

SUBJECT: **DEVELOPMENT OF CITYWIDE BEHAVIORAL HEALTH CRISIS
RESPONSE UNIT – PHASE 1 UPDATE**

PREPARED BY: **HUMAN SERVICES AND RENT STABILIZATION DEPARTMENT**
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STATEMENT ON THE SUBJECT:

City Council will receive an update on the development of a Behavioral Health Crisis Response Unit to serve the West Hollywood community.

RECOMMENDATIONS:

- 1) Approve proposed updates to the Behavioral Health Crisis Response Unit program scope and design as detailed in Section 1, Part D.
- 2) Direct the Strategic Initiatives Division to further explore identified funding strategies and report back on feasibility of establishing funding partnerships with external partners.
- 3) Direct the Strategic Initiatives Division to further explore potential governmental and non-profit agency partner/s for service delivery.
- 4) Direct the Strategic Initiatives Division to provide the next update to City Council in March 2022.

BACKGROUND / ANALYSIS:

At the August 16, 2021 City Council meeting, Council directed staff to return in three months with an update on the development of a Behavioral Health Crisis Response Unit (Crisis Response Unit) to serve the West Hollywood community (Attachment A). This update is organized in three sections: *Section One* addresses program development based on community feedback and changes in the regional landscape; *Section Two* presents a provisional operating budget and potential funding strategies; *Section Three* outlines next steps.

As proposed on August 16, the Crisis Response Unit would serve as a third emergency responder and a complementary alternative to existing services provided to the City of West Hollywood through its contract with the Los Angeles County Sheriff's and Fire Departments. The unit would provide supportive services to immediately stabilize community members experiencing a behavioral health crisis stemming from a mental health condition, substance use, or other factor/s. The unit would provide on-site assessment, supportive counseling, first aid, and non-emergency medical care, while also assisting with wellness/welfare checks, resource connection and referrals, suicide

prevention and intervention, and transportation to services, as needed.

The Crisis Response Unit would also field low-risk public health and public safety calls from West Hollywood Sheriff's, the Mental Evaluation Team (MET), the Block By Block Security Ambassadors and PACWEST. The unit would work closely with the City's contracted social service agencies to connect people to community-based services after the immediate crisis is resolved.

This type of approach connects to the City's core values, improves the quality of life of community members, reduces reliance on law enforcement and fire services to meet social service needs and furthers West Hollywood's work to advance racial justice and social equity across the community.

Section 1. Program Development Updates

As directed by City Council at the August 16, 2021 meeting, staff have continued to research and refine the proposed program scope by: (Part A) soliciting feedback from the City's boards, commissions and community; (Part B) engaging with regional partners and continuing to research the latest developments in the field; (Part C) assessing West Hollywood first responder data to understand community need and identifying potential performance measures. Part D summarizes recommended updates to the program design.

Part A. Feedback & Public Input Provided by the West Hollywood Community

The following groups received presentations on the proposed Behavioral Health Crisis Response Unit: City Advisory Board members (45-day period to watch recorded presentation and complete feedback survey), City Council Subcommittee on Homelessness (9/28/21), Human Services Commission (9/14/21), Public Safety Commission (9/13/21), Social Justice Task Force (10/26/21). The presentations included four questions to solicit and organize feedback as noted below:

1. *Do you see a need for this service in West Hollywood?*
 - This is the future of care in a big way, exciting to see it pioneered here in the city. (Human Services Commission)
 - Yes (Senior Advisory Board, Russian Advisory Board, Lesbian and Gay Advisory Board, Disabilities Advisory board, HSC, Social Justice Task Force, Public Safety Commission, City Council Subcommittee)
2. *What do you think will be the valuable outcomes from this service?*
 - This could be an extremely valuable tool for people in crisis. (PSC)
 - Strongly support having a licensed clinician respond to a person in crisis. (HSC)
 - Lessen the demand on Sheriff or Fire Departments for non-law/order/fire services that are better served by health/medical providers. (SAB)
 - Options! For constituents, for service providers, for folks experiencing homelessness. This will help meet some gaps that currently exist. (LGAB)

