



**PUBLIC REQUEST TO ADDRESS
THE BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES, CALIFORNIA**

MEMBERS OF THE BOARD

HILDA L. SOLIS
HOLLY J. MITCHELL
LINDSEY P. HORVATH
JANICE HAHN
KATHRYN BARGER

Correspondence Received

Agenda #	Relate To	Position	Name	Comments
			The following individuals submitted comments on agenda item:	
Public Comment		Favor	Debora Guillmeno-Latimer	I would like to discuss some options with our mayor and or board of supervisors regarding some of the homeless issues; there are many areas that maybe overlooked; I currently work at Union Station in downtown Los Angeles; please allow me to share some ideas and thoughts or suggestions to possibly help out unhoused population
		Oppose	Haniffa Cassim	Board of Supervisors urging them to vote NO on the motion to further extend countywide emergency price restrictions, Agenda Item 2. Any further extension is a clear abuse of power by the Board of Supervisors and causes severe harm to tens of thousands of rental housing providers throughout LA County. The facts in from DCBA and they show that NO FURTHER EXTENSION is warranted.
			Laurie Ham	Any further extension is a clear abuse of power by the Board of Supervisors and causes severe harm to tens of thousands of rental housing providers throughout LA County. The facts in from DCBA and they show that NO FURTHER EXTENSION is warranted.
			Melinda York	<p>A further extension is NOT warranted. These countywide emergency price restrictions have already been in place for 14 months! The report by the Department of Consumer and Business Affairs (DCBA) (agenda item 6) clearly shows that rent gouging has NOT occurred beyond a small handful of incidents for the past 8 months. The total number of complaints about price gauging shows a rapid decline after April 2025, just 4 months after the fires occurred.</p> <p>Total complaints of only 1,885 (verified or unverified) is less than 6% of all people displaced by the wildfires (32,000 according to DCBA). A whopping 92% of all complaints occurred in the first four months after the fires with less than 1% occurring per month thereafter. We now know that these restrictions should have ended on April 30, 2025, and they must end now! Rental housing providers have already been unduly harmed for nearly 10 months!</p> <p>Less than 14% of all complaints were found to be worthy of potential prosecution by DCBA. Only 260 out of a total of 1,885 complaints countywide have been forwarded by DCBA to law enforcement. Further, there is no data as to how many of the 260 complaints have had civil or criminal lawsuits filed by law enforcement nor how many owners were found guilty of price gouging by a court of law.</p> <p>A further extension is NOT needed by wildfire impacted renters rebuilding</p>



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their homes now that the Governor has QUADRUPLED the amount of funding available under the CalAssist Mortgage Relief Program. Impacted homeowners can now receive financial assistance for up to 12 months and up to \$100,000.00.

Extending these COUNTYWIDE Emergency Restrictions harms tens of thousands for rental housing providers throughout the county, including many mom-and-pop rental housing providers under the County's greatly reduced RSTPO formula. These cause particular harm to rental housing providers under the County's Rent Stabilization and Tenant Protections Ordinance ("RSTPO") by preventing them from bringing units to full market rate upon a vacancy. Without this ability to increase rents to full market rate, rental housing providers throughout the entire county are unable to keep up with rapidly increasing costs, including repairs, maintenance, trash hauling, sewer service and property insurance and will be forced out of business. Mom-and-pop owners will be forced to sell their properties, and existing long-term renters paying significantly below market rate rents will lose their housing as these properties are redeveloped by corporate owners.

Extending these provisions discourages needed new rental housing from being put on the market. Newly developed or newly available rental housing is being discouraged from being made available to renters who need it because these restrictions artificially limit the amount of rent that can be charged on new units. Due to Just Cause restrictions and state law, owners are locked into initial rents on a long-term basis. Thus, owners are disincentivized from putting additional housing on the market while these countywide "emergency" price restrictions are in place.

An extension of these restrictions is an abuse of power, purposefully misusing emergency powers to institute Countywide rent restrictions and making a mockery of real emergencies. As such, a further extension will only expose the Board to possible litigation and inflame distrust of the Board within the housing community.

Shawn Dugan

Honorable Supervisor,
I respectfully ask you to oppose Item 2 – County data clearly shows there is no longer a high occurrence of price gouging that justifies housing providers countywide carry this burden for one month more. 14 months of price restrictions are simply excessive, unjust, and reckless. Mom-and-pop housing providers are constituents too –



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		<p>genuinely struggling to keep up with skyrocketing insurance rates, utilities, and maintenance costs. This achieves the opposite of making LA County more affordable. These relentless efforts will result in the further corporatization of our housing stock. Residents deserve effective housing policies that defeat our housing crisis – not make it worse. Please vote NO on Item 2!</p>
	Other	<p>Ann Dorsey</p> <p>Thank you for the actions you have taken to reign in ICE activities. Please do more.</p> <p>I urge you to create ICE free zones for schools, hospitals, places of worship and other sensitive locations. Also, prohibit immigration agents from entering homes without a warrant. Action must be taken to curtail immigration activities because they are devastating our communities and putting everyone at risk.</p> <p>Thank you</p>
		<p>Kyle D Haab</p> <p>Supervisors, My name is Kyle Haab. I am requesting clarification regarding the funding instrument used to issue rental assistance payments made on my behalf under Project Tipping Point. Written communications I have received state the following: The program is not funded by LAHSA. The program is not funded by the County. Rental assistance was covered by the Amity Foundation. The Amity Foundation is described as a third-party administrator for County Care First Community Investment funding authorized by the Board of Supervisors. Because these statements reference differing funding characterizations, I respectfully request identification of: The specific funding instrument under which rental assistance payments were disbursed (including contract number, Board motion, grant agreement, or private funding source); The administering entity responsible for transaction-level records; The oversight authority attached to that funding stream. This is a request for administrative clarification of funding attribution and jurisdiction so that appropriate oversight channels can be followed. Thank you.</p>
		<p>Shahram hedayati</p>
		<p>William Flores-Lemus</p> <p>Date February 23, 2026</p> <p>To The Board of Supervisors.</p> <p>Board of Supervisor Hilda L. Solis Board of Supervisor Hollie J. Mitchell</p>



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Board of Supervisor
Lindsey P. Horvath
Board of Supervisor Janice Hahn
Board of Supervisor Kathryn Barger

Request: Forward this complaint to
Los Angeles County Employees.

Ricardo Daniel Garcia
Justine Marie Esack

(I) In response to Valuara Baker's and Haydeh Takasugi's emails sent
February 9, 2026, February 10, 2026.

Timeline

I submitted three initial letters from _____ and from _____ and correct
phone numbers.

In the petition for a Certificate of Rehabilitation/Pardon

Refer to email sent on
December 6, 2025.

I previously stated.

On May 13, 2025 I submitted a cover letter Referenced Additional Letters of
Character. That mentioned _____ and spouse, Mr. _____.

Refer to Haydeh Takasugi's email sent December 12, 2025, Those images
did not include _____ letter.

A image of my cover letter was scanned for the record.

(II) In May 2025 I was asked by Valuara Baker to request to the author from
_____ to extend her letter I later turned in.

A second letter was from Mr. _____ that was rejected. Due to that reference
not knowing me in the required time.

I submitted a third substitute letter from from _____ with the correct phone
contact.

In the attempt by The Public Defenders Office to re use the rejected reference
in Mr. E.C. Brown's letter.

Only included his title and phone contact. I was informed later that his
daughter was contacted by mail. In potentially violating her privacy.

(III) In the meeting with Haydeh Takasugi on November 25, 2025.
There was no need to add any additional references. Due to submitting three
previous letters with the correct phone contacts.



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To address the chain of custody of returning the packet that was sent to me by The Defender's Office. That packet was sealed and handed directly them.

In a email sent to Haydeh Takasugi on November 28, 2025 I stated.

In response I submitted an additional letter from _____. As the chain of custody of all letters were sealed post marked and hand delivered directly to The Public Defender's Office.

In the chain included the receptionist that recorded the day I submitted the letters as I asked for a receipt. In her saying that was not necessary. Then to the paralegal Valaura Baker going directly Ria Snoek.

I assert there was no need from me to open the sealed packet sent to me. In understanding in keeping the integrity of the contents.

(IV) Valuara Baker's scope of practice is of a paralegal and not legal counsel.

I have repeatedly requested for a in person meeting be facilitated by The Board of Supervisors with.

Ricardo Daniel Garcia
Justine Marie Esack

That are aware of my complaints and legal requests that have been denied. I have previously stated they alone could address my concerns.

