

Date of Hearing: July 1, 2026

Fiscal: Yes

ASSEMBLY COMMITTEE ON PRIVACY AND CONSUMER PROTECTION

Rebecca Bauer-Kahan, Chair

SB 479 (Arreguín) – As Amended June 22, 2026

PROPOSED AMENDMENTS

SENATE VOTE: 39-0

SUBJECT: Homeless adult and family multidisciplinary personnel teams

SYNOPSIS

Addressing homelessness requires a multifaceted, holistic approach that addresses the various needs of an individual, including housing, medical and behavioral health, and social services. To attempt to better coordinate care and support for individuals experiencing homelessness, counties across California have established homeless adult and family multidisciplinary personnel teams (MDTs). These teams, which span a range of disciplines and departments, are authorized to share relevant information amongst themselves that would otherwise be classified as confidential under state law.

This bill authorizes cities that are classified as local health jurisdictions (LHJs) to establish homeless adult and family MDTs to better coordinate services for individuals experiencing homelessness.

The primary concern of this Committee is to ensure that authorizing LHJs to form homeless adult and family MDTs does not put the sensitive personal information of the people being connected with services at risk. Committee amendments, outlined in Comment #6, require these MDTs to work across disciplines and departments while still maintaining all of the privacy protections currently in place related to the sharing of personal medical and behavioral health records.

This bill is sponsored by the City of Berkeley and supported by the AIDS Healthcare Foundation. This bill is opposed by Oakland Privacy. The proposed Committee amendments address several of Oakland Privacy's concerns.

This bill was previously heard by the Human Services Committee where it passed on a 7-0 vote.

EXISTING LAW:

- 1) Provides, pursuant to the California Constitution, that all people have inalienable rights, including the right to pursue and obtain privacy. (Cal. Const., art. I, § 1.)
- 2) States that the “right to privacy is a personal and fundamental right protected by Section 1 of Article I of the Constitution of California and by the United States Constitution and that all individuals have a right of privacy in information pertaining to them.” Further states these findings of the Legislature:

- a. The right to privacy is being threatened by the indiscriminate collection, maintenance, and dissemination of personal information and the lack of effective laws and legal remedies.
 - b. The increasing use of computers and other sophisticated information technology has greatly magnified the potential risk to individual privacy that can occur from the maintenance of personal information.
 - c. In order to protect the privacy of individuals, it is necessary that the maintenance and dissemination of personal information be subject to strict limits. (Civ. Code § 1798.1.)
- 3) Prohibits, under the state Confidentiality of Medical Information Act (CMIA), a health care provider, a health care service plan, a contractor, a corporation and its subsidiaries and affiliates, or any business that offers software or hardware to consumers, including a mobile application or other related device, as defined, from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as expressly authorized by the patient, enrollee, or subscriber, as specified, or as otherwise required or authorized by law. States that a violation of these provisions that results in economic loss or personal injury to a patient is a crime. (Civ. Code § 56, et. seq.)
 - 4) Defines, for purposes of the CMIA, medical information to mean any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, behavioral health app information, behavioral or physical condition, or treatment. (Civ. Code § 56.05(i).)
 - 5) Prohibits health care providers, health care service plans, or contractors, as defined, from sharing medical information without the patient's written authorization, subject to certain exceptions. (Civ. Code § 56.10(a).)
 - 6) Prohibits behavioral health and developmental services providers, as defined, from sharing information and records about a patient, regardless of whether they are receiving voluntary or involuntary care, without the patient's authorization, subject to certain exceptions. (Welf. & Inst. Code § 5328.)
 - 7) Establishes under federal law, the Health Information Portability and Accountability Act of 1996 (HIPAA), which sets standards for the privacy of individually identifiable health information and security standards for the protection of electronic protected health information, including, through regulations, that a HIPAA-covered entity may not condition the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits on the provision of an authorization, except under specified circumstances. Provides that if HIPAA's provisions conflict with state law, the provision that is most protective of patient privacy prevails. (42 U.S.C. § 1320d, et seq.; 45 Code Fed. Regs. Part 164.)
 - 8) Defines "multidisciplinary personnel" as any team of three or more persons who are trained in the prevention, identification, management, or treatment of child abuse or neglect cases, and who are qualified to provide a broad range of services related to child abuse or neglect,

and may include but not be limited to psychiatrists, police officers, medical personnel, and social workers, among others. (Welf. & Inst. Code, § 18951 subd. (d).)

