

SUBJECT: **DEVELOPMENT OF CITYWIDE BEHAVIORAL HEALTH CRISIS
RESPONSE UNIT – PHASE 2 UPDATE**

PREPARED BY: **HUMAN SERVICES AND RENT STABILIZATION DEPARTMENT**
(Christof Schroeder, Director)
(Corri Planck, Strategic Initiatives Manager)
(Elizabeth Anderson, Strategic Initiatives Program Administrator)

STATEMENT ON THE SUBJECT:

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

RECOMMENDATIONS:

- 1) Direct Strategic Initiatives staff to continue to explore partnerships with non-profit, government and healthcare agencies, and other necessary partnerships, for the provision of services and potential funding sources and to develop necessary RFP/RFQ documents.
- 2) Direct Strategic Initiatives staff to brand the West Hollywood Behavioral Health Crisis Response unit as the West Hollywood Care Team.
- 3) Direct the Strategic Initiatives Division to focus on building a partnership with Didi Hirsch Mental Health Services for future integration of the West Hollywood Behavioral Health Crisis Response Unit into the design of the region's 988 call center.
- 4) Direct Strategic Initiatives and Public Safety staff to support LASD West Hollywood Station participation in any future pilots led by Didi Hirsch and LASD that integrate 911 crisis calls (where no criminal activity is identified) to the 988 system for crisis services and response.
- 5) Direct Strategic Initiatives Division and Community and Legislative Affairs to advocate at the state and county levels to increase availability of psychiatric Crisis Stabilization Units in the City's immediate geographic area.
- 6) Direct Strategic Initiatives Division to work with Human Resources Division to explore options to create additional capacity for City staff support and oversight of this program.
- 7) Direct the Strategic Initiatives Division to provide the next update to City Council in August 2022, unless items for Council consideration need to be brought forward sooner.

BACKGROUND / ANALYSIS:

At the November 15, 2021 City Council meeting, Council directed staff to return in March 2022 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 six sections to:

1. Provide an overview of the proposed Crisis Response Unit;
2. Report on the City's exploration of potential external partnerships with government and non-profit agencies;
3. Present a potential strategy for call center and dispatch operations;
4. Update the assessment of potential funding options;
5. Detail updates from the regional behavioral health landscape;
6. Outline next steps.

Section 1. Overview of the Crisis Response Unit

Action Items: Advance currently proposed design of West Hollywood Crisis Response Unit; brand the program as the West Hollywood Care Team.

Background: The City of West Hollywood Crisis Response Unit would serve as a first responder to community members in crisis and a complementary addition to existing emergency services provided through contracts with the Los Angeles County Sheriff's and Fire Departments. The Crisis Response Unit would also complement and enhance the services provided through the City's existing social services portfolio.

The Crisis Response Unit would provide supportive services to address crisis situations that stem from mental health, substance use, or other factor/s. The unit would provide on-scene 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 when needed. The service would be available to help all community members -- housed and unhoused -- experiencing a crisis in the city.

Creating a new first-responder to provide supportive services to people in crisis connects with the City's core values, improves the quality of life of community members, reduces reliance on law enforcement and fire/EMS services to meet social service needs, and furthers West Hollywood's work to advance racial justice and social equity across the community. Of significant note, establishing the Crisis Response Unit would shift the current first responder paradigm, which has positioned law enforcement in the role of rapidly responding and intervening to behavioral health and/or social services needs. The Crisis Response Unit would be prepared to rapidly respond to low-risk public safety calls received by West Hollywood Sheriff's, 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.

Throughout this development process, the new service has been referred to as the West Hollywood Behavioral Health Crisis Response Unit, or Crisis Response Unit for short. These titles are placeholders for a future, simplified and easy to remember title for the program. Other communities selected names like: CAHOOTS (Crisis Assistance Helping

Out On The Streets) in Eugene, STAR (Support Team Assisted Response) in Denver, and BeWell Orange County's Mobile Response Hope Team. With these names in mind, and by synthesizing community feedback gathered in the initial stages of the development of West Hollywood's team, staff recommend moving forward with this team branded as the West Hollywood Care Team. The Care Team title is responsive to community feedback that the look/feel/brand of this team be warm, non-stigmatizing, and reflect the City's values. This branding also reflects the City's intentions in creating this team and broadly encompasses the scope of services and support it will offer.

Section 2. External Partnership Development

Action Items: Assess forthcoming LA County/municipality Alternative Crisis Response agreement template; use template to inform City's Request for Proposal/Qualifications to procure local program components; support expansion of LA County's Crisis Stabilization Unit system into Hollywood area; include budget allocation for inpatient psychiatric bed resources; determine program technology needs depending on partnerships developed for program components; prioritize inclusion of an outside evaluator to support program implementation, process improvement and measure impact.

Background: West Hollywood is a contract city and will need to establish a contract with a public entity or community-based organization to provide the City's Crisis Response Unit services to the community. Currently, mobile crisis response services are a small subset of the mental health and social service offerings from LA County DMH, and a community-based agency leader in this field has yet to emerge in the Los Angeles region.

Crisis response models in other states frequently contract with federally qualified health centers (FQHCs) able to draw on Medicaid reimbursement for services, or community-based non-profit organizations with expertise in mental health and health services. As part of Los Angeles County's planned expansion of alternative crisis response services, the County intends to increase internal staffing of their Psychiatric Mobile Response Team (PMRT), and also plans to contract with one or multiple community-based organizations to grow capacity to offer rapid response 24/7 throughout the region.