To regain trust that has been previously spoiled.

(V) The conclusion I have is The Public Defender's Office does not want to represent me to my best interest. Due to their refusal to deny my repeated requests and to account for their incompetence.

Their delay is depriving me of due process in regaining my State and Federal rights. That is negatively hindering my ability to make informed choices.

These empowered decisions are made by competent counsel that builds trust premised on my consent.

I previously stated, in good faith I completed my part in providing documentation, for a petition for a Certificate of Rehabilitation/Pardon.

Signed,

William Flores-Lemus



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William Flores-Lemus	<p>Date February 23, 2026</p> <p>Dear Board of Supervisors Executive Office.</p> <p>Chief Director Edward Yen. Deputy Executive Officer Steven Hernandez.</p> <p>Board of Supervisor Hilda L. Solis Board of Supervisor Hollie J. Mitchell Board of Supervisor Lindsey P. Horvath Board of Supervisor Janice Hahn Board of Supervisor Kathryn Barger</p> <p>Compliant Towards Los Angeles County Public Defender's Office.</p> <p>Ricardo Daniel Garcia #178111 Justine Marie Esack #183784 Haydeh Behbehani Takasugi #173084 Monnica Thelen #180661</p> <p>Follow Up Executive Office Human Resources Department Complaint Towards. The Board of Supervisor's Office Chief of Staff Sonia Lopez.</p> <p>Refer to emails sent to Sonia Lopez and The Public Defender's Office sent in order by dates.</p> <p>11/6/2025, 11/10/2025, 11/12/2025, 11/13/2025, 11/26/2025 (From Haydah Takasugi) 11/28/2025, 12/2/2025, 12/3/2025, 12/8/ 2025, 12/ 11/2025, 12/12/2025, 12/17,/2025, 1/6/2026, 1/9/2026, 2/2/2026, 2/4/2026, 2/9/2024, 2/17/2026.</p> <p>January 26, 2026 Communication with Haydah Takasugi in denial seeking counsel to make informed choices with.</p> <p>Ricardo Daniel Garcia #178111</p>



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Justine Marie Sack #183784.

(I) I William Flores-Lemus am submitting this declaration to be truthful. To the best of my knowledge in events. In a complaint towards the mentioned.

I claim The Los Angeles Public Defender's Office. Is fully aware of my complaint and legal requests.

In addition, not representing me to my best interests. As I exhausted all means requesting written accountability directly from them.

In good faith I completed my part in providing documentation for a Certificate of Rehabilitation/Pardon.

As I properly notified
The Los Angeles County Board of Supervisor Hollie J. Mitchell's Office.

In claims of complaints and legal requests. That have not been contested and repeatedly denied by The Los Angeles Public Defender's Office.

I assert The Public Defender's Office has purposely delayed and obstructed. The process for the petition to continue under California State Law.

In denying me due process in The Public Defender's Office. Through their actions do not want. The petition of a Certificate of Rehabilitation/ Pardon to be successful.

To deprive me full State and Federal rights as a resident of California. I intend to address this. To the proper OCR State and Federal agencies for an official review.

I assert that The Public Defender's Office are acting as rouge
Los Angeles County Department.

Using their institutional legal knowledge and expertise.

To not account for their mistakes in not wanting. A official Human Resource Department compliant filed against individuals in their office.

Follow Up Executive Office Human Resources Department Complaint
Towards.
The Board of Supervisor's Office
Chief of Staff Sonia Lopez.

I assert that Sonia Lopez's actions created a bias in The Public Defender's Office. In them denying the process of the petition of Certificate of Rehabilitation/ Pardon.



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Refer to sections (VII) & (VIII).

In her email sent on Jan 6, 2025 accusations towards me. Using her political position of privileged power. In retaliation several hours after I emailed her addressing her lack of concern of my claims as a constituent.

Forwarding the email to The Public Defender's Office. Which created harm in portraying me in a negative manner to them.

(II) On May 13, 2025 I submitted a letter Referenced Additional Letters of Character. That mentioned _____ and spouse, _____, Mr _____.

Refer to email sent by
Haydah Takasugi on
December 12, 2025

The purpose in submitting a petition of The Certificate of Rehabilitation/Pardon. Is to restore all my State and Federal rights as a resident of California.

I stated to the paralegal Valera Baker in several communications with her. After submitting a second expanded letter of character from _____.

I explained my intent was not to create an adversarial environment with The Public Defender's Office or The District Attorney.

I claim that Valera Baker asked me if I was a _____ Veteran to use in court. My response was that was not relevant.

I explained to her that my past two honorable military service was used against me in court by The District Attorney.

Requesting to submit additional relevant documents. To strengthen my petition in a Certificate of Rehabilitation/ Pardon. That request was denied directly by The Public Defender.

I claim after Valera Baker asked me in reference to _____ letter. If I could ask his spouse to write an additional letter. To substitute Mr. _____ letter that was rejected by The Pubic Defenders Office.

I responded to her that I did not want to impose towards him or his wife.

After I directly handed the letter to the paralegal Valera Baker. As she opened the letter and read it in front of me in May 2025.

I claim that Haydah Takasugi or Ria Snoek did not professionally account for that letter. In a proper chain of custody.

I claim The Public Defender's Office



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took out or lost the letter and refuses to take responsibility for their mistakes.

(III) On November 6, 2025 I was informed prior to court by The Public Defender. That the letters of character were not verified.

I claim The District Attorney used Political Bias Non Legal Language. In the term "_____".

The court CASE _____ reflects the record that two _____ were registered with The State of California.

In addition, The Record reflects those items on that the list The District Attorney verbally stated.

Where not on the warrant issued those items were illegally taken never returned. By Law Enforcement and used in court against me by The District Attorney.

I claim the intent by The District Attorney was to purposely bias the judge.

The public defender on November 6, 2025 during court. Did not contest that Political Bias Non Legal Language.

In addition, he knew that there was no investigation to verify the authenticity of the letters of character.

I claim that the language used by The District Attorney created an immediate bias in judge in her physical facial reaction.

As she immediately denied my request to submit documents strengthening the petition of Certificate of Rehabilitation/Pardon.

I went to The Public Defender's office and spoke to Sean K. McDonald. Briefly speaking with him by his reaction to my questions. I believed he knew no investigation was conducted to contact _____ and _____.

I stated to him my objection that the exact same in tone and words. By The District Attorney was used ten years prior in court.

I stated to The Public Defender that if I confirmed to Valera Baker. I was _____ Veteran and the Political Bias None Legal Language. In the term "_____" would be on the permanent transcript record.

In that transcript would be presented to The Governor in creating a potential bias towards my petition.

(IV) On Nov 6 2025 6:21 PM
I emailed Haydah Takasugi and requested of a new investigator be



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			<p>appointed. To contact me prior and coordinate.</p> <p>With the authors of the letters of characters. To inform them to expect a call. In avoiding any future problems of communication.</p> <p>I requested that the previous investigator respond and provide the times and dates. That the authors of the letter of character were contacted. That request has been denied by The Public Defender's Office.</p> <p>I claim Haydah Takasugi and The Public Defender's Office having full knowledge did not call or . From May 2025 to November 26, 2025. To verify the authenticity of the letters of character.</p> <p>Upon request text messages will be provided that two authors of the letter of character were not contact.</p> <p>Refer to emails dated. On November 10, 2025 6:07 PM November 12, 2025 1:39 PM November 13, 2025 6:44 PM November 28, 2025 11:06 AM</p> <p>I notified The Board of Supervisor's Office and Haydah Takasugi of my requests and compliant.</p> <p>(V) Prior to meeting with Haydah Takasugi I sent a email on November 12, 2025. Requesting a in person meeting with her and to have Kyle</p>
	William Flores-Lemus	February 23, 2026	<p>Ref: Complaint</p> <p>Dear, Board of Supervisor Hilda L. Solis Board of Supervisor Hollie J. Mitchell Board of Supervisor Lindsey P. Horvath Board of Supervisor Janice Hahn Board of Supervisor Kathryn Barger</p> <p>Request: Forward this complaint to Los Angeles County Employees.</p> <p>Ricardo Daniel Garcia #178111 Justine Marie Esack #183784</p> <p>(I) A response to The Public Defender's Office and Haydeh Takasugi's email,</p>



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sent on February 2, 2026.

Refer to the emails sent to The Los Angeles County Board Of Supervisors Executive Office the same day and Jan 26, 2026.