- 9) Provides that each county may use a children's advocacy center to implement a coordinated multidisciplinary response to investigate reports involving child physical or sexual abuse, exploitation, or maltreatment and sets forth standards that a children's advocacy center must meet. (Pen. Code, § 11166.4.)
- 10) Allows a city, county, city and county, or community-based nonprofit organization to establish a domestic violence MPT consisting of two or more persons who are trained in the prevention, identification, management, or treatment of domestic violence cases and who are qualified to provide a broad range of services related to domestic violence. (Pen. Code, § 13752 subd. (a).)
- 11) Allows a county to establish a homeless adult and family MDT with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county and to allow provider agencies and members of the MDT to share confidential information for the purpose of coordinating housing and supportive services to ensure continuity of care. (Welf. & Inst. Code § 18999.8(a).)
- 12) Allows an area agency on aging or a county, or both, to establish an aging MDT with the goal of facilitating the expedited identification, assessment, and linkage of older adults to services and to allow provider agencies and members of the personnel team to share confidential information for the purpose of coordinating services. (Welf. & Inst. Code, § 9450 subd. (a)(1).)

THIS BILL:

- 1) Expands beyond counties, the types of jurisdictions that can establish homeless adult and family multidisciplinary personnel teams.
- 2) Authorizes cities that are designated as a local health jurisdiction to establish MDTs.

COMMENTS:

- 1) **Author's statement.** According to the author:

SB 479 will authorize the City of Berkeley, a LHJ currently operating their own homeless response team, and the City of Oakland and to share crucial information between outreach teams to better coordinate services for our unsheltered neighbors. Currently, only counties have the authority to share specified information to coordinate homelessness services. Due to their unique needs, Berkeley created their own homeless response teams that are doing great work to serve the unhoused constituents of SD 7. However, current statute has limited their efficacy because different teams can't communicate information with each other. This bill will institute a minor change in code that will allow Berkeley and Oakland to serve unhoused residents more effectively by authorizing information sharing between departments to coordinate services and care.

- 2) **Homeless adult and family MDTs.** According to the Human Services Committee's analysis on this bill, homeless family and adult MDTs:

. . . were first established in statute to address the fragmentation of health, mental health, substance use, legal, housing, and social service systems, with each operating under distinct confidentiality standards that limit cross-system communication about shared clients. Modeled in part on child welfare MDT structures developed in the 1980s and 1990s, the homeless adult and family MDT structure established by AB 210 (Santiago), Chapter 544, Statutes of 2017, authorized participating agencies to share information that would otherwise be protected under state confidentiality law, including information related to mental health treatment, substance use, and criminal history, when doing so is reasonably relevant to identifying, reducing, or eliminating a person's homelessness or coordinating their services.

Under existing law, a county is authorized to establish a homeless adult and family MDT and develop local protocols governing what information may be shared, among whom, and subject to what safeguards. Protocols must be posted publicly and a copy submitted to [California's Department of Social Services (CDSS)], though CDSS has no approval authority over them. Team membership can include mental health and substance use personnel, law enforcement, legal counsel, medical personnel, social workers, case managers, veterans' services providers, domestic violence victim service organizations, school personnel, and housing and homeless services providers. Once established, teams may share confidential information telephonically or electronically with identity verification, and all recipients of shared information are bound by the same confidentiality obligations as the original disclosing party.