Knowing the mobile crisis response service model is new to Los Angeles County and among community-based non-profit agencies, West Hollywood staff conducted briefings with leadership from existing City FQHC partners: APLA Health, Los Angeles LGBT Center, and the Saban Community Clinic; as well as other regional providers, including The Center at Blessed Sacrament in Hollywood and Healthcare in Action. City staff provided an overview of the City's intent to build a Crisis Response Unit, collected feedback on the program design and gauged organizational interest in providing these types of services. None of these organizations currently provide 24/7 mobile crisis response services. Each organization provided helpful feedback on the program design, anticipatory concerns about staffing and agency capacity. The majority of organizations expressed interest in continuing the conversation to explore the potential for partnership or in tracking the development of the West Hollywood program in general. While there is definite interest in, and enthusiasm for, the development of this type of response and services being offered in West Hollywood, none of the organizations would be prepared to respond to a City RFP/RFQ for Crisis Response Unit services in the next two to three months.

City staff have continued exchanging information and program development updates with LA County DMH and the LA County CEO's Alternatives to Incarceration Office. The ATI Office is now the lead entity for the County's Alternative Crisis Response (ACR) system implementation. ACR is developing an agreement template for municipalities that are interested in establishing local crisis response programs; this may be similar to the City's contract with the Los Angeles Sheriff's Department for the West Hollywood Mental Evaluation Team. Based on conversations with ACR leadership to date, City staff understands that DMH will define ACR mobile response scope of services based on what is billable to MediCal; this ACR scope represents just a subset of the services that the West Hollywood community has prioritized for the City's Crisis Response Unit. City staff will continue to monitor for the public release of this County-municipality agreement template to assess how the agreement aligns with the City's priorities.

In completing additional research on the partnership development done by other municipalities to create their programs, staff identified that the City/County of San Francisco has created a mobile response unit that is staffed by three agencies, including SF Fire Department paramedics. City staff engaged with LA County Fire leadership to discuss the role of the paramedic on West Hollywood's Crisis Response Unit and staff will continue to consult with LA County Fire on this area. Fire leadership underscored the need for a nearby urgent care center/crisis stabilization unit (UCC/CSU) equipped to provide 24-hour walk-in psychiatric stabilization services and even a sobering center. The expansion of brick-and-mortar urgent care centers is a priority in the County's ACR plan and the Hollywood area is a sub-region that currently lacks this resource. A recent study by RAND Corporation quantified the shortage of adult inpatient and residential psychiatric beds and Los Angeles County is one of the regions with the greatest overall shortfalls. The closest urgent care center to West Hollywood is operated by Exodus Recovery, Inc. in Culver City. The closest sobering center, also operated by Exodus is in downtown LA with a very limited catchment area to serve community members in Skid Row.

Approved LA County EMS providers may transport 911 patients directly to designated psychiatric urgent care centers, provided they meet specific criteria set forth by the LA County EMS Agency, including a medical clearance. Currently, in LA County this clearance cannot be provided by paramedics, but certain EMS providers have developed nurse practitioner or physician assistant driven programs that can provide the clearance through direct patient evaluation or through telemedicine. LA County Fire has been successfully diverting appropriate patients through the latter programs for approximately two years. Statewide there is a movement to create a pathway for paramedics, with additional training and credentialing, to assess patient functioning for medical clearance. LA County Fire also connected City staff with Exodus leadership to learn about Exodus' services and the crisis stabilization unit model. Staff will continue the conversation with LA County ACR leadership to understand how City of West Hollywood could support the siting of a crisis stabilization unit in the Hollywood area.

City staff met twice with Cedars-Sinai leadership from the Community Benefits Department, Emergency Department, Social Work Department and Psychiatry Department to garner technical feedback on the proposed service design for the West Hollywood Crisis Response Unit, the role of Cedars-Sinai as the closest hospital and emergency department to West Hollywood, and to learn more about Cedars-Sinai

protocols for connecting patients to inpatient psychiatric treatment. One of the most salient points from these conversations is that Cedars-Sinai contracts with three private psychiatric hospitals in order to connect unfunded and Medi-Cal patients to acute inpatient psychiatric services; Cedars-Sinai does not operate an inpatient psychiatry unit. Cedars-Sinai contracts with these hospitals instead of relying solely on the LA County Department of Mental Health Psychiatric Mobile Response Team (PMRT) to conduct 5150 holds and provide transportation to County hospitals. Cedars-Sinai recommends the City establish a contract with one or multiple psychiatric hospitals in order to provide the “place to go” if the Crisis Response Unit places a community member on a 5150 hold and then needs to connect the person with inpatient services for the (up to) 72 hours of psychiatric observation/evaluation that a 5150 hold can compel. If the City does not create a pipeline to inpatient psychiatric care, the Mobile Crisis Unit will either be waiting for a DMH PMRT unit to arrive on scene, which can take several hours, or transporting the patient to Cedars-Sinai Emergency Department. If the person is transported to Cedars-Sinai on a 5150, they will need to be reassessed by Cedars-Sinai’s LPS-certified staff and then held in the Emergency Department until they can be transferred to one of Cedars-Sinai’s contracted inpatient psychiatric beds for care and evaluation. Relying on Cedars-Sinai ED would make for a repetitive, highly stimulating patient care experience that is inefficient in both time and resources. City staff recommend a layered solution prepared to support patients with acute psychiatric needs by establishing a contract for services at a private psychiatric hospital. The Crisis Response Unit will have a decision tree to following in securing inpatient care: (1) determine if a patient bed is available at a contracted psychiatric hospital and transport there directly; if no bed is available then, (2) call DMH PMRT for on-scene assistance; but if the wait time is more than a set (to be determined) number of hours, then (3) transport patient to Cedars-Sinai Emergency Department as a last resort.