- This service will help with existing efforts provided by law enforcement to address the mental health, drug abuse and homeless issues in our city. (RAB)
- This will benefit ALL residents. The program will especially benefit folks in imminent danger or risk. It will save lives and offer security knowing trained professionals are there to help vs law enforcement's limited resources. (LGAB)
- We are a unique city with a diverse group of residents who deserve a chance to have a professional help on site in case of emergency, accident, or an alleged crime. Even though many of us try to create and implement helpful policies, and inform and educate first responders, sometimes gaps in knowledge or lack of understanding of specific issues might occur and cause an irreversible damage. That's why we need educated professionals with psychological, cultural, and language backgrounds and special training. (RAB)
- People who are in a mental health crisis, also qualify as people with disabilities, as disabilities are both mental and physical. If you can help them to achieve a situation where they will be more comfortable, calmer, and healthier both physically and mentally, that would indeed be valuable. (DAB)
- In favor of anything that helps those in need, support vulnerable people and improve quality of life. (PSC – Public Comment)
- It will allow the sheriffs to focus more on crime and the firefighters/paramedics to focus on fires/medical emergencies. (SAB)
- Many people have become depressed and suicidal these past several years and this may help people who feel that everything is hopeless and the only solution is suicide. (SAB)

3. *Do you have suggestions to make the service more effective?*

- It would be helpful for those people who go out to help those in mental crisis to know ASL, carry materials in Braille, and/or have ready other materials that might help. (DAB)
- Training dispatch in assessment and triage will be critical as well as integration with 911, Block by Block, and MET. (PSC, SAB, SJTF)
- Supportive of 988 number but also need to ensure it can manage situations where community members are calling in on behalf of someone who cannot be brought on to the phone. (City Council Subcommittee on Homelessness, SJTF)
- Have a quick call system of access: 911, 311, or similar on the telephone. Ensure technical capacity to receive calls from visitors who do not have local area codes for their phone numbers. (SAB, SJTF)
- Please have accountability and oversight to ensure proper response and care is provided. (LGAB)

- Need more places for people to go if served by this team: mental health facilities, Kibbutz model. (PSC); create a brick and mortar location for services. (HSC)
- As long as there is cultural diversity and the crisis team understands the community of West Hollywood, this will be a very safe and holistic way to address the needs of the person. (HSC)
- Community education is going to be so essential to help people to understand this community response and how residents could or would use this; this will be another opportunity to help people destigmatize and care for community members in need. (HSC, SJTF)
- Be mindful of what the staff and crisis response vans look like, to make sure they are not stigmatizing. Make sure the look and feel is accessible, welcoming and warm. (HSC, SJTF)
- Focus DAB and HSC on mental health services that are provided through the City to make sure our mental health service providers are prepared for this project and in general, for our health services. (City Council Subcommittee)
- Enable the unit to extend the response to a person in crisis in West Hollywood who walks across the City boundaries mid-crisis. (City Council Subcommittee)
- Funding permitting, [create a] pipeline to housing. Funding permitting, increase in budget to staff more than 4 [people]. Ideally a team of 8. 24/7 hours will be difficult with just 4. (LGAB, SAB)
- For West Hollywood: 1. LGBTQIA+ intensive sensitivity training 2. Russian language and Russian cultural background sensitivity training 3. Elder abuse recognition and response training 4. Domestic violence/intimate partner violence recognition and response training that includes increased understanding of identification of perpetrator and victim whether the situation is between same-, or opposite-sex couples 5. Tenants' rights training. (RAB)

4. *Anything else you would like to add?*

- Look at Measure J and CalAIM funding expansion and how it could benefit this program. Consider integration with 211 and connect with the LA County Office of Diversion and Reentry. (PSC)
- Keep the PSC informed of the local/regional challenges as they unfold; advise the commission on how it can support. (PSC)
- Concern about hiring and staffing shortages. (PSC)
- There have to be safety measures in place to protect unit staff. The people who provide the service should also know how to deal with domestic disputes and violent people. (DAB)
- Hopefully City is working in partnership with Los Angeles on this. Because as much as it would be nice to make sure things are getting better in WeHo, if outside of the city nothing is changing, I am afraid these efforts

will have very little effect on overall landscape of our surroundings today.
(RAB)

Part B. Expanding Capacity of the Regional Alternative Crisis Response System & Intersectionality with West Hollywood's Behavioral Health Crisis Response Unit

The City Council Subcommittee on Homelessness received a presentation from Dr. Jonathan Sherin, Director of the Los Angeles County Department of Mental Health (LAC DMH) on August 26, 2021. The discussion focused on County strategies to expand regional Alternative Crisis Response (ACR) resources to better meet the needs of community members in crisis through behavioral health services, instead of law enforcement or fire/EMS services. DMH is conducting a landscape analysis on a range of issues, including call center and dispatch systems, on-scene response, and the capacity of urgent care facilities to provide acute psychiatric care. LAC DMH is identifying the gaps that need to be addressed to right-size the entire regional system to provide a higher level of care than is currently available (Attachment B).

