwin Park	C. Baca
Monrovia	B. Shevlin
Rosemead	M. Clark
Pomona	B. DeFrank
Pasadena	B. Huang
LA County District 1	N. Martinez

Absent

Covina
Water Districts
West Covina

COG Staff

C. Cruz, Staff

3. Public Comment
L. Colchado from the LA County Homeless Initiative made commented on the coordination efforts.
4. Changes to Agenda Order: Identify emergency items arising after agenda posting and requiring action prior to the next regular meeting
There were no changes to the agenda.

CONSENT CALENDAR

5. Homelessness Meeting Minutes
6. Correspondence
There was a motion to approve consent calendar Items 5-6 (M/S: C. Baca/J. Lyons)

[Motion Passed]

AYES:	Claremont, Baldwin Park, Monrovia, Rosemead, Pomona, Pasadena, LA County District 1
NOES:	
ABSTAIN:	
ABSENT:	Covina, Water Districts, West Covina

PRESENTATIONS

7. Abundant Housing Los Angeles
Mark Villianatos presented on this item.
8. SGVCOG Regional Homelessness Coordinator Report
J. Cicco presented on this item.

ACTION ITEMS

(It is anticipated that the Committee may take action on the following matters)

DISCUSSION ITEMS

(It is anticipated the Committee may take action on the following matters)

UPDATE ITEMS

(It is anticipated the Committee may take action on the following matters)

Regional Homeless Advisory Council

COMMITTEE MEMBER ITEMS

STAFF ANNOUNCEMENTS

ANNOUNCEMENTS

ADJOURN

The meeting was adjourned at 2:02 PM.

LOCAL NEWS

Help develop a plan to combat homelessness in West Covina



Ed Crisostomo/SCNG

FILE PHOTO. The city of West Covina is holding a forum to solicit ideas in how to combat homelessness there.

By **STEPHANIE K. BAER** | sbaer@scng.com | San Gabriel Valley Tribune
February 15, 2018 at 3:42 pm

0 COMMENTS

West Covina officials are holding a community meeting at 6:30 p.m. Feb. 26 at the West Covina Senior Center, 2501 E. Cortez St., to gather input from residents as they develop a plan to combat homelessness.

The city was recently awarded a \$50,000 grant to develop a plan that assesses homelessness in the city and the resources currently available to address the issue. The city also hopes to identify opportunities to collaborate in the implementation of strategies to combat homelessness, according to a staff report.

The city is encouraging residents and business owners to attend the meeting, voice their concerns and offer suggestions for ways to mitigate homelessness in the community.

For more information, go to www.westcovina.org/residents/homeless-solutions-for-west-covina or call 626-939-8401.

Tags: [community](#), [government](#), [homeless](#), [San Gabriel Valley](#), [Top Stories SGVT](#)



SPONSORED CONTENT

The Winter, the Wild and the Wonder: Get the Full 360 Experience in Mammoth Lakes

By Mammoth Lakes



One part exhilaration, one part awe: Mammoth Lakes has the recipe for the ultimate winter.



Stephanie K. Baer

Stephanie K. Baer is a general assignment reporter covering the San Gabriel Valley. Baer has written about crime, local government, politics and public health. Her reporting on flaws in Los Angeles County's restaurant grading system prompted officials to change the way they issue health grades to retail food facilities. As part of a fellowship program at USC Annenberg School for Communication and Journalism's Center for Health Journalism, she wrote an in-depth series about the dangers of blue-green algae toxins in California. A Bay Area native and UC Berkeley graduate, Baer has worked for the Chicago Tribune and the Milwaukee Journal Sentinel. She was editor-in-chief and president of her college newspaper, The Daily Californian.

[Follow Stephanie K. Baer @skbaer](#)

[VIEW COMMENTS](#)

Join the Conversation

We invite you to use our commenting platform to engage in insightful conversations about issues in our community. Although we do not pre-screen comments, we reserve the right at all times to remove any information or materials that are unlawful, threatening, abusive, libelous, defamatory, obscene, vulgar, pornographic, profane, indecent or otherwise objectionable to us, and to disclose any information necessary to satisfy the law, regulation, or government request. We might permanently block any user who abuses these conditions.

If you see comments that you find offensive, please use the "Flag as Inappropriate" feature by hovering over the right side of the post, and pulling down on the arrow that appears. Or, contact our editors by emailing moderator@scng.com.

REPORT

DATE: February 22, 2018
TO: SGVCOG Homelessness Committee
FROM: Marisa Creter, Interim Executive Director
RE: **PERMANENT SUPPORTIVE HOUSING**

RECOMMENDED ACTION

For Information only.