Staff have also identified the Crisis Response Unit will need a technology solution to use in reporting data on implementation processes and service delivery. This will be critical to supporting process improvement, shoring up gaps in service delivery and understanding impact of the program. Additionally, there will be technology integration needed with the call center and dispatch function of the system. The forthcoming County-municipality agreement for ACR services may include guidance on this infrastructure and insight into connectivity with the call center. Staff recommends a watch and wait approach to make an informed decision about contracting for a technology solution once more information is available from the regional systems change in process in order to ensure greatest possible efficiencies and alignments with those systems.

Additionally, based on models in other communities, staff recommends the City consider hiring an independent, outside evaluator skilled in assessing implementation processes and program delivery. This expertise could be important to ensuring the successful launch of the new service, that the program is implemented as envisioned, and that performance meets expectations.

Section 3. Tentative Call Center & Dispatch Strategy

Action Items: Proceed with 988 as the primary phone number to access the West Hollywood’s Crisis Response Unit; explore feasibility, benefits, and impact of LASD West Hollywood Station participating in a LASD 988 system proof-of-concept trial with Didi

Hirsch.

Background: Formalizing the call center and dispatch system to deploy the Crisis Response Unit is one of the most critical components to ensuring the success of the program in meeting community needs.

There is unprecedented change and service integration planned for crisis response at the federal, state, and regional level. As detailed in the November 15, 2021 update to City Council, the Federal Communications Commission is transitioning the National Suicide Prevention Lifeline 10-digit phone number to 988 in July 2022. In California, Assembly Bill 988 establishes 988 as the suicide and mental health crisis number in California and requires that 988 centers provide callers with access to a trained counselor over the phone; the bill is pending approval by the California Senate in the 2022 legislative session. AB 988 also requires mobile crisis teams be part of the continuum of 988 crisis services in counties and requires any call made to 911 related to a suicidal or behavioral health crisis be transferred to a 988 center, except under specified circumstances.

Los Angeles-based non-profit Didi Hirsch Mental Health Services is the lead technical expert for the State of California in the roll out of the new 988 number and scaling up the operations of local 988 call centers. Founded in 1958, Didi Hirsch's Suicide Prevention Center is the nation's first, and a model for suicide prevention centers across the globe.

Currently, if a Didi Hirsch 988 crisis counselor determines a caller needs a mobile response in Los Angeles County, Didi Hirsch refers the caller to the DMH Access Center to request a DMH Psychiatric Mobile Response Team (PMRT) meet the person in the community. During a brief and limited pilot with DMH, crisis counselors were able to connect callers directly to the various PMRT access points in the county, thereby closing some of the existent crisis response gaps. Didi Hirsch's role in assessing for mobile crisis response is likely to expand in step with LA County's plans to grow the number of PMRT units in operation under the County's Alternative Crisis Response efforts. See Attachment B for a flow chart that frames how people are served through the collaborative crisis response model when calling the crisis hotline.

Didi Hirsch is currently running a pilot with City of Los Angeles Police Department (LAPD) to triage 911 calls to 988 when dispatch staff determines the call is related to the following: suicide attempt or suicidal thoughts; possible suicide attempt or suicidal thoughts; mental illness; or possible mental illness; and after having ruled out specific criteria that require a standard patrol, MEU SMART, or EMS response. LAPD centralizes their dispatch operations in two call centers which makes some of the phone call transferring and routing between systems more immediately feasible. In comparison, LA County Sheriff's Department operates 25 stations across LA County which greatly increases the complexity of call connection, transfers, routing, and calling for resources. Because West Hollywood contracts with LASD, the City needs to ensure that changes at the West Hollywood station are supported at the Sheriff's systems level. The technology infrastructure required to make 988 operate like 911 requires architectural changes to systems run by the California Office of Emergency Services. Didi Hirsch and the Los Angeles County Sheriff's Department are seeking to conduct a limited trial to show proof

of concept for new technical capacity for LASD 911 dispatch to seamlessly triage appropriate calls to 988 for crisis services through Didi Hirsch. While the initial application for funds from the State of California was not successful, LASD and Didi Hirsch are committed to the project and will continue to pursue funding options.

At present, when LASD dispatch determines a call is appropriate for Didi Hirsch, dispatch can forward calls to the crisis line, but cannot stay on the call to provide a warm hand-off or any narrative context or data on the issue. The limited trial would test new technology for dispatch to facilitate live transfers to Didi Hirsch counselors. The crisis counselors will then work on deescalating the crisis by providing emotional support, suicide risk assessment, and safety planning. While currently more than 95% of all its calls are resolved over the phone and do not require any kind of in-person response, it is important for 988 centers to be able to access mobile response resources (PMRT, ambulance, MET/patrol) in real time. The communications architecture changes would also allow for transferring calls back to LASD to request Sheriff's back up, all without dropping important contextual information.

City staff met with leadership at Didi Hirsch to learn about their Los Angeles 988 call center capacity and the feasibility of creating dispatch capability for West Hollywood's Crisis Response Unit in their call center system. City staff discussed the broad scope of services planned for West Hollywood's Crisis Response Unit, and that incoming calls may be directly from the person in crisis and/or from a bystander. Didi Hirsch is open to continuing the conversation to explore building a partnership with City of West Hollywood to position 988 as the pathway for community members to access telephone-based crisis services and to dispatch the West Hollywood Crisis Response Unit.