My response to The Public Defender's Office and Haydeh Takasugi. I claim has purposely and repeatedly refused. To account for their mistakes and to _____ missing letter.

In addition, their failure to establish a proper chain of custody. After his letter was opened and read in front of me by Valaura Baker on May 2025.

I claim was lost or purposely taken out by The Public Defender's Office Haydeh Takasugi or Ria Snoek.

(II) I claim the inconsistency by The Public Defender's Office. In attempting to use a letter that was previously rejected. As to contacting _____ on Jan 6, 2026 to verify a letter they do not have.

I claim Haydeh Takasugi purposely leaves out no investigation was conducted. From May 2025 to November 6, 2025. To verify the authenticity of the letters of character.

That The Public Defender's Office or Haydeh Takasugi can not provide any evidence of an investigation that was conducted.

(III) Haydeh Takasugi states a petition was filed on October 2, 2025.

As no investigation could have been conducted prior or after not having _____ missing letter.

The court filing was six months after May 2025 I submitted a petition for Certificate of Rehabilitation/ Pardon.

That establishes a short window of time from October 2, 2025 to November 5, 2025 to conduct a proper investigation.

I have previously claimed The Public Defender's Office and Haydeh Takasugi. Has repeatedly denied all my legal requests. Also, a written response on the times and dates. The authors of the letters of character were contacted.

Refer to Email November 6, 2025

I stated in my email dated January 26, 2026, upon request I could provide text messages to establish that fact.

In having phone communication with the two authors. That stated no calls,



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messages were logged in their phones.

I claim that Haydeh Takasugi knew _____ letter was missing and from May 2025 to November 26, 2025 meeting with her no investigation was conducted.

Refer to email sent by Haydeh Takasugi in November 26, 2025.

On May 13, 2025 I submitted a cover letter Referenced Additional Letters of Character. That mentioned _____ and spouse, _____ and Mr. _____.

Refer to Haydeh Takasugi's email sent December 12, 2025, Those images did not include _____ letter.

A image of my cover letter was scanned for the record.

(IV) TO ADDRESS

Haydeh's Takasugi's claim in a email sent on February 2, 2026. She stated, "You refused to give the District Attorney additional time to get in touch with your references."

RESPONSE

How did Haydah Takasugi come to that legal conclusion I refused?

When did I say that on the record?

Why does the District Attorney have to get in touch with my references?

When the responsibility to conduct an investigation is by The Public Defender Office.

Is Haydeh Takasugi stating that two investigations are required. One from The Public Defender's Office and The District Attorney?

I have repeatedly asked to be placed back on court calendar as to other requests being denied by Haydeh Takasugi.

(V) I claimed DPD Carlos Bido knew no investigation was conducted prior November 6, 2025.

I request that he provide a statement to clarify if he knew a investigation was conducted prior to November 6, 2025.

The email sent by Haydeh Takasugi on Feb 2, 2026, she referred me to DPD Carlos Bido.

I previously emailed Haydeh Takasigi and stated that DPD Carlos Bido was ineffective counsel. That did not object to the Political Non Legal Language intentionally used by The District Attorney.



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That biased the Judge denying me to submit additional documentation. To strengthen my petition for a Certificate of Rehabilitation/Pardon.

Refer to email

November 6, 2025

November 11, 2025

In previously The Public Defender's Office denying me. To submit additional documents in May and November 26, 2025.

(VI) Haydeh Takasugi states,

"The only mechanism to get your petition back before the court is to draft a new Certificate of Rehabilitation."

RESPONSE

What is the reason the previous Certificate of Rehabilitation is being voided?

The subtext argument Haydeh Takasugi is asserting. Is that I have no options. Denying me the ability to be informed through counsel and to provide my consent.

As to dismissing all my prior complaints and requests for accountability.

In a email response on

January 26, 2026 to Haydeh Takasugi and previous documented attempts, on January 8, 16 and 19 2025.

I requested counsel from.

Ricardo Daniel Garcia #178111

Justine Marie Esack #183784

To address

The Public Defender's Office and

Haydeh Takasugi's incompetence. In refusing to respond to my past requests.

In addition, for them to explain to me in a written response. Why a new petition in a Certificate of Rehabilitation needs to be resubmitted?

Haydeh Takasugi continues to deny me due process. In her refusal to respond to my requests for accountability. That is creating barriers hindering my ability to make informed decisions.

Informed decisions are made by competent counsel that builds trust.

I previously stated, in good faith I completed my part in providing documentation, for a petition for a Certificate of Rehabilitation/Pardon.

Also, I provided a follow up courtesy call reminder to all The Board of Supervisors. To investigate my claims and provide a solution to establish

			<p>accountability.</p> <p>I request that The Board of Supervisors facilitate a in person meeting with.</p> <p>Ricardo Daniel Garcia #178111 Justine Marie Esack #183784</p> <p>Due to I have no trust in Haydeh Takasugi in her repeated incompetence.</p> <p>Nor do not have confidence in DPD Carlos Bido being effective counsel.</p> <p>My request is the only mechanism to address my compliments and provide legal counsel to me. To regain trust that has been previously spoiled by Haydeh Takasugi.</p> <p>To make empowered informed decisions and move forward. With my petition of a Certificate of Rehabilitation. To restore my full State and Federal rights.</p> <p>Signed,</p> <p>William Flores-Lemus</p>
		Item Total	11
Grand Total			11



Luis Preciado <luis.preciado@lacity.org>

Kyle Haab - Project Tipping Point CPRA Request

6 messages

Luis Preciado <luis.preciado@lacity.org>

Thu, Dec 18, 2025 at 6:06 PM

To: Jose Guadron <jguadron@coalitionrcd.org>

Cc: Latea Davis <ldavis@coalitionrcd.org>, Marc Magallanes <marc.magallanes@lacity.org>

Good afternoon Jose,

I hope all is well with you. I am reaching out to you for assistance, (not EO related for once) in regards to a California Public Records Act request I am processing for EWDD and I need some assistance. I have CC'd my supervisor Marc Magallanes from EWDD as well.

In the last 24 hours, a participant you are familiar with **Kyle Haab (CalJobs User ID: 36716949)** submitted four separate CPRA requests, seeking records and communications related to his enrollment in Project Tipping Point (PTP), as well as records associated with what appears to be a County of Los Angeles rental assistance program (not sure if he was referring to the same program). He also indicated that he worked with a CRCD employee at the time (roughly July 1, 2024 and August 31, 2024), Alexander Saltzman, and is seeking records related to his enrollment, financial transactions, funding, services, case notes, and communications. The four requests are quite extensive.

I know Latea Davis handles complaints for CRCD for Project Tipping Point, however, since he is seeking public records related to Project Tipping point, is the funding for PTP from the County? I do not see he is enrolled in any City of LA services.

Do you have a point of contact with the County, someone that may handle CPRA requests, or is familiar with Project Tipping Point, so that I may refer Mr. Haab to them, as EWDD does not have the information he is seeking?

Please advise when you have a moment.

Thank you Jose!

--

Luis F. Preciado

California Public Records Act Coordinator

Administrative Services Division

Economic & Workforce Development Department

Luis Preciado <luis.preciado@lacity.org>

Thu, Dec 18, 2025 at 6:09 PM

To: Richard Cheng <richard.cheng@lacity.org>

Just FYI

[Quoted text hidden]

Luis Preciado <luis.preciado@lacity.org>

Mon, Dec 29, 2025 at 9:41 AM

To: Jose Guadron <jguadron@coalitionrcd.org>

Cc: Latea Davis <ldavis@coalitionrcd.org>, Marc Magallanes <marc.magallanes@lacity.org>

Good morning Jose and Latea,

I hope you both are doing well and enjoying the Holidays. I just wanted to follow up on my previous email for information regarding PTP funding and the appropriate County contact.

Thank you both in advance.

[Quoted text hidden]

Jose Guadron <jguadron@coalitionrcd.org>

Tue, Dec 30, 2025 at 12:50 PM

To: Luis Preciado <luis.preciado@lacity.org>

Cc: Latea Davis <ldavis@coalitionrcd.org>, Marc Magallanes <marc.magallanes@lacity.org>

Hello Luis,

Apologies for the delayed response. Project Tipping Point is a college persistence program which helps foster youth achieve their post secondary education goals. PTP is a CRCD program and not funded by the County so there is no County contact.

It is my understanding that Kyle has been provided with the documentation he has requested as it relates to his participation in our program. Should he have any further questions, please redirect him to Latea Davis.