BACKGROUND

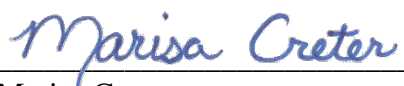
In January 2017, the Homelessness Committee workplan identified the development of more regional Permanent Supportive Housing (PSH) as a priority. One way to add to the regional supply of PSH is for local communities to streamline and simplify entitlement and environmental review processes, with the intent of reducing the overall processing time for PSH, from initial land contract to the start of construction. Additionally, the most successful projects in the region also incorporate extensive community engagement, education, and local partnerships to garner support for PSH developments.

CITY OF PASADENA

The City of Pasadena has been successful in developing PSH projects within their community. One such project was Marv's Place. This project provided 20 fully furnished apartments to formerly homeless families. Marv's Place not only provides affordable housing for the formerly homeless, it offers supportive services on site. Residents — including parents and children — have access to numerous on and off-site social services, such as case management, career development, money management courses, mental health services, substance abuse services, education and health care.

Bill Huang, Director of Housing for the City of Pasadena will review the Marv's Place project as a case study on how to successfully develop PSH.

Prepared by: 
Christian Cruz
Management Analyst

Approved by: 
Marisa Creter
Assistant Executive Director

ATTACHMENTS

Attachment A – Marv's Place Fact Sheet

**Marv's Place
Fact Sheet**

Project:	19 units of permanent supportive housing plus one on-site manager's unit
Population Served:	Formerly homeless families
Maximum Income:	\$34,750 for a two-person household \$43,400 for a four person household
Council District:	Started in District 2 (McAustin) Redistricted to District 5 (Gordo)
Developer & Property Mgmt:	National Community Renaissance of California
Architect:	ONYX Architects
General Contractor:	Westport Construction, Inc.
Supportive Services Provider:	Union Station Homeless Services
Total Development Cost:	\$12,212,608
Funding:	
<ul style="list-style-type: none"> • City of Pasadena: • Chase/Raymond James: • JP Morgan Chase Bank: • First 5 LA of LA County • Community Development Commission of LA County • Federal Home Loan Bank 	<ul style="list-style-type: none"> \$ 3,777,064 plus 19 Project-Based Sect 8 Vouchers \$ 5,985,544 Equity (tax credits allocated by State Tax Credit Allocation Committee) \$ 4,771,705 Construction Loan \$ 1,200,000 Construction/Permanent Loan \$ 950,000 Construction and Permanent \$ 300,000 Construction and Permanent (proposed)
Completed:	October 2016
Local Hire (15% Required):	21.5%
Initial Residents:	62 persons including 36 children
Awards:	SCANPH Supportive Housing Project of the Year 2016

REPORT

DATE: February 22, 2018
TO: SGVCOG Homelessness Committee
FROM: Marisa Creter, Interim Executive Director
RE: **AB 1795 (GIPSON)**

RECOMMENDED ACTION

Discuss and provide direction to staff.

AB 1795 (GIPSON) BACKGROUND

Current law allows enforcement personnel to transport intoxicated patients or patients experiencing mental health episodes to sobering centers or mental health urgent care centers. However, paramedics and emergency medical technicians (EMTs) are barred from doing so and must transport all patients to a hospital with an emergency department. In 2016, emergency departments statewide received over 14.5 million visits, resulting in severe overcrowding and high wait times.

AB 1795 (Attachment A) would authorize local emergency medical service agencies to allow paramedics to transport people to a community care facility, such as a mental health urgent care center or sobering facility. In Los Angeles County, there are 4 psychiatric facilities, one of which is in the City of Alhambra, and 1 sobering center, in Downtown Los Angeles. Patients who otherwise would be transported to an emergency room could be treated more appropriately if transported directly to a mental health urgent care center or to a sobering center where medically-trained personnel, including nurses and psychiatrists, can provide specialized intensive crisis services and treatment.

LOCAL IMPACT

Transporting patients to one of these facilities could take medical transport staff a longer period of time, than transporting the patient to an emergency room.. However, this is not a mandate and agencies can choose not to transport a patient, if doing so would cause a gap in service.

SUPPORT AND OPPOSITION

Supporters believe AB 1795 would help decrease wait times at emergency rooms. Additionally, they believe this bill will ensure that well-trained paramedics will have the option to direct a person to a mental health urgent care center or sobering center to receive timely and appropriate care. This bill is being supported by the following groups:

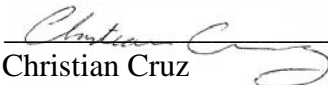
- Los Angeles County
- CA Hospital Association
- CA Ambulance Association
- Los Angeles District Attorney's Office
- California Contract Cities

REPORT


- League of California Cities Los Angeles County Division

At this time, there is no opposition to this bill.