City staff, along with West Hollywood Sheriff's Station leadership, met with LA Sheriff's Department regarding the proof-of-concept trial envisioned in partnership with Didi Hirsch and to learn about LASD's perspective on integration with 988 in the future. LASD staff leading the integration with 988 recommends the City proceed with 988 as the primary phone number to access crisis services, as this will align with broader systems changes planned for LASD. In the future, Sheriff's dispatch staff across the organization will receive training in assessing and triaging calls to 988 so it will be standard operating procedure for West Hollywood Station dispatch staff as well. See Attachment C for a diagram of the LA County Crisis Response System – Future State and Attachment D for the County of Los Angeles 911 Behavioral Health Crisis Triage Assessment Matrix.

The discussion included the potential for LASD West Hollywood Station to be one of the stations that participates in the communications proof-of-concept trial with Didi Hirsch -- provided the necessary funds have been secured -- allowing West Hollywood's LASD dispatch staff to triage callers to Didi Hirsch if they need crisis counseling.

LASD and 988 also plan to establish communication protocols for a range of situations that might need a mobile response. For example, if LASD deputies are responding to a 911 call for a public safety concern and identify the primary issue is an unmet behavioral health need, they may connect individuals on the scene directly with a 988 crisis counselor (for de-escalation, connection to resources, and/or follow-up care), who could dispatch PMRT when needed and pending the implementation of a county-wide crisis

response/care dashboard, a Sheriff's Deputy could call 988 to request the mobile unit. Or if a PMRT unit is in the field and the team determines that law enforcement is needed, the unit can connect back through 988 to the LASD Mental Evaluation Team desk to request a co-responder on scene. Didi Hirsch's partnership with LASD, and their joint plan to run a limited proof of concept trial to test these communications workflows, will be informative and influential in the California Office of Emergency Services process of building and implementing the new 988 system.

West Hollywood will be uniquely positioned to rapidly respond to community needs by establishing a city-serving Crisis Response Unit. In the scenarios above, LASD, Didi Hirsch, LASD MET, and DMH-PMRT will be working to serve the region. West Hollywood, with its already established MET team and future Crisis Response Unit, will be able to bring this regional system to operate at the City's scale.

Other benefits of proceeding with 988 as the primary pathway to access the mobile unit include: (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 without requiring dispatch of the mobile unit; (2) the City can amplify regional community education campaigns to familiarize the public with 988 as the alternative to dialing 911 when someone is in behavioral health crisis; and (3) selecting 988 and leveraging the integration with LASD 911 supports a No Wrong Door framework for more seamless access to crisis services.

Section 4. Updates on Funding Options

Action Items: Staff will continue to monitor funding opportunities through Medi-Cal and CalAIM and other government sources, as well as identify and pursue opportunities for philanthropic support.

Background: In the November 15, 2021 update to City Council, staff provided details, benefits and limitations on potential pathways to fund West Hollywood's Crisis Response Unit including City General Funds, Medi-Cal via LA County DMH, Medi-Cal via CalAIM, government grants and philanthropy. 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 vans, technology solution) and communications (ongoing marketing and education). The cost for the call center and dispatch service is yet to be determined. 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.

Since the November 2021 report to City Council, the following updates became available regarding the identified funding sources:

- General Funds: City support for this team was identified in the look-ahead in the mid-year budget presentation. City General Funds, and potentially Measure E funds, will provide the greatest flexibility and a broader scope of services.
- Medi-Cal via LA County: LA County CEO Alternative Crisis Response is producing an agreement template for municipalities to partner with the County to access

Medi-Cal funding to support a portion of the costs for eligible crisis services.

City staff will be looking to see if the agreement creates a partnership like the Sheriff's Mental Evaluation Team, allowing the City to contract for a DMH-operated mobile team; or if the agreement enables the City to contract for its own team through an RFP and then rely on that team to bill eligible services to Medi-Cal.

Medi-Cal is prepared to reimburse for 50-85% of eligible service delivered by teams that operate 24/7. The City would pay the local match for billable services: 50% currently, and 15% during the upcoming three-year federal Medicaid expansion period.

Of note, in the conversations related to partnership development (detailed in Section Two above), the majority of organizations are not currently contracting with LA County DMH and would not be able to bill DMH Medi-Cal at present.

- Medi-Cal via CalAIM: 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. Several City-contracted social service agencies are exploring or applying to become CalAIM certified for the services they provide to older adults or people experiencing homelessness. There are a number of supportive services described in proposed scope for West Hollywood's Crisis Response Unit which may be billable to CalAIM. While community-based agencies are currently in the process of becoming CalAIM certified, the City could consider including CalAIM access as a preference in the request for proposals/qualifications process when selecting an agency to operate the team.
- Government Grants: Staff are monitoring rolling grant opportunities from State of California Department of Healthcare Services. To date, funding opportunities related to expanding behavioral healthcare system capacity have been targeted at county governments and municipalities with their own health departments. A large portion of funds being made available support infrastructure development and capital costs, with minimal funds available for ongoing services and operations.
- Philanthropy: Major Medi-Cal health insurance plans including L.A. Care Health Plan and The SCAN Foundation, run community benefit grant making initiatives. Elements of West Hollywood's planned program could be a contender for one-time funding and it would be worthwhile to apply, though ongoing funding is not guaranteed.

Section 5. Updates from the Regional Landscape

Action Items: Continue connectivity with LA County Board of Supervisors District Three leadership; continue connectivity with LA County CEO Alternative Crisis Response efforts; tour Be Well OC campus; continue attending Denver STAR Community Advisory Committee Meetings; continue monitoring developments in other jurisdictions.