Thank you

Jose Guadron | Senior Director of Workforce Development

Workforce Development

CRCD: 213.743.6193 | **M:** 323.897.9384 | **F:** 323.521.1928 | **TTY:** 711

jguadron@coalitionrcd.org | www.coalitionrcd.org



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From: Luis Preciado <luis.preciado@lacity.org>
Sent: Monday, December 29, 2025 9:42:05 AM
To: Jose Guadron <jguadron@coalitionrcd.org>
Cc: Latea Davis <ldavis@coalitionrcd.org>; Marc Magallanes <marc.magallanes@lacity.org>
Subject: Re: Kyle Haab - Project Tipping Point CPRA Request

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[Quoted text hidden]

Luis Preciado <luis.preciado@lacity.org>
To: Jose Guadron <jguadron@coalitionrcd.org>
Cc: Latea Davis <ldavis@coalitionrcd.org>, Marc Magallanes <marc.magallanes@lacity.org>

Tue, Dec 30, 2025 at 2:00 PM

Ok, thank you for the clarification Jose. I will reach out to Mr. Haab with this information.

[Quoted text hidden]

Jose Guadron <jguadron@coalitionrcd.org>
To: Luis Preciado <luis.preciado@lacity.org>
Cc: Latea Davis <ldavis@coalitionrcd.org>, Marc Magallanes <marc.magallanes@lacity.org>, Kenta Estrada-Darley <kestrada-darley@coalitionrcd.org>

Wed, Jan 7, 2026 at 6:15 PM

Hello Luis,

I hope you are well. After consulting with my team, I was reminded that a portion of the supportive services (rental assistance) is covered by funding from the Amity Foundation that serves as a third-party administrator for the County of Los Angeles Care First Community Investment, which is funded by the board of supervisors spending plan. However, Projecting Tipping Point (PTP) is primarily supported by private funding sources.

We will notify the Amity Foundation of the request as they are the administrators of the funding and main point of county with the County of Los Angeles. Please let us know if you have any further questions.

Thank you.

Jose Guadron | Senior Director of Workforce Development
Workforce Development
CRCD: 213.743.6193 | **M:** 323.897.9384 | **F:** 323.521.1928 | **TTY:** 711
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From: Luis Preciado <luis.preciado@lacity.org>

Sent: Tuesday, December 30, 2025 2:00 PM

[Quoted text hidden]

[Quoted text hidden]



865 S. Figueroa Street, Suite 2750
Los Angeles, CA 90017
P: 213.489.9833
F: 213.489.3761
john@harrishayden.com
herbert@harrishayden.com

VIA EMAIL & USPS CERTIFIED MAIL

February 2, 2026



**Re: Our Client: Coalition for Responsible Community Development, Inc.
(CRCD)
Matter: Cease and Desist Demand**

Dear Mr. Haab:

This firm represents Coalition for Responsible Community Development, Inc., (“CRCD”). We write in response to your written correspondence today, February 2, 20226, to the Hon. Holly Mitchell, Supervisor, Los Angeles County Board of Supervisors and her staff, in which you made false, misleading and defamatory statements concerning CRCD and its role in the Project Tipping Point.

In your letter, you accuse CRCD of “misconduct,” “non-disclosure,” “[fraudulent] “inducement,” and “enforcement failures,” among other things, in connection with allegedly County-funded supportive services. These statements are deliberately false, factually inaccurate, misleading and published to third parties, including elected officials and City of Los Angeles and County staff with the clear and palpable intent to damage CRCD’s reputation and interfering with its contractual and economic relationships.

These assertions falsely imply that CRCD has (1) engaged in misconduct in its management of administrative services; (2) made inconsistent or deceptive misrepresentations to the City and County officials; (3) obstructed public records requests or concealed funding authority; and (4) caused or contributed to delays in your family law court proceedings.

You know full well that these allegations are patently false and untrue. CRCD has not engaged in any misconduct as you have alleged. By publishing these false allegations to the Board of Supervisors and County personnel, you have intentionally interfered with CRCD’s existing and prospective contractual relationships, including its relationships with public agencies, administrators, funders and partners. Moreover, your communications were clearly calculated to prompt adverse governmental action and reputational harm and constitute an unlawful and unfair business practice in violation of *Business & Professions Code* Sect. 17200, *et seq.*

Accordingly, CRCD hereby demands that you:

- (1) Immediately cease and desist from making or publishing any further false or misleading, either oral or written, about CRCD, its programs, staff, funding, or operations to any third party, including but not limited to City and County officials, or the public;
- (2) Retract in writing the defamatory statements contained in your correspondence to Supervisor Mitchell and provide a written correction clarifying that you have no factual basis to assert misconduct, inducement or non-disclosure by CRCD; and
- (3) Preserve all documents and communications (including emails, texts, letters, drafts, and recordings) you have in your possession relating to CRCD, Project Tipping Points, Amity Foundation, County funding, and your communications with any governmental entity.

Nothing in this letter constitutes a complete recitation of CRCD's potential claims or remedies against you for your actions discussed herein. If you fail to cease and desist, and assent to our demands made hereof, we will pursue against you all available legal remedies, including claims for libel, defamation, intentional interference with contractual and economic relations, Sect. 17200 violations, and injunctive relief, as well as the recovery of legal fees our clients has incurred in this matter.

We strongly urge you to govern yourself accordingly.

Regards,

HARRIS & HAYDEN

By: _____


John W. Harris, Esq.



HOUSING ASSISTANCE PROGRAMS - UNIVERSAL APPLICATION

INSTRUCTIONS

HOUSING ASSISTANCE PROGRAMS CHECKLIST (pg. 2)

- ◆ This checklist will identify all required documentation that **MUST** be submitted when applying for any housing assistance program.

REQUEST FORM (pg. 3)

This form must be completed when applying for any housing assistance program.

- ◆ Check the appropriate program that applicant is currently enrolled or check "other" and include the name of the Program.
- ◆ Check the type of housing assistance requested. If applying for more than one program check all that apply.
- ◆ Check if applicant is a Section 8 or Shelter Plus Care recipient. Check neither if it does not apply.
- ◆ Complete client and agency's information.
- ◆ Must be signed by Applicant, Case Manager and Program Manager.

DEMOGRAPHIC SHEET (pg.4)

This form must be completed when applying for any housing assistance program.

- ◆ Complete Income Status, Housing Status, and Demographic Information Sections, by checking all that apply.
- ◆ Only complete On-going Section when applying for On-going Rental Assistance.
- ◆ Only complete Eviction Prevention Section when applying for Eviction Prevention.

HOUSEHOLD GOODS/GIFT CARD REQUEST FORM (pg. 5 & 6)

Complete these forms when applying for Household Goods along with page 2 & 3.

- ◆ If applying for household goods or utilities assistance use page 5.
- ◆ Check type of utility being requested, if applying for more than one program check all that apply.
*(For DMH Directly Operated FSP **ONLY**)*
- ◆ If applying for gift cards use page 6, check type of gift card requested.
- ◆ Complete vendor's name, amount requested, and itemized cost.
- ◆ When applying for Household Goods list the requested items and attach merchant's invoice.
- ◆ When requesting assistance with utilities, attach utility bill.
- ◆ Must be signed by Case Manager and Program Manager.

RENTAL ASSISTANCE AGREEMENT FORM (pg. 7)

Complete this form when applicant is enrolled in a DMH Directly Operated FSP Program along with page 2 & 3.

- ◆ Complete month(s) of rental assistance being requested, and the regular monthly rent amount.
- ◆ Complete housing plan section.
- ◆ Must be signed by Applicant, Case Manager and Program Manager.

LANDLORD VERIFICATION FORM (pg. 8)

This form must be completed by Landlord when applicant is applying for Security Deposit, Eviction Prevention, and/or On-Going Rental Assistance. Submit with completed application.

- ◆ Present to Landlord for completion along with W-9 form.
- ◆ Must be signed by Applicant and Landlord.



HOUSING ASSISTANCE PROGRAMS - UNIVERSAL APPLICATION

CHECKLIST

REQUIRED DOCUMENTS

(General requirements for any Housing Assistance Program).

- Photo Identification **and** Social Security Card of applicant and all household members 18 years of age and older.
- Social Security Card **or** Birth Certificate for any child in the household under the age of 18.
- Applicant's Income Verification dated **within 30 days** (i.e., payroll stubs, verification of receipt of SSI, SSDI or SDI Benefits).
- If the client is a **Section 8 or Shelter Plus Care recipient**, attach one of the following items:
 - Letter of Determination*** from the City Housing Authority, or;
 - Verification of **Lease Approval*** from the County Housing Authority.