Since the presentation by Dr. Sherin, staff have continued the conversation with LAC DMH Alternative Crisis Response leadership, attended DMH-sponsored community meetings on this topic, and engaged with DMH representatives through the Westside Council of Governments Homelessness Working Group. LAC DMH is focused on expanding crisis response services by leveraging a time-limited federal Medicaid expansion, starting mid-2022 and lasting for three years, which will pay 85% of every dollar spent on eligible ACR services that operate 24/7. More information is pending from the Centers for Medicare & Medicaid Services. LAC DMH updated the LAC Board of Supervisors on October 6, 2021 with details on the proposed regional expansion (Attachment C). Noteworthy components included: (1) defining the ACR mobile response teams as one licensed clinician (certified to write psychiatric holds) and one peer, with plans to have 60 pairs of DMH directly operated teams throughout the County; (2) plans to contract with one or more community-based organizations to expand beyond the 60 DMH teams; and (3) plans to integrate into the pending 988 resource and dispatch system.

While LAC DMH is focused on regional systems change, the agency is open to engaging with cities to explore the feasibility of contracting or co-funding crisis response teams to serve local jurisdictions with Medi-Cal eligible ACR services. Strategic Initiatives staff will continue to engage with the County regarding determinations about eligible ACR services, to stay apprised of regional developments and to explore the potential for direct partnership with DMH to serve the West Hollywood community.

Regional Dispatch System Updates

One of the most critical components of expanded regional and local crisis response capability will be the design of the call center and dispatch system. City staff are following developments at the federal, state, and county level to understand how West Hollywood community members will benefit from regional changes and how the City's proposed program can be effectively integrated within the regional system.

At the federal level, the Federal Communications Commission is transitioning the National Suicide Prevention Lifeline 10-digit phone number to "988" in July 2022. States must

adopt the number and in California, AB 988 has passed the State Assembly and is expected to be taken up again by the Senate next year. As currently written, the bill establishes “988” as the suicide and mental health crisis number and requires that 988 centers provide callers with access to a trained counselor over the phone. By 2027, trained counselors must be accessible by call, text, and chat [instant message].

In LA County, the non-profit social service agency Didi Hirsch operates the region’s Suicide Prevention Lifeline call center and will be the agency to serve the community after the transition to 988. AB 988 also requires mobile crisis teams be part of the continuum of 988 crisis services in counties. Teams must be able to respond to any individual in need of immediate suicidal or behavioral health crisis intervention. The bill would require any call made to 911 pertaining to a clearly articulated suicidal or behavioral health crisis to be transferred to a 988 center, except under specified circumstances. In LA County, DMH is working with Didi Hirsch to prepare for a successful launch of the 988 call center. In addition, DMH and Didi Hirsch are working to extend Didi Hirsch’s capacity to manage the dispatch of the mobile units that will operate in DMH’s planned Alternative Crisis Response program (Attachment C).

In West Hollywood, members of the community, as well as elected and appointed officials have commented multiple times about the importance of making West Hollywood’s Crisis Response Unit accessible through a number that is not 911 to help the public understand this service is separate and distinct from law enforcement services. Given that this community priority has been expressed in parallel with the national, state, and county momentum building around 988, staff will continue to explore the potential for interconnectivity between West Hollywood’s local program and the 988 call center capacity at Didi Hirsch. This conversation is important for two reasons: (1) the 988 crisis line may be able to meet the needs of some community members through supportive counseling provided by Didi Hirsch over the phone; and (2) there will be large scale community education campaigns to familiarize the general public with the 988 number, making this the most widely known alternative to dialing 911 when someone is in crisis. Whether the Didi Hirsch call center would be able to manage triage and dispatch of West Hollywood’s Crisis Response Unit remains to be determined, particularly if West Hollywood’s scope of services is broader than the services offered by the DMH teams.