Background: City staff continued researching and collecting information on relevant developments in the LA County region, other California cities and municipalities in other states. Below are summaries of findings from these conversations that are relevant to West Hollywood's efforts to develop a Crisis Response Unit.

Strategic Initiatives and Community and Legislative Affairs staff met with LA County Supervisor Kuehl's Office (SD3), including the SD3 Health Deputy, West/Metro District Director and other district staff, to present the City's proposed plans to launch a Crisis Response Unit and discuss connectivity with County systems and resources. SD3 staff confirmed that the City's project aligns with the County's Alternative Crisis Response (ACR) expansion plans. SD3 staff recommended that if the City proceeds with an RFP/RFQ for a service provider, that the organization be an approved DMH provider, in order to connect with ACR and Medi-Cal, to help fund the crisis worker and licensed clinician; and that they be CalAIM certified in order to access CalAIM funds for a portion of the case management costs. SD3 staff reaffirmed that the paramedic role planned for West Hollywood's team could not be funded through DMH/Medi-Cal. SD3 staff also recommended that the City ensure there is a patient workflow established to address the needs of community members experiencing a substance use crisis who may need a safe medical detox instead of acute psychiatric services. City staff will further explore this resource need with City's existing substance abuse treatment providers: Tarzana Treatment Centers, McIntyre House, and Awakening Recovery.

The West Hollywood City Council Subcommittee on Homelessness received a presentation from Be Well OC (Orange County) about their recently launched HOPE mobile response team. Orange County municipalities are contracting with the non-profit Be Well for mobile response teams that are integrated into each municipality's 911 dispatch system. The cities of Huntington Beach and Garden Grove have launched their teams, in April 2021 and July 2021 respectively, and more municipalities are in the contracting phase with Be Well. Salient points from that presentation include: Orange County has created the Be Well OC non-profit agency through a public private partnership between private hospitals, Orange County, philanthropy, and the community; the organization has built the Be Well campus to centralize a full suite of behavioral health services in one location. While the Be Well mobile response teams operate separately in each city, if community members need more acute psychiatric care or sobering services, the teams can transport individuals to the Be Well campus where they can access a Crisis Stabilization Unit operated by Exodus Recovery, Inc. Of note, Be Well Mobile Response Teams are not billing Medi-Cal for services, instead, each municipality is sourcing a range of funds to pay for the teams. The tightly integrated Be Well model underscores the need for City of West Hollywood to seek opportunities to support and advocate for more brick-and-mortar crisis stabilization units across Los Angeles County, and particularly in the Hollywood area, which is an identified sub-region lacking this resource.

Strategic Initiatives and West Hollywood LASD staff also met with the City of Garden Grove to learn about the implementation of the Be Well Mobile Response Team, successes, challenges, and lessons learned. Garden Grove is paying for their mobile response team through a combination of Community Development Block Grant funds, a local affordable housing set aside, and City General Funds. Garden Grove staff provided recommendations on cross-training strategies for law enforcement and mobile response staff, guidance on community education and marketing, internal administration and coordination tactics.

City staff also attended virtual monthly meetings of the Denver STAR Community Advisory Committee to observe and learn from their program implementation and future

planning. One of the most salient take-aways is incorporating plans to contract with a third-party evaluator to assess and monitor program implementation to inform process improvement, and to have the evaluator assessing for program outcomes and impact.

Section 6. Next Steps

Staff propose the following next steps based on action items above and consideration of regional systems change happening concurrently with the development of West Hollywood's Crisis Response Unit:

Regional Actions & Timeline:

- Los Angeles County Alternative Crisis Response Municipality Agreement available (release pending)
- 988 Crisis Line goes live nationally - July 2022
- LASD & Didi Hirsch 988 proof of concept pilot – pending a funding source
- Expansion of LA County Psychiatric Mobile Response Teams and community-based organization mobile team contracting – through 2022 and beyond
- CalAIM funding mechanism expanding on rolling basis – through 2022 and beyond
- State EMS pathway for paramedic credentialing to include medical clearance - pending

City Actions & Timeline:

- Brand the West Hollywood Behavioral Health Crisis Response unit as the West Hollywood Care Team – March 2022
- Continue to explore partnerships with non-profit, government and healthcare agencies, and other necessary partnerships, for the provision of services and potential funding sources and to develop necessary RFP/RFQ documents – March thru August 2022
- Begin developing a partnership with Didi Hirsch Mental Health Services for future integration of the West Hollywood Behavioral Health Crisis Response Unit into the design of the region's 988 call center – March thru August 2022
- Support LASD West Hollywood Station participation in any future pilots led by Didi Hirsch and LASD that integrate 911 crisis calls to the 988 system for crisis services and response - ongoing
- Advocate at the state and county levels to increase availability of psychiatric Crisis Stabilization Units in the City's immediate geographic area - ongoing
- Explore options to create additional capacity for City staff support and oversight of this program – March thru August 2022
- Provide the next update to City Council in August 2022, unless items for Council consideration need to be brought forward sooner.

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.
- OSP-12: Actively Participate in Regional Issues.

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 and performance measurements will be created as part of the development of the Behavioral Health Crisis Response Unit.

ENVIRONMENTAL SUSTAINABILITY AND HEALTH:

Increased opportunities to deliver more appropriate, service-focused response to behavioral health crises will enhance the goal of improving community health and quality of life.