**These letters stipulate (1) tenant and landlord respective shares of rent and (2) statement that the unit has been inspected and approved.*

- If the applicant is **NOT** a **Section 8 or Shelter Plus Care** recipient, the following documents **MUST** be provided with the application:
 - Signed copy of the Lease Agreement and;
 - Verification of Property Ownership (Deed of Trust, Property Tax Bill or a notarized letter verifying ownership.)
- Completed W-9 Form by the VENDOR;** *This form is required by the Auditor-Controller and must be completed by the Vendor and included with the application if not already on file with DMH. If the case manager knows that they have sent one in the past, there is no need to do it again. If uncertain, have vendor complete the form.*

EVICTON PREVENTION

(Required documents for Eviction Prevention, in addition to the general required documents indicated above).

- Notice to Evict** with the date of eviction clearly stated. (i.e., 3 day notice, 30 day notice)
- Evidence that the applicant has resided in the unit for at least 6 months (utility bill, bank statement, etc.)

HOUSEHOLD GOODS

(Required documents for Household Goods, in addition to the general required documents indicated above).

- Original receipt or vendor's invoice. (Internet generated invoice, must submit receipt of items purchased.)
- Verification that applicant was homeless prior to moving into current residence. (If the applicant was approved for Security Deposit Assistance within the last 3 months, verification is not required.)

DMH - DIRECTLY OPERATED FSP AND WELLNESS CENTERS

(Required documents for applicants enrolled in Directly Operated FSP & Wellness Center Programs for any housing assistance program, in addition to the general required documents indicated above).

- Signed Rental Assistance Agreement Form. (FSP Only)
- Completed **CSS Request Form** must be signed by the Applicant, Case Manager, and the Mental Health Clinical Program Head. This form **MUST** accompany Housing Assistance Applications.



**HOUSING ASSISTANCE PROGRAMS - UNIVERSAL APPLICATION
REQUEST FORM**

Please check all that apply:

Applicant is currently enrolled in: CRS PEI/CORS FSP Wellness FCCS Other _____

Type of assistance applicant is applying for:

- Security Deposit Eviction Prevention On-going Rental Assistance (DMH Directly Operated FSP requesting more than one month)
- Household Goods Utility Assistance (DMH Directly Operated FSP ONLY) Rental Assistance

Is applicant a recipient of: Section 8 Shelter Plus Care Neither

Applicant's Name: _____ Phone: (____) _____

Head of Household: _____ Phone : (____) _____
(If different from applicant)

Current Address: _____ City: _____ Zip: _____

MIS #: _____ SSN: _____ DOB: _____

Agency Name: _____

Address: _____ City: _____ Zip: _____

Case Manager/Housing Specialist: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

The agency declares and certifies each of the following statements to be true and correct:

1. The agency is currently providing mental health services and case management to the applicant and has verified the income and identification of all members of the applicant's household.
2. The agency has provided information to the applicant on tenant-landlord rights and tenant responsibilities, including the appropriate treatment of rental property, appropriate behavior within the neighborhood, and the importance of timely payment of rent.
3. The applicant is eligible to participate in this program and has a documented income source that can reasonably be expected to cover the proposed rent and living expenses.
4. The applicant has assured the agency that they have not received eviction prevention or security deposit assistance through the Housing Assistance Program in the last 12 months.

Applicant: _____
Signature Date

Case Manager/
Housing Specialist: _____
Signature Date

Program Manager: _____
Signature Date



INCOME STATUS

What is your total monthly income? \$ _____ Total monthly expenses? \$ _____

What is your current source(s) of income? (Check all that apply.)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> CaWORKS (TANF) | <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Family/Friend |
| <input type="checkbox"/> General Relief | <input type="checkbox"/> Social Security Retirement | <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> None |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> State Disability Insurance | <input type="checkbox"/> Veteran's Administration Pension | <input type="checkbox"/> Other (Specify) _____ |

Please give a brief description of why applicant needs housing assistance: _____

HOUSING STATUS

Are you currently homeless? Yes No
(If you do not have a permanent place to live, you are considered homeless)

Number of occasions of homelessness in the last 3 years: _____

What is the length of your current episode of homelessness:

- | | |
|--|--|
| <input type="checkbox"/> under 1 month | <input type="checkbox"/> 5 – 6 months |
| <input type="checkbox"/> 1 – 2 months | <input type="checkbox"/> 7 – 12 months |
| <input type="checkbox"/> 3 – 4 months | <input type="checkbox"/> over 1 year |

Location of your current episode of homelessness:

- | | |
|---|--|
| <input type="checkbox"/> SA 1 Antelope Valley | <input type="checkbox"/> SA 5 West LA |
| <input type="checkbox"/> SA 2 San Fernando Valley | <input type="checkbox"/> SA 6 South LA |
| <input type="checkbox"/> SA 3 San Gabriel Valley | <input type="checkbox"/> SA 7 South East |
| <input type="checkbox"/> SA 4 Metro | <input type="checkbox"/> SA 8 Harbor |

Length of your previous episode of homelessness:

- | | |
|--|--|
| <input type="checkbox"/> under 1 month | <input type="checkbox"/> 5 – 6 months |
| <input type="checkbox"/> 1 – 2 months | <input type="checkbox"/> 7 – 12 months |
| <input type="checkbox"/> 3 – 4 months | <input type="checkbox"/> over 1 year |

Survival strategies that you have utilized during your episodes of homelessness (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Shelters/Missions | <input type="checkbox"/> Living in a Car |
| <input type="checkbox"/> Abandon House | <input type="checkbox"/> Family/Friend |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Motels/Agency Paying | <input type="checkbox"/> Motels/Client Paying |

What circumstance(s) led to your current homelessness?

- | | |
|--|--|
| <input type="checkbox"/> Reduction in Benefits | <input type="checkbox"/> Family/Friend Unable to Provide Aid |
| <input type="checkbox"/> Problems with Landlord | <input type="checkbox"/> Loss of Job |
| <input type="checkbox"/> Victim of Domestic Violence | <input type="checkbox"/> Acute Illness |
| <input type="checkbox"/> Crime Victim | <input type="checkbox"/> Problems with Tenants or Spouse |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Jail | <input type="checkbox"/> Other _____ |

DEMOGRAPHIC INFORMATION

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Never Married	Family Type: <input type="checkbox"/> Single Adult <input type="checkbox"/> Adult w/child <input type="checkbox"/> Adult w/children <input type="checkbox"/> Two Adults <input type="checkbox"/> Two Adults w/child <input type="checkbox"/> Two Adults w/children	# of Children: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more	If without minor children, is the applicant? <input type="checkbox"/> Pregnant <input type="checkbox"/> Frail Elderly	Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other
--	--	---	---	--	--

Please check and list other co-occurring disorders:

- Medical/Physical Condition _____ Substance Abuse _____ Other _____

ONGOING RENTAL ASSISTANCE

FSP applicants ONLY (must be filled out if applying for Ongoing Rental Assistance)

Type of housing to which you are requesting a subsidy:

- Sober Living
- Shared/Collaborative Housing
- Residential Treatment Program
- Transitional Housing
- Apartment
- Other _____

Requested length of subsidy in months: _____

EVICTON PREVENTION REQUEST:

(must be filled out If applying for eviction prevention)

Does the client:

- Rent Own Monthly rent/mortgage \$ _____

How long have you lived at your present address? _____

Amount behind in rent/mortgage: \$ _____

Note: The payment of rent in arrears cannot exceed one month's rent plus a reasonable documented late charge.

Have you received one of the following? (Please state date notice was received)

- 3 Day Notice to Pay or Quit _____
- 5 day Marshall Notice to Vacate _____
- 30 day Notice _____
- Unfavorable Court Judgment _____



HOUSING ASSISTANCE PROGRAMS - UNIVERSAL APPLICATION

RENTAL ASSISTANCE AGREEMENT FORM
(DMH Directly Operated FSP ONLY)

As a condition of the Full Service Partnership Rental Assistance Program, I agree to have the County of Los Angeles Department of Mental Health issue a check payable to my landlord each month formonths. This rental assistance payment will be in the amount of \$....., for each of the months that I am eligible.