Prepared by:


Christian Cruz
Management Analyst

Approved by:


Marisa Creter
Assistant Executive Director

ATTACHMENTS

Attachment A – AB 1795 (Gipson)

ASSEMBLY BILL**No. 1795**

Introduced by Assembly Member GipsonJanuary 9, 2018

An act to amend Sections 1797.52, 1797.172, and 1797.218 of, and to add Sections 1797.98 and 1797.260 to, the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1795, as introduced, Gipson. Emergency medical services: community care facilities.

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, establishes the Emergency Medical Services Authority, which is responsible for the coordination and integration of all state agencies concerning emergency medical services. Among other duties, the authority is required to develop planning and implementation guidelines for emergency medical services systems, provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of emergency medical services systems, and receive plans for the implementation of emergency medical services and trauma care systems from local EMS agencies.

The act also authorizes each county to develop an emergency medical services program and requires local EMS agencies to plan, implement, and evaluate an emergency medical services system. Existing law requires local EMS agencies to be responsible for the implementation of advanced life support systems, limited advanced life support systems, and for the monitoring of specified training programs for emergency personnel. Existing law defines advanced life support as special services

designed to provide definitive prehospital emergency medical care, as specified, at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by that hospital.

This bill would authorize a local emergency medical services agency to submit, as part of its emergency services plan, a plan to transport specified patients to a community care facility, as defined, in lieu of transportation to a general acute care hospital. The bill would make conforming changes to the definition of advanced life support to include prehospital emergency care provided before and during, transport to a community care facility, as specified. The bill would also direct the Emergency Medical Services Authority to authorize a local EMS agency to add to its scope of practice for specified emergency personnel those activities necessary for the assessment, treatment, and transport of a patient to a community care facility.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1797.52 of the Health and Safety Code
2 is amended to read:
3 1797.52. “Advanced life support” means special services
4 designed to provide definitive prehospital emergency medical care,
5 including, but not limited to, cardiopulmonary resuscitation, cardiac
6 monitoring, cardiac defibrillation, advanced airway management,
7 intravenous therapy, administration of specified drugs and other
8 medicinal preparations, and other specified techniques and
9 procedures administered by authorized personnel under the direct
10 supervision of a base hospital as part of a local EMS system at the
11 scene of an emergency, during transport to an acute care hospital,
12 during interfacility transfer, ~~and~~ while in the emergency department
13 of an acute care hospital until responsibility is assumed by the
14 emergency or other medical staff of that ~~hospital~~. *hospital, at the*
15 *scene of an emergency for the purpose of determining transport*
16 *to a community care facility or an acute care hospital, and during*
17 *transport to a community care facility as part of an approved local*
18 *EMS agency emergency medical services plan.*

1 SEC. 2. Section 1797.98 is added to the Health and Safety
2 Code, to read:

3 1797.98. “Community care facility” means a mental health
4 urgent care center or sobering center staffed with medical personnel
5 that is designated by a local EMS agency, as part of an approved
6 local emergency medical services plan.

7 SEC. 3. Section 1797.172 of the Health and Safety Code is
8 amended to read:

9 1797.172. (a) The authority shall develop and, after approval
10 by the commission pursuant to Section 1799.50, adopt minimum
11 standards for the training and scope of practice for EMT-P.

12 (b) The approval of the director, in consultation with a
13 committee of local EMS medical directors named by the EMS
14 Medical Directors Association of California, is required prior to
15 implementation of any addition to a local optional scope of practice
16 for EMT-Ps proposed by the medical director of a local EMS
17 agency.

18 (c) Notwithstanding any other ~~provision of~~ law, the authority
19 shall be the agency solely responsible for licensure and licensure
20 renewal of EMT-Ps who meet the standards and are not precluded
21 from licensure because of any of the reasons listed in subdivision
22 (d) of Section 1798.200. Each application for licensure or licensure
23 renewal shall require the applicant’s social security number in
24 order to establish the identity of the applicant. The information
25 obtained as a result of a state and federal level criminal offender
26 record information search shall be used in accordance with Section
27 11105 of the Penal Code, and to determine whether the applicant
28 is subject to denial of licensure or licensure renewal pursuant to
29 this division. Submission of fingerprint images to the Department
30 of Justice may not be required for licensure renewal upon
31 determination by the authority that fingerprint images have
32 previously been submitted to the Department of Justice during
33 initial licensure, or a previous licensure renewal, provided that the
34 license has not lapsed and the applicant has resided continuously
35 in the state since the initial licensure.