In parallel with the City’s conversations with DMH, staff will explore what options may be available to facilitate dispatch, in addition to West Hollywood’s LASD 911 dispatch system. The benefit of integrating the mobile unit into 911 is that it would allow West Hollywood’s Sheriff’s Department to triage appropriate calls to the Crisis Response Unit, instead of Sheriff’s Deputies or Fire/EMS. Research thus far indicates the West Hollywood Behavioral Health Crisis Response Unit and the West Hollywood Sheriff’s and Fire departments will need a way to communicate across teams, most frequently for Sheriff’s or Fire to request the Crisis Response Unit. Many programs operating or starting in other communities use 911 (or the non-emergency number to reach dispatch) as the route to request a mobile crisis response unit, including, CAHOOTS in Oregon, the Denver STAR program, and Be Well OC (Orange County) mobile units operating in the cities of Huntington Beach and Garden Grove.

The path forward to select a phone number, call center, and dispatch system for West Hollywood’s program will require significant time to research and determine a best

strategy, as well as a financial allocation to sustain operations as part of the overall program budget.

Part C. West Hollywood First Responder Data & Measuring Performance

Los Angeles County Fire - West Hollywood Activity

Los Angeles County Fire data on activity in West Hollywood provides insight into crisis-level needs of housed and unhoused community members.

Between July 2020 and September 2021 (15 months), LAC Fire in West Hollywood responded to an average of 92 calls per month stemming from substance use or behavioral/psychological crisis. Of the total 1,382 calls during this 15-month period related to substance use or behavioral/psychological crisis, 13% were to people who were simultaneously experiencing homelessness (184 calls) and 84% were to people who were housed (1,172 calls). The housing status of the remaining 3% of calls is unknown.

Staff also reviewed aggregate data from Los Angeles County Fire collected from January 2018 through September 2021, to better understand the volume of runs for all Fire/EMS related concerns, and how often patients are experiencing homelessness. Fire sees well over 400 patients in the community monthly and within this patient population, serves an average of 47 people per month who are also experiencing homelessness. This data suggests that by volume, the majority of need for crisis response services is among the housed community living in or visiting West Hollywood.

Los Angeles County Sheriff's West Hollywood Station Activity

Data available from the Los Angeles County Sheriff's West Hollywood Station provides preliminary insight into the volume of interactions the City's law enforcement team has with unhoused and housed community members. Looking at all calls to the Sheriff's station from June thru September 2021, including but not limited to behavioral health related issues, Sheriff's data shows an average of 16% of all calls for service and observations involved unhoused individuals (2,061 of 13,288 calls/observations) and the remaining 84% of calls/observations were to people who have housing. This data set does not include calls addressed by West Hollywood's Mental Evaluation Team (MET).

This initial assessment of data from West Hollywood's first responder system underscores that by volume, the majority of need for crisis response services is among housed community members. But on a per capita basis, West Hollywood's small population of community members experiencing homelessness (110 people or 0.3% of West Hollywood's 36,000 residents) have needs that require a range of 10-16% of first responder services. This suggests community members experiencing homelessness have acute needs that are being addressed by first responders instead of community based care. The Behavioral Health Crisis Unit is set up to help end peoples' revolving door experience with first responders and emergency services by facilitating a stronger link to community based care and programs.

The data also begins to provide baseline information that can inform the City's performance measures to understand the impact of the program on the community and individuals. Performance measures recommended by the California Department of Health Care Services may be an appropriate template for West Hollywood's program and are

detailed in the list below. Additionally data collected could assess for repeat engagement by the same constituents and reduction in use over time; location data could also better inform the City's understanding of community well-being and resilience at the block level.

- The number of individuals served/impacted
- Number and percentage of those treated and released
- Number and percentage of those referred to services in the community
- Number and percentage of those admitted to psychiatric hospital
- Number and percentage of those involuntarily admitted to hospital
- Number and percentage of those taken to Emergency Departments
- Average and median time to dispatch and arrive on scene
- Primary diagnoses of clients served
- Primary reason for crisis response unit dispatch
- Number and percentage of those with co-occurring mental health and substance use disorder diagnoses
- Health insurance statuses of clients served
- Number of crisis response unit dispatches (including day/time analysis of calls for service)
- Number and percentage of all crisis calls (911, 988 or other) resulting in crisis response unit dispatch
- Number and percentage of initial mental health or substance use calls routed through law enforcement to mobile unit
- Number and percentage of crisis calls when mobile unit engages/requests police/fire response
- Demographic data of clients served, including housing status
- Number and percentage of individuals who receive crisis follow-up care within 48 hours
- Number of families engaged collaboratively in the crisis intervention process
- Number and percentage of crisis encounters resolved successfully within two hours
- Satisfaction with services (how likely are they to recommend; user evaluation and feedback)