AB 210 allowed counties to connect and share data across multiple existing software systems and databases that were previously walled off. Homeless adult and family MDTs can use enterprise systems to manage baseline housing, shelter intake, and coordinated entry records. To legally merge this housing data with restricted files, counties deploy secure internal data hubs, custom enterprise data warehouses, and localized information networks that pull automated daily updates from county hospital systems, Department of Mental Health databases, and local law enforcement booking logs.

3) Local health jurisdictions. In California, most cities receive public health services through the counties, which maintain the authority to administer services ranging from immunizations to emergency medical response and disaster preparedness. However, there are several cities that have historically maintained their own public health departments (the cities of Pasadena, Berkeley, and Long Beach) and are therefore designated as LHJs independent of the county. According to the Human Services analysis of SB 479, cities designated as LHJs:

. . . operate their own health departments, receive direct state and federal public health funding, and carry independent programmatic responsibility for functions such as communicable disease control, environmental health, and public health emergency response.

[. . .]

Under existing law, only a county is allowed to establish a homeless adult and family MDT. A city that is a LHJ or any other city, has no independent authority to constitute an MDT. A city located within a county that has already established an MDT may request to participate, but the county retains the right to deny that request if it determines that city participation would hinder compliance with the chapter's requirements or conflict with the county's goals and objectives. The city's participation, even if permitted, is at the county's discretion and is subject to the county's protocols.

For a city LHJ like Long Beach, which operates its own health department, holds Continuum of Care (CoC) responsibilities, coordinates housing and social services for its own residents, and has its own homeless outreach and services, the inability to independently convene an MDT means it cannot use the confidentiality-sharing authorization to coordinate its own service providers, even when those providers are not county-administered entities. The city's access to shared data is largely limited to program enrollment information through CoC participation, rather than the more robust cross-system elements that an MDT could provide.

4) Considerations for sharing personal records. The primary jurisdiction of this Committee is to ensure that authorizing these cities to establish homeless adult and family MDTs does not put the sensitive personal information of the people being connected with services at risk. MDTs are authorized to share various types of sensitive information, including confidential information, personal identifiable information, protected health information, and criminal justice information. While the sharing of such information may be critical to providing adequate support and services to families and individuals in need, caution must be taken when disclosing such information including to minimizing the sharing of personal records whenever possible. Limiting data sharing protects personal information from potential data breaches and ensures that only information necessary to secure services is spread amongst team members.

Additionally, maintaining records of all communications and sharing of information is critical to ensure that members of MDTs remain informed and accountable, and to safeguard against potential breaches. All Californians have a constitutional right to privacy, and special care must be taken to ensure that marginalized and vulnerable residents receive the same privacy protections afforded to everyone else.

5) What this bill would do. This bill authorizes cities that are designated as LHJs to establish homeless adult and family MDTs with the goal of expediting housing and supportive services for these families and individuals.

6) Amendments. The author has agreed to the following amendments that will allow these homeless adult and family MDTs to work across disciplines and departments while still minimizing data sharing and maintaining all privacy protections currently in place related to protecting someone's personal medical and behavioral health records. The proposed amendments are as follows:

1. ~~18999.8.~~ (a) (1) ~~Notwithstanding any other law, a~~ A county or a city that is designated as a local health jurisdiction may establish a homeless adult and family multidisciplinary personnel team with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county or city, and to allow provider agencies and members of the personnel team to share confidential information for the purpose of coordinating housing and supportive services to ensure continuity of care.

As currently in print, this bill uses the phrase "notwithstanding any other law" in order to allow LHJs to establish homeless and adult MDTs for the purposes of sharing confidential information. The lack of precision in the phrase "notwithstanding any other law" is undesirable for several reasons. In general, state law cannot authorize an act that is prohibited by federal law. Moreover, the right to privacy is guaranteed under the state Constitution and cannot be waived merely by statutory decree; it is therefore necessary that statutes that

depend on an exemption from that constitutional right rely on a recognized exemption from this guarantee.