36 (d) The authority shall charge fees for the licensure and licensure
37 renewal of EMT-Ps in an amount sufficient to support the
38 authority’s licensure program at a level that ensures the
39 qualifications of the individuals licensed to provide quality care.
40 The basic fee for licensure or licensure renewal of an EMT-P shall

1 not exceed one hundred twenty-five dollars (\$125) until the
2 adoption of regulations that specify a different amount that does
3 not exceed the authority's EMT-P licensure, license renewal, and
4 enforcement programs. The authority shall annually evaluate fees
5 to determine if the fee is sufficient to fund the actual costs of the
6 authority's licensure, licensure renewal, and enforcement programs.
7 If the evaluation shows that the fees are excessive or are insufficient
8 to fund the actual costs of the authority's EMT-P licensure,
9 licensure renewal, and enforcement programs, then the fees shall
10 be adjusted accordingly through the rulemaking process described
11 in the Administrative Procedure Act (Chapter 3.5 (commencing
12 with Section 11340) of Part 1 of Division 3 of Title 2 of the
13 Government Code). Separate additional fees may be charged, at
14 the option of the authority, for services that are not shared by all
15 applicants for licensure and licensure renewal, including, but not
16 limited to, any of the following services:

- 17 (1) Initial application for licensure as an EMT-P.
- 18 (2) Competency testing, the fee for which shall not exceed thirty
19 dollars (\$30), except that an additional fee may be charged for the
20 cost of any services that provide enhanced availability of the exam
21 for the convenience of the EMT-P, such as on-demand electronic
22 testing.
- 23 (3) Fingerprint and criminal record check. The applicant shall,
24 if applicable according to subdivision (c), submit fingerprint images
25 and related information for criminal offender record information
26 searches with the Department of Justice and the Federal Bureau
27 of Investigation.
- 28 (4) Out-of-state training equivalency determination.
- 29 (5) Verification of continuing education for a lapse in licensure.
- 30 (6) Replacement of a lost licensure card. The fees charged for
31 individual services shall be set so that the total fees charged to
32 EMT-Ps shall not exceed the authority's actual total cost for the
33 EMT-P licensure program.
- 34 (e) The authority may provide nonconfidential, nonpersonal
35 information relating to EMS programs to interested persons upon
36 request, and may establish and assess fees for the provision of this
37 information. These fees shall not exceed the costs of providing the
38 information.
- 39 (f) At the option of the authority, fees may be collected for the
40 authority by an entity that contracts with the authority to provide

1 any of the services associated with the EMT-P program. All fees
2 collected for the authority in a calendar month by any entity
3 designated by the authority pursuant to this section to collect fees
4 for the authority shall be transmitted to the authority for deposit
5 into the Emergency Medical Services Personnel Fund within 30
6 calendar days following the last day of the calendar month in which
7 the fees were received by the designated entity, unless the contract
8 between the entity and the authority specifies a different timeframe.

9 *(g) Upon approval of a plan to transport patients to a community
10 care facility submitted pursuant to Section 1797.260, the authority
11 shall authorize a local EMS agency to add to its scope of practice
12 for an EMT-P those activities necessary for the assessment,
13 treatment, and transport of a patient to a community care facility.*

14 SEC. 4. Section 1797.218 of the Health and Safety Code is
15 amended to read:

16 1797.218. Any local EMS agency may authorize an advanced
17 life support or limited advanced life support program which
18 provides services utilizing EMT-II or EMT-P, or both, for the
19 delivery of emergency medical care to the sick and injured at the
20 scene of an emergency, during transport to a general acute care
21 hospital, during interfacility transfer, while in the emergency
22 department of a general acute care hospital until care responsibility
23 is assumed by the regular staff of that hospital, ~~and during training
24 within the facilities of a participating general acute care hospital.~~
25 *hospital, at the scene of an emergency for the purpose of
26 determining transport to a community care facility or an acute
27 care hospital, and during transport to a community care facility
28 as part of an approved local EMS agency emergency medical
29 services plan.*

30 SEC. 5. Section 1797.260 is added to the Health and Safety
31 Code, to read:

32 1797.260. A local EMS agency may submit, as part of its
33 emergency services plan, a plan to transport patients to a
34 community care facility that is not a general acute care hospital
35 based on a determination that there is no need for emergency health
36 care. This plan shall include, without limitation, all of the
37 following:

38 (a) Criteria for designating a facility as a community care
39 facility, including appropriate medical staffing and administrative
40 medical oversight such as a medical director.

- 1 (b) One or more policies for prompt evaluation and treatment
- 2 of patients within a facility.
- 3 (c) A communication plan between prehospital medical
- 4 personnel.
- 5 (d) A secondary transport plan to include criteria for contacting
- 6 the jurisdictional prehospital provider for transport to an emergency
- 7 department of an acute care hospital.
- 8 (e) Medical equipment and monitoring protocols.
- 9 (f) Required submission of a quality improvement plan and
- 10 patient outcome data to the local EMS agency.
- 11 (g) Additional education requirements for paramedics.
- 12 (h) Protocols for handling patient destination considerations
- 13 including requests by patients.

O