Part D. Updates to the Proposed Program Scope & Design

Based on feedback received from the community, developments at the regional level, and analysis of local emergency responder data, staff recommend the following enhancements and considerations to the program design initially proposed in the August 16, 2021 staff report:

- Deliver services and materials in multiple languages and formats, including: English, Spanish, Russian, ASL, and Braille.
- Ensure a three-digit number is available to request the Crisis Response Unit (e.g. 988, 911) if also using a seven digit phone number.
- Ensure that 911 dispatch is trained to assess and triage to the Crisis Response Unit, *even if 911 is not the primary public number to request services.*
- Ensure that the dispatch system can rapidly deploy the Crisis Response Unit, even when the caller is not the person experiencing the crisis.
- Allow for services to be delivered outside the city limits if the situation originated in West Hollywood.
- Ensure the look and feel of the staff and mobile vans is destigmatizing, warm and welcoming.
- Closely integrate the Crisis Response Unit with the City's in-progress homeless service access center and interim housing site, as well as existing City-funded social services that support mental health and wellness of the community.

Section 2. Budget Projections & Funding Sources

Part A. Budget Projections

The estimated annual operating budget for the 24/7 Behavioral Health Crisis Response Unit is \$2.5M - \$4 million annually. The first phase of operations to stand up the unit is expected to cost \$1.5M - \$2 million. This initial budget accounts for phased hiring of staff (both contracted agency staff and expanded city staff administrative and oversight capacity), infrastructure (supplies, purchase of unit vans) and communications (ongoing marketing and education). The cost to operate the program dispatch and triage component is yet to be determined and may increase the annual operating budget.

The provisional budget was developed based on costs of mobile crisis programs operating in other jurisdictions and by reviewing budgets of existing social service contracts with City of West Hollywood. Staff recommends leaving room in the budget to offer competitive salaries for the direct service providers on the mobile unit to attract and retain highly skilled team members. The greater Southern California region is seeing significant staffing shortages in healthcare services due to the impacts of the COVID-19 pandemic as well as in the homeless services sector (33% vacancy rate).

Part B. Funding Strategy

Identifying funding sources to establish and operate West Hollywood's Behavioral Health Crisis Response Unit is a significant decision point for City Council. The most immediate and least restrictive option is to fully rely on City General Funds to operate the program. If City Council would like to explore bringing in funding partners via LA County, government grants or philanthropic sources, the pace of program development and implementation needs to be adjusted accordingly in order to enable development and activation of these partnerships, if they prove to be feasible. The following are identified

funding paths to explore:

1. City of West Hollywood General Funds

- a. Option: City of West Hollywood could proceed as the sole funder for this program using General Funds.
- b. Pro: Enables City to define all program elements and operations and allows for faster implementation of new program services.
- c. Con: Complete reliance on City funds would create ongoing, significant budget allocation.

2. Medi-Cal Funding via LA County DMH

- a. Option: The City could explore creating a partnership with DMH to bill eligible alternative crisis response services to DMH/Medi-Cal, which could cover 50-85% of eligible service expenses. Currently, Medi-Cal reimburses 50% of every dollar spent on eligible DMH services. In July 2022 (at the earliest), a three-year federal Medicaid expansion will increase reimbursements rates to 85% of every dollar spent on eligible crisis response services that operate 24/7. The City would pay the local match, so 50% currently, and 15% during the three-year expansion period.
- b. Pro: Potential for the City to leverage Medi-Cal funds to pay for the DMH/Medi-Cal eligible components of the proposed West Hollywood Crisis Response Unit.
- c. Con: DMH is currently developing its plans to adapt and expand the County's existing PMRT (Psychiatric Mobile Response Team) framework to match the program requirements for Alternative Crisis Response Medi-Cal eligible billing. As such, there are many unknowns at the state and county level that will factor into the timeline if West Hollywood decides to engage DMH in funding the local program. Additionally, receiving the Medi-Cal funds will require entering agreements with DMH and may reduce or influence West Hollywood's local control over the crisis response unit. City staff would need to explore further to fully understand the scope of this drawback.