I agree to:

- ❖ work with my Case Manager to (1) find other housing options if needed, (2) participate in establishing benefits to continue rental payments and, (3) assume responsibility of my entire monthly rent.
- ❖ Immediately notify my Case Manager of any changes in housing cost or housing composition (including receipt of any other subsidized housing, [i.e. Section 8 or any other rent contributions program]), but not later than 3 business days after the change occurs.

I agree to repay the County of Los Angeles – Department of Mental Health for all payments made on my behalf through the FSP Rental Assistance Program upon receipt of a retro-active Supplemental Security Income (SSI) check (as well as subsequent checks) or through other monies received until the balance owed to the Department of Mental Health is paid.

I understand that the rental assistance payments are temporary housing assistance issued to eligible FSP individuals and their families. I also understand that should my FSP services be discontinued within this agreement period, the rental assistance will be discontinued. I elect to accept the rental assistance payments by signing the statements below.

HousingPlan: _____

I, _____ accept rental assistance payments and agree
(Participant's Name)
to the terms indicated above. I also understand that although DMH is making a partial or full payment of rent and the County is in no way a party to the rental agreement I have with the landlord.

Participant's Name (Print) Address, City & Zip

Participant's Signature () Telephone Date

Case Manager Date Program Manager Date

COUNTY OF LOS ANGELES
ADULT JUSTICE, HOUSING, EMPLOYMENT AND EDUCATION SERVICES
HOUSING ASSISTANCE PROGRAMS - UNIVERSAL APPLICATION



LANDLORD VERIFICATION FORM
(To be completed by Landlord)

Please Print

I intend to rent a unit/shared room to: _____

The property is located at _____
Street Address Apt. #

_____ City Zip Code

Type of Request:

Security Deposit Ongoing Rental Assistance (Directly Operated FSP ONLY) Eviction Prevention

Please complete if applying for Security Deposit OR Rental Assistance.

Security deposit amount: \$ _____

Regular months rent: \$ _____

Tenant's subsidized rent portion: \$ _____

Please complete if applying for Eviction Prevention.

Rent: \$ _____

Late charges (as stated in lease): \$ _____

Tenant's subsidized rent portion: \$ _____

Apartment/House is: Furnished Unfurnished

Rent Includes: Electricity Water Gas Trash

DATE TENANCY BEGAN/WILL BEGIN: ____/____/____

Please make checks payable to: _____
(Checks to be made only to the property owners or authorized Management Company)

Name of Property Owner: _____

Address: _____

Telephone Number: (____) _____

Property Owner Signature: _____ **Date:** ____/____/____
(or designee)

I understand that this is a Federal and/or State funded program and that abuse of this program is an offense. I certify under penalty of jury that all information that I have provided on this form is true and correct.

Applicant's Signature: _____ **Date:** ____/____/____

This form is not an agreement but only a confirmation of the amount of monies reflected in the rent/lease agreement and does not hold the County liable for any damages to the property as caused by the tenant.

DO NOT WRITE IN THIS BOX (For Office Use Only)

Amount Approved for payment: \$ _____ Initialed By: _____

Client Notes

System

Date Range: 12/01/2022 thru 10/17/2025

Name: [REDACTED] Date of Birth: [REDACTED]
SSN: [REDACTED] Quality of DOB: Full DOB Reported
Quality of SSN: Full SSN Reported Unique Identifier: 8F8CD9D8B

Title: Telephone Call

Agency: Los Angeles Homeless Services Authority (LAHSA) Staff: Clark, Kamesha Date: 10/15/2025

G: Goal was to follow up with client regarding a fraud case with one of LAHSA's sub-recipients.

I: HRS followed up with client after receiving instruction from leadership on how to handle the matter. HRS advised client to take the case through law enforcement as it is indeed fraud and a form of theft.

R: Client understood the reasoning after asking a few more general questions and was also provided with former and current CM to request additional information should the cops need it.

P: Client has been provided with resources and will utilize them for further support.

Title: Telephone Call

Agency: Los Angeles Homeless Services Authority (LAHSA) Staff: Clark, Kamesha Date: 10/14/2025

Client's Project Stay: Resource and Referral [10/14/2025 - 10/14/2025]

HRS will follow up with client on what resource can be provided to best assist his situation.

Title: Telephone Call

Agency: Los Angeles Homeless Services Authority (LAHSA) Staff: Clark, Kamesha Date: 10/14/2025

Client's Project Stay: Resource and Referral [10/14/2025 - 10/14/2025]

G: Client called in seeking an update on his case. Client states that he and his partner were involved in a rental fraud case where they were exchanging confidential information via text messages with someone who they thought were legit personnel.

I: HRS engaged in conversation with client to obtain more info to assist in directing him to the appropriate help. Client states it was with Coalition for Responsible Community Development. HRS then obtained case number after client repeatedly insisted on providing it. HRS attempted to provide client with active program(s) CM's contact info.

R: Client was not receptive to the resources being provided. He proceeded to state that the "LA County Fraud Department" did get involved and told him that his fraud case is with LAHSA. HRS then provided client with grievance dept info as they hold cases. Client was receptive of the resource given.

P: Client will reach LAHSA grievance for further support.

Title: Problem Solving Update

Agency: Harbor Interfaith Services Staff: ward, jennifer Date: 07/28/2025

Head of Household (HOH) is currently residing in a unit with his fiance. He reported ongoing issues with his landlord and is actively seeking a new housing unit. HOH disclosed that he has children; however, they are currently not in his custody and have been placed in the care of their grandparent. HOH confirmed that there is no open court case or scheduled court date regarding custody of the children at this time. Due to the absence of children in his custody, HOH does not meet the eligibility criteria for family-based housing programs. He was referred to the Bringing Families Home program; however, it was clarified that he would need to pursue assistance through an individual-based program instead. HOH was provided with the appropriate contact information and resources for individual housing support programs.

Title: Problem solving conversation/screening

Agency: The Whole Child Staff: Ramirez, Marissa Date: 07/22/2025

G - To discuss familys living situation and resources.

I - Family Response Team (FRT) held a Problem-Solving conversation with Participant (PTC) asking about their current living situation and household composition. FRT explained to PTC that program guidelines include having a minor/qualified dependent within your custody. FRT encouraged PTC to connect with agencies serving single individuals and offered to email resources.

R - Prior to seeking services from TWC, family was sleeping in a unit with girlfriend PTC landlord is going to sell the unit and PTC does not have anywhere to go PTC does not have custody of his child at the moment. PTC was receptive of guidelines and open to resources offered by FRT.

P - FRT will send a referral to Harbor Interfaith on PTC behalf.

Title: Telephone contact

Agency: Los Angeles Homeless Services Authority (LAHSA) Staff: Jimenez, Sefora Date: 07/08/2025

Client's Project Stay: Resource and Referral [07/08/2025 - 07/08/2025]

Client called in seeking emergency housing voucher. R&R staff provided resources eviction, housing rights, HDAP, and 211 for information/resources. R&R staff referred to provider for further assistance.

Title: Enrollment

Agency: Harbor Interfaith Services Staff: Gonzalez, Kyra Date: 06/27/2025

The client has become homeless and require the services of a CES Access center. Client enrolled in CES Adult Access Center SPA 8. Client requested assistance with the CES Assessment.

Title: Exit

Agency: Coalition for Responsible Community Development Staff: Montes, Asusena Date: 04/28/2023

Client's Project Stay: Ruths Place Day Shelter [04/27/2023 - 04/28/2023]

Intake specialist exiting youth from program. Youth has moved in with family temporarily. Youth has completed program goals.

Title: Problem Solving Meeting Conversation 1

Agency: Covenant House California Staff: Campos, Leslie Date: 04/28/2023

Client's Project Stay: Problem-Solving Youth [04/28/2023 - 05/19/2023]

The youth was referred by CRCD for family reunification. The youth was sleeping in a friend's car but got away. The youth will be reunified with a friend. The PS confirmed with a friend and will be buying a ticket via Greyhound back in Tucson, AZ.

Title: Enrollment

Agency: Coalition for Responsible Community Development Staff: Montes, Asusena Date: 04/27/2023

Client's Project Stay: Ruths Place Day Shelter [04/27/2023 - 04/28/2023]

Asusena Montes CRCD Ruths Place I Intake Specialist| 4201 S. Centra Ave. Los Angeles, California, 90011(323) 432-2440

G: To successfully enroll client into the Access Center program.

B: The client was very respectful and open about her situation and how they became homeless.

I: Intake Specialist completed the intake process with youth. Additional services were emphasized to the youth.