Further, it is unclear that anything in current law prohibits the establishment of county MDTs for any purpose, as long as the applicable privacy laws are being followed; therefore, there do not appear to be laws that need withstanding.

2. (c) (1) Members of a homeless adult and family multidisciplinary personnel team engaged in the identification, assessment, and linkage of housing and supportive services to homeless adults or families may disclose to, and exchange with, one another, information and writings that relate to any information that may be designated as confidential under state law if the member of the team reasonably believes it is ~~generally relevant to~~ **assists with** the identification, reduction, or elimination of homelessness or the provision of services. Any discussion relative to the disclosure or exchange of the information or writings during a team meeting is confidential and, notwithstanding any other law, testimony concerning that discussion is not admissible in any criminal, civil, or juvenile court proceeding.

The basic privacy principles supported by state law and policymakers require data minimization, which is the idea that people's personal information and especially sensitive personal information should be retained and shared only when it is necessary for a purpose. This amendment maintains those data minimization requirements.

3. (2) Disclosure and exchange of information pursuant to this section may occur telephonically and electronically if there is adequate verification of the identity of the homeless adult and family multidisciplinary personnel who are involved in that disclosure or exchange of information- , **notes of telephonic communication shall be maintained by the multidisciplinary team in any open and corresponding case file and retained as part of the official record.**

When it comes to the disclosure of sensitive personal information, telephone communications lack a records trail and potentially stifle accountability. When we are dealing with the confidential medical information of vulnerable people that is protected by law, maintaining records of all communication is important in order to ensure that protocols are followed and to address any breaches that might occur.

4. (i) **This section does not affect the applicability of any existing state or federal privacy laws, including, but not limited to, the following:**
 - (1) **The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law 104-191).**
 - (2) **The Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code) as it relates to State employees and agencies.**
 - (3) **The Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code).**

To ensure clarity, the Committee generally prefers that relevant privacy laws be explicitly stated, rather than relying on a generic statement related to state and federal privacy laws.

5. ~~(h)~~ (j) Information and records communicated or provided to the team members by all providers and agencies shall be deemed private and confidential and shall be protected from discovery and disclosure by all applicable statutory and common law protections, **including, but not limited to, Section 827, Section 830, Section 832, and Section 18961.7 of the Welfare and Institutions Code.** Existing civil and criminal penalties shall apply to the inappropriate disclosure of information held by the team members.

There are significant risks related to the sharing of confidential information. This amendment explicitly states that the teams must follow already-established requirements for file sharing and storage protocols in order to minimize the risks of sensitive personal information being shared outside of the authorized team members.

In addition to these amendments, the County of Los Angeles has requested the following amendments to ensure that County and City teams maintain communication and coordinate efforts to prevent duplicative services. The amendments are as follows:

1. **(1) A city establishing a homeless adult and family multidisciplinary personnel team pursuant to paragraph (1) of subdivision (a) in a county that has established such a team, will make a reasonable effort to coordinate their team personnel qualifications and oversight practices with the county's team personnel qualifications and oversight practices for persons on the city's team providing similar services.**

(2) A county establishing a homeless adult and family multidisciplinary personnel team pursuant to paragraph (1) of subdivision (a) in a county in which a city has established such a team, will make a reasonable effort to coordinate their team personnel qualifications and oversight practices with the city's team personnel qualifications and oversight practices for persons on the county's team providing similar services.
2. **(3) A city establishing a homeless adult and family multidisciplinary personnel team pursuant to paragraph (1) of subdivision (a) in a county that has established such a team, will make reasonable attempts to coordinate their protocols with the county's protocols pursuant to this subdivision.**
3. **(f) A city establishing a homeless adult and family multidisciplinary personnel team pursuant to paragraph (1) of subdivision (a) in a county that has established such a team, should make reasonable attempts to coordinate their respective teams' jurisdictional boundaries, activity schedules, referrals to services, placements into permanent housing resources in the community, and any other key operational processes with the county processes in coordination with the county.**