3. Medi-Cal Funding via CalAIM

- a. Option: The State of California Health and Human Services Agency Department of Health Care Services has developed a framework for reform across the Medi-Cal program, called CalAIM: *California Advancing and Innovating Medi-Cal*. The reform recognizes the opportunity to provide for non-clinical interventions focused on a whole-person care approach via Medi-Cal that target social determinants of health and reduces health disparities and inequities. Several City-contracted social service agencies are exploring or applying to become CalAIM certified for the services they provide.
- b. Pro: CalAIM enables community-based organizations to bill Medi-Cal for many services provided to people experiencing homelessness. This could

potentially cover some of the costs of the City's program as a portion of individuals receiving services will be people experiencing homelessness.

- c. Con: CalAIM is a new funding source and not all social service agencies are pursuing certification so this may not be available as a funding source depending on the agency that is selected to operate the crisis response unit.

4. Government Grants

- a. Option: Grants may be available to fund some parts of West Hollywood's Crisis Response Unit. During the research phase, City staff have seen opportunities presented via the justice system and health care sectors; several opportunities tie to the American Rescue Plan.
- b. Pro: Grants may be available for one time or short-term funding of elements in West Hollywood's program, depending on the source.
- c. Con: Securing government grants will require additional capacity within City staff.

5. Philanthropy

- a. Option: Philanthropic partners with missions that intersect with some or all of the elements of West Hollywood's Behavioral Health Crisis Response Unit may be potential partners for one-time or time-limited funding.
- b. Pro: Securing the support of philanthropic partners can support the launch of the program and amplify the City's investment in this model as a point of reference for other jurisdictions interested in this work.
- c. Con: Philanthropic support, cannot offer long-term, sustained funding for the program.

Section 3. Next Steps

Proposed Development/Implementation Timeline

Staff recommends scheduling the next update to Council no earlier than March of 2022. This enables staff to monitor and engage in conversation with regional partners, including the LA County Alternative Crisis Response system as it is further refined over the next several months. This timing also aligns with the City's mid-year budget discussion.

Primary items to be addressed in the next update include: feasibility of partnering with DMH and other key agency partners, best path to address dispatch/call center operations, results of exploring the identified funding strategies, continued assessment of changing regional landscape and benefits to the West Hollywood community. Overall staff project a 12-24 month period to implement the program.

Phase 1 – Define program elements, budget projections, public and private funding opportunities (Status: Presented to Council 11/15/21)

Phase 2 – Engage key systems (911 and 988 dispatch, Sheriff's, Fire) and begin process to identify potential governmental and non-profit agency partner/s

Phase 3 – Establish contracts, scopes of service, operations and logistics

- Phase 4 – Operations training, soft launch with designated dispatch system
- Phase 5 – Full launch of unit

CONFORMANCE WITH VISION 2020 AND THE GOALS OF THE WEST HOLLYWOOD GENERAL PLAN:

This item is consistent with the Primary Strategic Goal(s) (PSG) and/or Ongoing Strategic Program(s) (OSP) of:

- OSP-5: Support People through Social Services.

In addition, this item is compliant with the following goal(s) of the West Hollywood General Plan:

- HS-1: Maintain and pursue humane social policies and social services that address the needs of the community.

EVALUATION PROCESSES:

Evaluation methodology will be created as part of the development of the Behavioral Health Crisis Response Unit, including some of the measurements noted in Part C of this report.

ENVIRONMENTAL SUSTAINABILITY AND HEALTH:

Increased opportunities to have more appropriate, service-focused response to behavioral health crises will enhance the goal of improving health and mental health outcomes and increase connectivity to relevant social services and health providers.

COMMUNITY ENGAGEMENT:

There are many stakeholders that need to be engaged throughout the development of this unit, including but not limited to, residents and businesses, the City’s contracted social services agencies, the West Hollywood Homeless Collaborative, various County and State departments that link to behavioral and public health, the City’s Human Services Commission, the City’s Social Justice Task Force, the philanthropic community, people with lived expertise in homelessness and mental health conditions, advocates from mental health organizations and more.

OFFICE OF PRIMARY RESPONSIBILITY:

HUMAN SERVICES & RENT STABILIZATION DEPARTMENT / STRATEGIC INITIATIVES DIVISION

FISCAL IMPACT:

None at this time.

ATTACHMENTS:

Attachment A: August 16, 2021 Staff Report to West Hollywood City Council,
Development of a Citywide Behavioral Health Crisis Response Unit

Attachment B: DMH Quarterly Updates on ACR Initiative

Attachment C: October 6, 2021, DMH Response to June 2021 LA County Board of
Supervisors Motion Expanding ACR in LA County