R: Client was happy to be enrolled into our program, knowing that he will now be able to start receiving services.

P: Continue to offer support and services to the youth as needed.

Title: Problem Solving Conversation #1

Agency: Coalition for Responsible Community Development Staff: Kidd, Samantha Date: 04/27/2023

I Samantha Kidd |CRCD Ruth's Place | Program Solving / Prevention Specialist | Case Manger 4201 S Central Ave L.A 90011

323.432.2440

B: The client was very respectful and open about h situation and how they became homeless. is

I- PS spoke with youth to discuss where youth has been staying and if youth was open to going into shelter

R- Youth shared that he recently came to L.A from AZ do to issues with his family, youth was think about going back to AZ and staying with a friend youth is open to going to shelter

P-Plan to referred to Covenant House

Title: Exit Note

Agency: Penny Lane Centers

Staff: Osorio, Gabriel

Date: 03/17/2023

Client's Project Stay: IH - TAY - Witherbee - TH [02/02/2023 - 03/17/2023]

Exit location: LAPD escorted client out the facility with all of client belongings

Exit Reason: Client physically assaulted participants

Documentation Obtained While at Penny Lane: Client was only here for a short time, client arrived with copy of birth certificate, social security card, Identification from Tennessee

Non Cash: Client did not qualify, due to SSI case pending

Medi-CAL: Client medical was changed over to LA CARE as of 3-16-2023

Employment: N/A

Title: LAHSA Incident (Off grounds)

Agency: Penny Lane Centers

Staff: Morrison, Sheila

Date: 03/17/2023

Client's Project Stay: IH - TAY - Witherbee - TH [02/02/2023 - 03/17/2023]

On 3/17/23 at approximately 1:33pm a Penny Lane THP/NMD Case Manager (Ranier Kenny Wheeler) notified Program Manager Mayra Gonzalez that participants Haab, (A.C) and (M.L) were engaging in a physical altercation South of the facility near a park. Case Manger Kenny Wheeler identified participant Haab as the aggressor who hit participant M.L . Per Case Manager Kenny Wheeler, participant A.C attempted to separate participant Haab and M.L at which point participant Haab directed his aggression towards participant A.C and began to physically assault participant A.C.

Program Managers Mayra Gonzalez and Ryan Myvett immediately proceeded to the location where the incident was occurring. Upon arrival participant Haab, A.C and M.L were observed on the ground fighting. Program Manager Myvett attempted to verbally intervene. However, while doing so another participant (S.A) who followed Program Managers to the scene, took it upon himself to separate the participants by "tackling-participant Haab who was in motion to kick participant M.L in the head. At that point, program Manager Gonzalez immediately redirected participants A.C and M.L to return to the facility. Program Manager Myvett continued to assist with de-escalating participant Haab who was tussling with participant S.A while participant S.A was attempting to keep participant Haab from further assaulting the other participants.

During the altercation, participant Haab remained escalated and continued to verbalize I will kill you (referring to participants A.C and M.L). Program Manager Gonzalez called 911 for further assistance due to participant Haab displaying difficulty de-escalating and homicidal threats. LAPD Mission Hills Division (Officers Pena and Munoz) arrived at the scene and spoke to all participants involved. A police report (Incident #23031700252) was taken, however, participants A.C and M.L declined to press charges.

Following the incident, Program Managers Mayra Gonzalez and Ryan Myvett reviewed video surveillance of the area where the incident occurred to further investigate what occurred. At the beginning of the altercation participant Haab was observed placing a key between his fingers prior to assaulting participants A.C and M.L. Participant M.L was also seen attempting to back away from participant Haab during the altercation.

Director of Housing Services Shiva Berjis was notified of the incident. Due to the severity of the incident, it was determined that participant Haab who was the aggressor would be terminated from the Program immediately. Prior to participant Haab departing the facility with Officers, participant Haab was escorted back into the facility by Officers to obtain his personal belongings.

Title: Case Manager Note

Agency: Penny Lane Centers **Staff: Zaragoza, Mayra** **Date: 03/14/2023**

Client's Project Stay: IH - TAY - Witherbee - TH [02/02/2023 - 03/17/2023]

CM transported client to 5 Keys to enroll. Client successfully completed enrollment. Client was placed in a 48-week waitlist.

CM will follow up with client regarding educational goals.

Title: Case Manager Note

Agency: Penny Lane Centers **Staff: Zaragoza, Mayra** **Date: 03/01/2023**

Client's Project Stay: IH - TAY - Witherbee - TH [02/02/2023 - 03/17/2023]

CM assisted client with setting up appointment with 5 Keys. Client is scheduled to enroll Tuesday 3/14/2023 at 10am.

Title: Case Manager Note

Agency: Penny Lane Centers **Staff: Zaragoza, Mayra** **Date: 02/27/2023**

Client's Project Stay: IH - TAY - Witherbee - TH [02/02/2023 - 03/17/2023]

CM transported CM to SSI office to follow up on updates to his personal information. SSI office was able to confirm to client his SSI medical benefits were approved, and personal information was updated.

SSI staff informed client all he has to do is wait for phone appointment date March 13 for his final interview for him to know further details of his approval.

CM will follow up with client closer to appointment date.

Title: Case Manager Note

Agency: Penny Lane Centers **Staff: Zaragoza, Mayra** **Date: 02/27/2023**

Client's Project Stay: IH - TAY - Witherbee - TH [02/02/2023 - 03/17/2023]

CM completed life skill with client to help client improve his communication skills when he is feeling overwhelmed. CM reviewed different tools client can use to organizes his thoughts and plan the steps he can take to complete a task.

Client was resistive and noticed how much calmer he felt after organizing his thoughts and mapped out his steps.

CM will follow up with client regarding application of life skill into his daily routine.

Title: MHS

Agency: Penny Lane Centers **Staff: Iglesias, Kevin** **Date: 02/23/2023**

Client's Project Stay: IH - TAY - Witherbee - TH [02/02/2023 - 03/17/2023]

Client will be released from psychiatric hold today. CM has placed a MHS referral for Outpatient PLC.

Title: LAHSA Incident

Agency: Penny Lane Centers **Staff: Morrison, Sheila** **Date: 02/21/2023**

Client's Project Stay: IH - TAY - Witherbee - TH [02/02/2023 - 03/17/2023]

On 2/21/23 at approximately 12:45pm participant Haab approached the staff's office stating he needed assistance with "going

to his appointment". As Case Manager Kevin Iglesias attempted to gather additional information regarding his request, participant Haab appeared to become agitated and asked to borrow the phone to contact "emergency psychiatric assistance". Participant Haab then verbalized if he did not get what he was asking for he will begin to experience uncontrollable homicidal and or suicidal ideation.

Program Manager Mayra Gonzalez began to ask participant Haab questions such as whether he had a plan or intent to engage in self-harm or harm others. Participant Haab appeared further agitated, hesitant to answer and walked away from staff. As a safety precaution, Program Manager Gonzalez contacted Penny Lane's contracted security guard who arrived in the facility for support. Case Managers continued to closely monitor participant Haab in the day room while Program Manager Gonzalez contacted 911 to request assistance with further assessing participant Haab.

At approximately 1:15pm LAPD Mission Hills Division (Officers Trail Badge # 44311 and Lozano Badge # 34743) arrived in the facility. Officers spoke to participant Haab, concluding participant Haab did not meet criteria to be transported for further assessment. Further stating participant Haab did not admit to making homicidal or suicidal statements. Officers departed the facility after updating Program Mayra Gonzalez.

As a safety precaution, Program Manager Gonzalez and Lead Case Manager Gabriel Osorio transported participant Haab to Olive View Hospital for further assessment. While in transport to the hospital, participant Haab verbalized he was not honest to Officers when questioned regarding having homicidal or suicidal thoughts because he did not want to be placed on HOLD.

On 2/21/23 at approximately 5:40pm a Social Worker from Olive View contacted Program Manager Mayra Gonzalez with a status update. Upon participant Haab's return to the facility, participant Haab will be closely monitored and additional services (Mental Health and SUD services) will be re-visited with participant Haab.

Title: Incident

Agency: Penny Lane Centers

Staff: Morrison, Sheila

Date: 02/17/2023

Client's Project Stay: IH - TAY - Witherbee - TH [02/02/2023 - 03/17/2023]

On 2/17/23 at approximately 6:05pm participant approached the staff office asking "is there any way I can see a psychiatrist right now". Case Manager Marcela Ruiz attempted to gather additional information regarding his request. However, participant declined to disclose the reason for wanting to see a psychiatrist but denied feeling suicidal or homicidal. Case Manager Ruiz offered to transport participant to Mission Community Hospital. Participant accepted but later changed his mind, stating he no longer "needed" to go.