COMMUNITY ENGAGEMENT:

A range of community stakeholders have been, and will continue to be, engaged to develop and implement the proposed Crisis Response unit including: residents and businesses, the City's contracted social services agencies, the West Hollywood Homeless Collaborative, the City Council Subcommittee on Homelessness, the City's Social Justice Task Force, City Advisory Boards, Human Services Commission, Public Safety Commission, the Westside Cities Council of Government's Homeless Working Group, people with lived expertise in homelessness and mental health conditions, advocates from mental health organizations, Los Angeles County Departments including: Alternatives to Incarceration Office, Department of Mental Health, Los Angeles County Sheriff's Department, Los Angeles County Fire Department, Los Angeles County Supervisorial District Three

Community members also received an update on the program development at the February 16, 2022 Community Update on the West Hollywood Homeless Initiative. A live recording of the event is available at www.weho.org/homeless; staff reports and video presentations about the project are available online at www.weho.org/strategicinitiatives and information is also promoted on social media through the WeHo Cares Facebook and Twitter accounts.

OFFICE OF PRIMARY RESPONSIBILITY:

HUMAN SERVICES & RENT STABILIZATION DEPARTMENT / STRATEGIC INITIATIVES DIVISION

FISCAL IMPACT:

None at this time.

ATTACHMENTS:

Attachment A: November 15, 2021 Staff Report to West Hollywood City Council, Development of a Citywide Behavioral Health Crisis Response Unit – Phase 1 Update

Attachment B: Didi Hirsch Mental Health Services - Collaborative Crisis Response Graph

Attachment C: LA County Crisis Response System – Future State (DRAFT)

Attachment D: County of Los Angeles 911 Behavioral Health Crisis Triage Assessment Matrix – v2.5

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

PREPARED BY: **HUMAN SERVICES AND RENT STABILIZATION DEPARTMENT**
(Christof Schroeder, Director)
(Corri Planck, Strategic Initiatives Manager)
(Elizabeth Anderson, Strategic Initiatives Program Administrator)

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 partnerships 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 (EAB)

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:

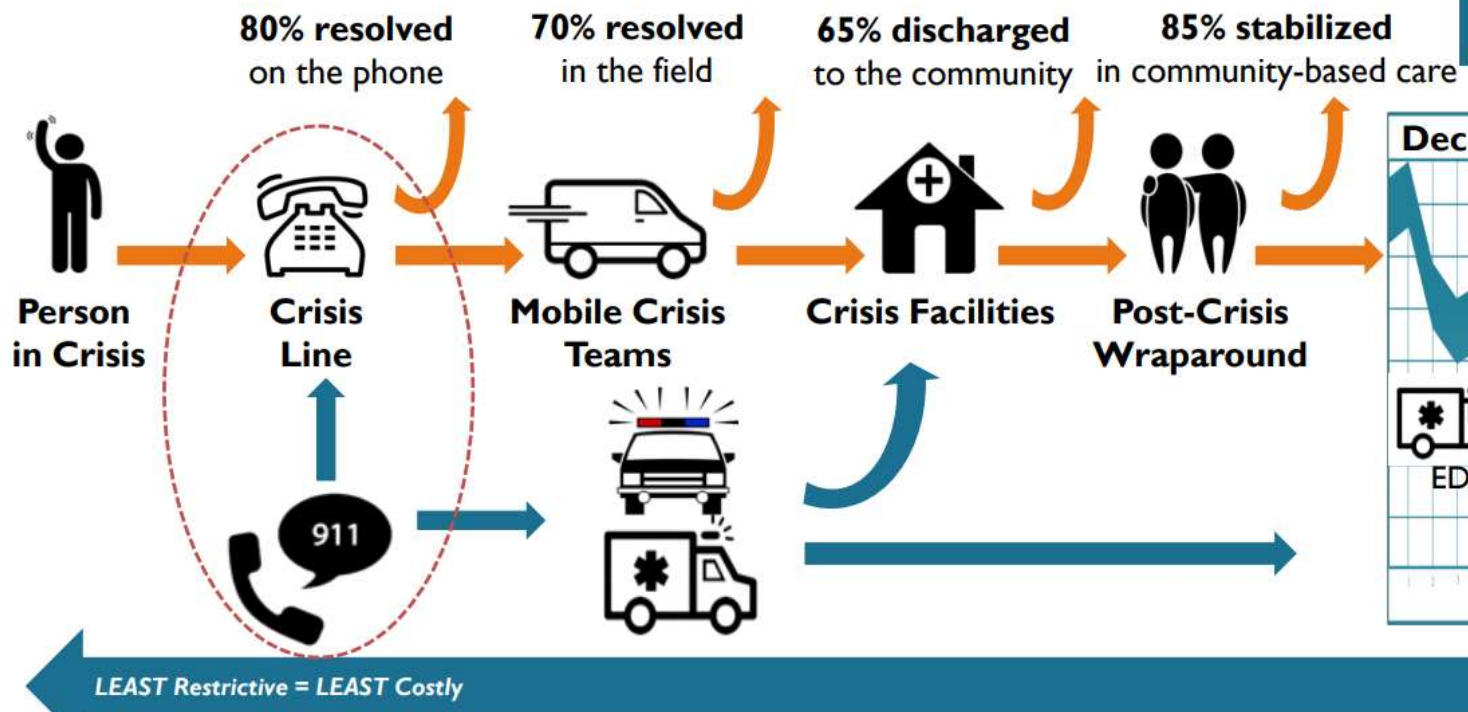
Attachment A: August 16, 2021 Staff Report to West Hollywood City Council, Development of a Citywide Behavioral Health Crisis Response Unit