ARGUMENTS IN SUPPORT: The City of Berkeley, sponsors of the bill, write in support:

California, by sheer dent of its population size, has the nation's largest homeless population with over 187,000 people experiencing homelessness as of 2024, two-thirds of whom are unsheltered. Reducing that number and providing well-coordinated care to people while they are living outside requires a multi-disciplinary approach. Current state law allows counties

with specialized teams known as multi-disciplinary teams (typically comprised of housing staff, mental health staff, and services staff) to share confidential information for the purpose of coordinating housing and supportive services to help homeless people. Current law does not allow City-based Local Health Jurisdictions (LHJs) to do the same. SB 479 will close that loophole, allowing cities that are their own LHJs (Berkeley, Pasadena, and Long Beach) to coordinate housing, services, and care in the interest of helping homeless people get housed and access critical services.

In Berkeley, multi-service teams have tried to coordinate care but given the existing legal limitations, they are too often hamstrung from sharing information that would benefit homeless people. In some cases, city staff have gone to encampments to offer services to individuals currently under care of the mental health team, but lacking shared information, these city staff providers have been confronted by hostile individuals that they are untrained to deal with for whom they could have made better care choices if only they had better information which their colleagues were constrained from sharing. This can put people living outside and caregivers in danger and is a suboptimal way to support people struggling through homelessness.

If cities are to meaningfully address homelessness, while also complying with the Governor's Executive Order on encampments, they need the legal ability to share information across teams, as counties currently can, to ensure that individuals in encampments can access and receive services, care, and housing. SB 479 will ensure that cities now have that legal ability. This is a small, but crucial change in the law that will have an outsized impact on addressing homelessness. Having led the city of Berkeley's Health, Housing and Community Services Department, and now as the City Manager, I have had firsthand experience with the struggles of the current situation.

ARGUMENTS IN OPPOSITION: In opposition to the bill, Oakland Privacy argues:

Our concerns are not, per se, about the extension of the allowable entities to set up multi-disciplinary teams to include cities as well as counties. It is about privacy-protective language in the original enabling legislation that needs to be improved, and which this bill should be a vehicle for.

As a precedent, these concerns were discussed with the author of the original enabling legislation, Assembly member Quirk-Silva, when she introduced supplementary legislation to set up similar multi-disciplinary teams for justice-involved people with significant mental illness. Assembly Bill 1788 (2024) was amended in both the Assembly Privacy and Senate Judiciary committees to enhance protections and when the bill was reintroduced in 2025 as AB 1387, the privacy modifications remained in the new bill. Unfortunately AB 1387 was vetoed by Governor Newsom.

Please see the 2023 analyses of AB 1788 from Assembly Privacy and Senate Judiciary for more discussion of the proposed privacy-protective amendments, which we will also detail below.

As a threshold comment: The goals of this bill are goals that we share. Coordination to establish continuity of care for people experiencing homelessness is laudable and clearly much-needed. However, people experiencing homelessness are some of the Californians whose privacy rights are most frequently infringed and have one of the highest vulnerability

levels for privacy abuses. They are one of the canaries in the veritable coal mine. Therefore, we believe that caution and strong guard rails are necessary when reducing the confidentiality of their medical records and personal information, even for the beneficial reason of increasing access to services. We know the author has some awareness of potential problems and there is an effort to proactively address them, and we appreciate that effort. Our goal is to tighten up the language and make sure it is precise. These amendments are identical to those proposed and which were already accepted for AB 1788 and AB 1387.

The proposed Committee amendments address parts of four of the five concerns raised in this letter.

REGISTERED SUPPORT / OPPOSITION:

Support

City of Berkeley (Sponsor)
Aids Healthcare Foundation

Oppose

Oakland Privacy

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