Case Managers checked on participant throughout the remainder of the night without issue or concerns.

Title: Case Notes (Physical / TB Test)

Agency: Penny Lane Centers

Staff: Ford, Anthony

Date: 02/15/2023

Client's Project Stay: IH - TAY - Witherbee - TH [02/02/2023 - 03/17/2023]

CM spoke with client regarding the recent mandate of having to undergo a Physical & TB Test. Client was informed that each client is mandated to complete this task and that transportation will be provided and scheduled. Client was receptive to the request and mentioned that he had a recent TB test prior to coming to Penny Lane from Whitmore in Tustin. He was asked to produce a copy and submit it as proof to CM as soon as possible. Client was also notified that he would have to sit with CM to go over and fill out the necessary documents. Client was tired and went to bed shortly thereafter. CM will follow-up with client on next shift

Title: Incident

Agency: Penny Lane Centers

Staff: Morrison, Sheila

Date: 02/15/2023

Client's Project Stay: IH - TAY - Witherbee - TH [02/02/2023 - 03/17/2023]

On 2/15/22 at approximately 9am Case Manager/Intern Mayra Z. reported to Lead Case Manager Gabriel Osorio that a group of participant were observed smoking and loitering in front of the facility. Lead Case Manager Osorio further investigated and observed the participants, prompting them not to loiter and or smoke in front of the facility, advising them to walk further away from the facility.

Lead Case Manager Osorio notified Program Manager Mayra Gonzalez of the incident who went outside to ensure the participants complied. While doing so, Program Manager Gonzalez witnessed a participant holding a marijuana pipe in his hand while participant Haab and two other participants were gathered. Program Manager Gonzalez reminded all four participants of the house meeting that was held reiterating that smoking on grounds and loitering is not permitted.

Program Manager notified the participants Case Managers who will meet with their participants to review Program Guidelines.

Title: Case Manager Note**Agency: Penny Lane Centers****Staff: Zaragoza, Mayra****Date: 02/14/2023**

Client's Project Stay: IH - TAY - Witherbee - TH [02/02/2023 - 03/17/2023]

CM Mayra assisted client with his concerns related to SSI benefits. Client shared with CM that his CM assigned has not been able to assist him in what he needs to ease his anxiety and stress level. Client shared he feels his CM does not understand him and what he is trying to express that he needs. CM Mayra spent most of the morning on and off from 9:00am until about 1:00pm assisting client and building rapport. Client explained to CM Mayra he is trying to get his SSI benefits restated since he is no longer in a conservatorship under his aunt. Client informed CM Mayra he went on his own to the SSI office to try to get his SSI benefits reinstated and was told they could not help him and asked him to leave before security was called. The incident at the SSI offices activated his anxiety and stress level. Client stated he needed his CMs assistances this morning to obtain proof his conservatorship is terminated. Client stated CM could not help him. Client then waited for CM Irene to assist him. CM Irene assist with getting his case number to his closed conservatorship case, when CM Mayra arrived, I took over assisted client with printing information related to his conservatorship. Client received call from attorney and CM Mayra spoke with attorney with clients consent. The attorney confirmed clients conservatorship is terminated and because I was valid for only one year. Clients attorney further explained to CM Mayra that more than likely SSI office is unable to assist client because he does not have a California ID and suggested we first assist client with getting CA ID before assisting him with reinstating SSI benefits. CM asked client if he his CM started process to assist him with getting a CA ID and client stated no. CM Irene assisted client with completing ID fee waiver, residency verification letter, and setting up an appointment with DMV. CM asked client what else is causing high levels of stress and anxiety. Client informed CM he also needs clothes because he keeps needing to wash the little cloths he has. CM Mayra asked client for his size. Client stated that he already asked a CM and was told there were not cloths available in his size. CM Mayra reinsured client she would get him close because there are items in his size and provided client with 3 pairs of socks, one pair of boxers, three shirts, and one pair of shorts. Client seemed to be more at ease when CM Mayra was done assisting client.

Title: Case Notes (Mental Health)**Agency: Penny Lane Centers****Staff: Ford, Anthony****Date: 02/09/2023**

Client's Project Stay: IH - TAY - Witherbee - TH [02/02/2023 - 03/17/2023]

Client informed CM that he started his self-harm at the age of 16, by cutting on himself. It was introduced to him while in HS because of the Anxiety he was going through. Client admits that it was compulsively done which became habit-forming. Client began his self-harm again while in jail 3 months ago in December 2022.

Title: HSP (February 2023)**Agency: Penny Lane Centers****Staff: Ford, Anthony****Date: 02/06/2023**

Client's Project Stay: IH - TAY - Witherbee - TH [02/02/2023 - 03/17/2023]

8

PERMANENT HOUSING

Client seeks the option of obtaining Permanent Housing and will cooperate fully with CM in locating suitable Housing.

1

DOCUMENTATION

Client current has on file a copy of his Birth Certificate, SS Card and a Tennessee I.D. Client seeks to eventually obtain a valid California I.D. CM and client will work toward obtaining this document.

2

INCOME / BENEFITS

Client states that he previously had SSI in the past but was discontinued during his stay in a Mental Health facility in Napa Valley. CM will assist client in restoring this benefit should it have already been approved.

6

EMPLOYMENT

Client expressed an interest in obtaining employment under the realm of working in Retail, Stocking and Warehouse. CM and Client will work in conjunction with one another to obtain this request.

4

MENTAL HEALTH

Client admits to having Mental Health Services in the past but choses to opt out of Services at this time, although strongly encouraged to reconsider the assistance of enrolling into Therapy. CM will revisit this with client each month, as CM strongly feels that client would benefit from continued services. Client does not realize the importance of obtaining Mental Health Services and its benefits in my opinion.

Title: Enrollment Note

Agency: Penny Lane Centers

Staff: Olmedo, Edwin

Date: 02/02/2023

Arrival: client arrived at 1pm for his move in, accompanied by Ellis Foundation- DMH EESP

Program Standards discussed: Client filled out necessary documentations, including PLC welcome packet

Missing Documents: CAID

Plan to obtain missing docs: client provided Tennessee ID, client reported that he will go to DMV once his TN ID expires

Case Managers: TBA

HSP: Will be completed with assigned case manager

Notes: None

Title: Change in Point of Contact (POC)

Agency: Los Angeles County Department of Mental Health (DMH)

Staff: Viscarra Estrada, Sophia

Date: 01/27/2023

Due to this Providers upcoming departure from DMH TAY navigation program, clt has been re-assigned to a new housing specialist.

Clts current point of contacts include:

- 1) DMH TAY Navigation, Housing specialist Antoinette St.John-(213) 465-5000/ astjohn@dmh.lacounty.gov
- 2) DMH TAY Navigation, Housing Navigator/therapist, Jack Gorham,LCSW- (213)392-1639/ jgorham@dmh.lacounty.gov
- 3)DMH EESP 60-day case manager(Ellas Foundation) Ronald Keitt -shelter main number(818) 514-6791/ronald@ellasfoundation.org

No further follow-up by this Provider.

Title: Copy of birth certificate and social security card secured

Agency: Los Angeles County Department of Mental Health (DMH)

Staff: Viscarra Estrada, Sophia

Date: 01/05/2023

Clt is working towards becoming document-ready. Provided copy of birth certificate and social security card (see "files" section)

Title: Next Step Tool administered

Agency: Los Angeles County Department of Mental Health (DMH)

Staff: Viscarra Estrada, Sophia

Date: 12/09/2022

MCWII met with clt in-person for 1st session. Administered NST (Score:12). Working with clt on becoming document-ready.

Client Notes

System

Date Range: 12/01/2022 thru 10/17/2025

P: will notify clt once match is identified

Title: DMH 60-day EESP shelter (Ellas Foundation-Tampa site)

Agency: Los Angeles County Department of Mental Health (DMH)

Staff: Viscarra Estrada, Sophia

Date: 12/07/2022

Client was admitted into the Department of Mental Health's Enhanced Emergency Shelter Program (DMH: EEP) Ellas Foundation on 12/7/2022

Shelter is located at: 6839 Tampa Avenue Reseda, CA 91335

Shelter main number: (818)514-6791

EESP is a 60-day shelter stay (extensions granted on case by case basis)