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

PREVIOUS STAFF REPORT

ATTACHMENT B

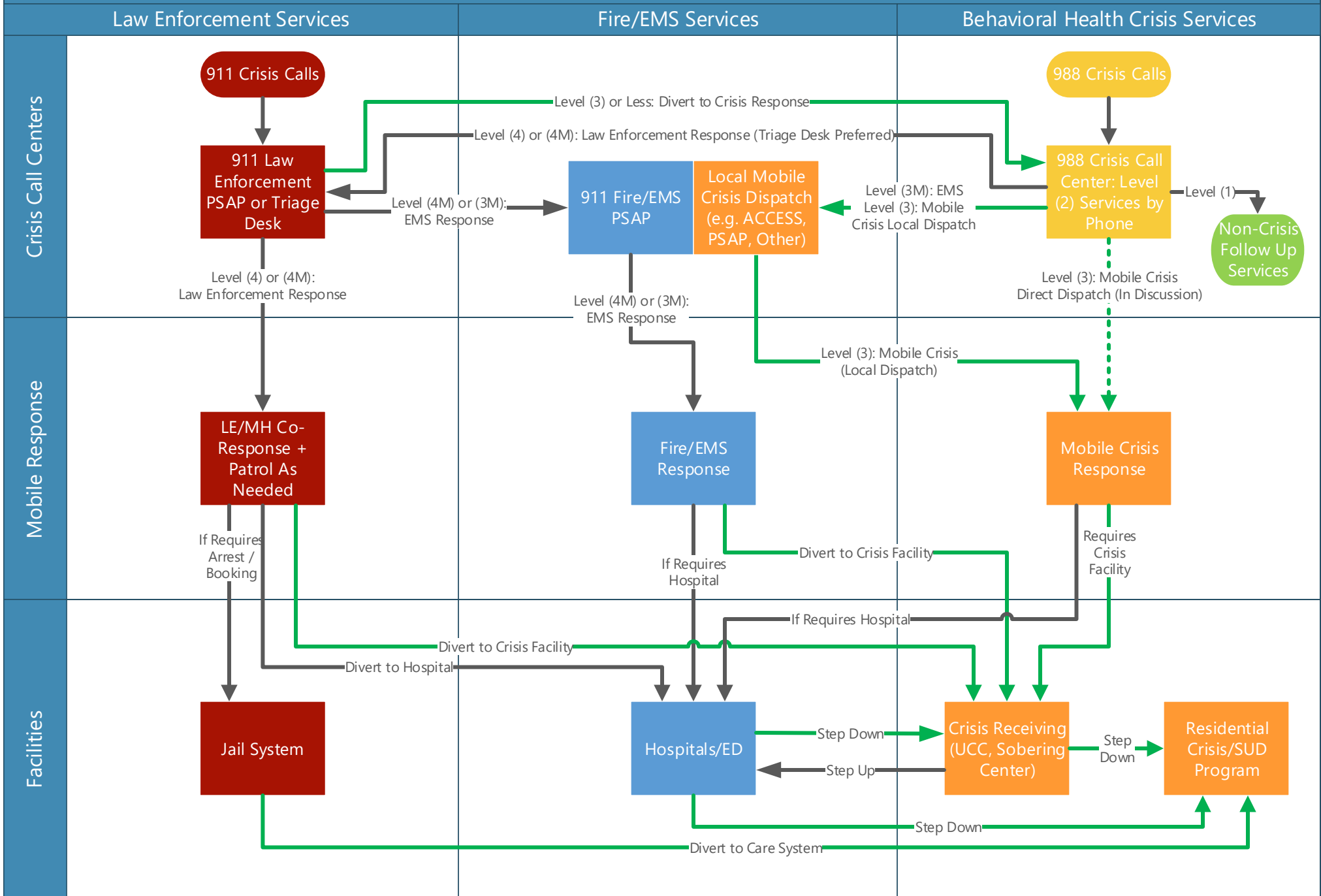


Adapted from: Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

ATTACHMENT C

LA County Crisis Response System – Future State (DRAFT)

Preferred Diversion Pathways for Crises



Acronyms: ACCESS = LA County Department of Mental Health's 24hr Call Center; ED = Emergency Department; EMS = Emergency Medical Services; LE = Law Enforcement; MH = Mental Health; NSPL = National Suicide Prevention Lifeline; PSAP = Public Safety Answering Point (911 Call Center); UCC = Behavioral Health Urgent Care Center

ATTACHMENT D

COUNTY OF LOS ANGELES · BEHAVIORAL HEALTH CRISIS TRIAGE

PEER INVOLVEMENT IN TRAINING	HIGHER RISK	IMMEDIATE THREAT TO PUBLIC SAFETY • CRIME	<div style="font-size: 48px; text-align: center; font-weight: bold;">M</div> <p>MEDICAL AID • EMS / FIRE DEPT</p> <p>ANYONE NEED MEDICAL ATTENTION? INJURY?</p> <p>ALSO FOR INTEGRATED MEDICAL INTERVENTION PLAN</p>
	<div style="font-size: 48px; text-align: center; font-weight: bold;">4</div>	<p>ANYONE IN IMMEDIATE DANGER BESIDES LONE SUICIDAL SUBJECT SUBJECT THREATENING OTHERS' PERSONAL SAFETY/PROPERTY OBSERVED WITH OR KNOWN ACCESS TO DANGEROUS WEAPON REPORTED CRIME REQUIRES SOME LEVEL OF INVESTIGATION</p> <hr/> <p>PATROL (B&W) UNIT(S) DISPATCHED OR ON SCENE SMART / MET CO-RESPONSE TEAM [DISPATCH VIA TRIAGE DESK] [FUTURE 988 LINKAGE TO 911 SYSTEM FOR TRANSFER IF NEEDED]</p>	
	MODERATE RISK	<p>CALLER NEEDS HELP IN PERSON</p>	
	<div style="font-size: 48px; text-align: center; font-weight: bold;">3</div>	<p>PUBLIC NOT IN IMMEDIATE DANGER FIELD RESPONSE IS NECESSARY MAY BE DANGER TO SELF, OTHERS, GRAVELY DISABLED DMH ACCESS CALL CENTER—DISPATCHES NON-LE TEAM [FUTURE LINKAGE TO 988 & 911 SYSTEM FOR TRANSFER IF NEEDED]</p> <hr/> <p>FIELD RESPONSE BY DMH PSYCHIATRIC MOBILE RESPONSE TEAM (PMRT) OR DMH VAN OR OTHER PSYCH EVALUATION TEAM (PET)</p>	
DIRECT PEER INVOLVEMENT (INDIVIDUALS WITH LIVED EXPERIENCE)	IMMEDIATE REMOTE	<p>CALLER NEEDS HELP VIA CALL / TEXT / CHAT</p>	
	<div style="font-size: 48px; text-align: center; font-weight: bold;">2</div>	<p>IN CRISIS NOW • CAN / WILL ACCEPT IMMEDIATE <u>REMOTE</u> HELP INCLUDES SUICIDAL SUBJECT THAT'S NOT AN IMMEDIATE THREAT TO OTHERS "LIVE TRANSFER" TO DIDI HIRSCH SUICIDE PREVENTION CENTER [FUTURE 988 WITH LINKAGE TO 911 FOR TRANSFER IF NEEDED]</p> <hr/> <p>NO FIELD RESPONSE UNLESS CALL ASSESSMENT LEVEL CHANGES CALLER MAY REMAIN ENGAGED FOR HELP DURING LEVEL 3+ FIELD RESPONSE</p>	
	NO CRISIS / RESOLVED	<p>CALLER NEEDS SUPPORT/SERVICES • NOT IMMEDIATE RISK</p>	
<div style="font-size: 48px; text-align: center; font-weight: bold;">1</div>	<p>SUBJECT OR CARE TAKER NEEDS SUPPORTIVE SERVICES "LIVE TRANSFER" TO DMH ACCESS CALL CENTER—PRIORITY LINE <u>MAY</u> TRIGGER PEER ACCESS NETWORK REFERRAL TO MAKE CONTACT <u>MAY</u> RESULT IN APPOINTMENT FOR A TREATMENT PROVIDER</p> <hr/> <p>MAY REQUEST PEER-RESPONSE ORG TO ASSIST INCLUDING "NAVIGATOR" ROLE</p>		

CALLS AND RESPONSE CAN BE FLUID AND OVERLAP



Memo

To: Mayor, Mayor Pro Tempore, City Councilmembers, City Manager, Assistant City Manager, and City Attorney

From: Melissa Crowder, City Clerk

CC: C. SCHROEDER, C. PLANCK, E. ANDERSON

Date: March 21, 2022

Re: Correspondence - Item 4.D. on the March 21, 2022 City Council Agenda

Attached please find correspondence concerning Item 4.D. on the March 21, 2022 City Council Agenda.

4.D. DEVELOPMENT OF CITYWIDE BEHAVIORAL HEALTH CRISIS RESPONSE UNIT – PHASE 2 UPDATE

Kimberle English

From: Swift, Karen <Karen.Swift@cshs.org>
Sent: Monday, March 21, 2022 10:17 AM
To: Public Comment
Cc: Kallick, Deborah; Levey, Cindy, MPH; David Wilson; Corri Planck; Elizabeth Anderson
Subject: Public Comment from Cedars-Sinai re Agenda Item 4.D on tonight's City Council agenda
Attachments: WeHo Behavioral Crisis Team Support Ltr_Final.docx

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Greetings.

Attached please find Cedars-Sinai's public comment on Agenda Item 4.D – Development of Citywide Behavioral Health Crisis Response Unit – Phase 2 Update for this evening's City Council meeting. We appreciate the opportunity to work with the City and provide comment on this item.

Thanks so much,

Karen Swift

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March 21, 2022

Mayor Meister, Councilmembers
City of West Hollywood

Dear Mayor Meister and Councilmembers,

I serve as Executive Director, Community Benefit and Social Responsibility Systems, at Cedars-Sinai, and I submit this letter to offer public comment for the March 21, 2022, Council meeting regarding Agenda Item 4.D, Development of Citywide Behavioral Health Crisis Response Unit – Phase 2 Update.

Cedars-Sinai is proud of our strong partnership with the City of West Hollywood, and staff from Community Engagement, Case Management/Social Work and Psychiatry was pleased to serve as a technical resource and thought partner to City staff in the development of the Behavioral Crisis Response Unit program. We facilitated two meetings with staff to provide guidance and feedback on their process, and we have had a chance to review the staff report presented to Council tonight.

Cedars-Sinai supports the next steps recommended in the Phase 2 update for the development of the West Hollywood Care Team. We are especially impressed with the staff's thoroughness in gaining community partner perspectives in the planning phase. As per any community wide initiative impacting or changing the model of service delivery, we encourage your exploration to continually incorporate the West Hollywood community perspective in the design and implementation of the care team approach. We appreciate West Hollywood's involvement in the development of the 988 system and protocols; the attention to strong partnerships that would increase the availability of services; and the ongoing advocacy for greater capacity to serve community members in crisis through the expansion of availability of services.

Thank you to the City Council and City staff for your leadership and commitment to the communities we all serve and for the opportunity for Cedars-Sinai to provide comment on this item.

Cindy Levey
Executive Director, Community Benefit and Social Responsibility Systems
Cedars-Sinai