CITY COUNCIL SUBCOMMITTEE ON HOMELESSNESS MAY 22, 2025
UNFINISHED BUSINESS

SUBJECT: **STUDY SESSION PREPARATION – HOMELESSNESS STRATEGY REVIEW AND PREVIEW OF COUNCIL BRIEFING MATERIALS**

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STATEMENT ON THE SUBJECT:

This report provides a follow-up to the April 10, 2025, Subcommittee meeting, where Subcommittee members emphasized the need for the Council study session on homelessness to lead to clear, actionable policy direction. In response, staff have developed a revised agenda, a draft outline of the Council briefing packet, and a set of detailed case scenarios to help evaluate the City's current homelessness response and explore ways to strengthen the current approach through improved coordination and accountability.

RECOMMENDATION:

Receive report and provide input on study session plans.

BACKGROUND / ANALYSIS:

At the April 10, 2025 Homelessness Subcommittee meeting, Subcommittee members provided feedback and direction on Item 4.B., which outlined a tentative plan for the

structure and goals of the upcoming study session—including a draft agenda, high-level policy framing, and preliminary ideas for illustrating different homelessness response models. Subcommittee members emphasized the importance of ensuring the session results in clear, actionable policy direction and asked staff to prioritize materials that explain how the City's Care-First strategy functions in day-to-day practice, particularly in complex or high-visibility situations such as repeated service refusal, behavioral health crises, and community safety concerns. The Subcommittee also underscored the need for practical tools—such as narrative case scenarios, side-by-side comparisons of response models, and clearly defined roles for providers and agencies—to better illustrate how various approaches affect outcomes for individuals, neighborhoods, and overall system performance. They encouraged staff to research best practices from other jurisdictions that demonstrate structured collaboration, shared accountability, and measurable goals.

This feedback has directly informed the planned content and structure of the Council study session. Specifically, it has shaped the development of the draft case scenarios and the Council briefing packet that is currently in progress. A draft of the case scenarios is attached, a draft outline of the briefing packet is provided later in this report, and an updated session agenda reflecting Subcommittee input is also included below.

Case Scenarios and Comparative Policy Options

Staff have developed four narrative case scenarios that reflect recurring challenges observed in the field (**Attachment A**). These include:

1. **Chronic Service Refuser with Untreated Mental Illness**
    - *A person consistently declines services despite repeated engagement, leading to ongoing community safety and wellness concerns.*
2. **Person Living in a Vehicle with a Pet at a Public Park**
    - *An individual becomes unsheltered and is now sleeping in their car with a pet in a parking lot.*

3. **Person Occupying a Public Space with Belongings**
    - *An individual with visible belongings stays in a high-traffic location (e.g., bus shelter, entrance to business, sidewalk area), raising concerns from nearby businesses, patrons, and residents.*
4. **Multiple Teams Engaging the Same Person Without Coordination**
    - *A client known to various providers continues to receive disconnected or overlapping outreach efforts.*

Each scenario illustrates how the City's existing approach currently functions, and how an Integrated Services Model could improve outcomes through structured collaboration. Rather than offering competing models, the analysis focuses on two options: the existing foundation and an enhanced Integrated Services Model framework that builds upon that foundation. Scenarios are intended to be used to illustrate practical challenges and prompt Council discussion about response structure, system gaps, and future policy priorities.

A visual matrix table will accompany each scenario to help illustrate key differences in coordination, decision points, and outcomes under each response approach. A draft of the case scenarios is in Attachment B to this report.

Overview of the Integrated Services Model Framework

The Integrated Services Model framework is proposed as a potential policy direction that builds on the City's Care-First foundation. Developed in response to Subcommittee input, stakeholder feedback, and best practices research**,** the framework introduces more formal coordination mechanisms to improve system alignment, reduce service gaps, and strengthen client outcomes. This model is not a new philosophy, but a policy overlay that formalizes coordination protocols and roles within the existing Care-First system.

The framework is designed to integrate critical stakeholders, including community safety, into a more structured, accountable, and collaborative system of care—ensuring that all partners operate with shared protocols, clear roles, and coordinated follow-up to improve outcomes for both clients and the broader community.

Key components of the Integrated Services Model include:

- A proposed standing Multi-Disciplinary Team (MDT), which is not currently in place, would include City staff from the Human Services Division and Community Safety Department, contracted service providers, law enforcement and fire department personnel, with County health and behavioral health agencies as needed/available.
- Shared triage protocols, with designated lead agencies to manage high acuity cases.
- Coordinated decision-making around legal tools such as SB 43[1] or Care Court[2], used when clinically and legally appropriate.

This model will be presented as a foundational option—responsive to Council feedback—that Council may choose to refine, phase in, or expand.

Draft Agenda for Council Study Session

The revised study session agenda is designed to foster shared understanding, surface practical tradeoffs, and lead to clear Council direction. The format prioritizes structured dialogue over presentations.

Proposed agenda structure:

A. **Welcome and Opening Remarks**

Framing the session's purpose and goals.

B. **Overview of West Hollywood's Current Strategy and System Landscape**

A concise summary of the City's Care-First approach, investments, and policy framework. Includes key challenges identified through the Five-Year Plan review, stakeholder interviews, and community feedback.

[1] A 2023 California law that expands the definition of "grave disability" to include those unable to care for their health due to a mental illness or substance use disorder. Law is slated to be implemented in LA County January 2026.

[2] A civil court system in California that helps individuals with schizophrenia-spectrum disorders receive court-ordered care plans.

C. **Presentation of Illustrative Case Scenarios**

Staff will walk through common service challenges (e.g., behavioral health crises, chronic street homelessness, vehicle dwelling), showing responses under both the current and proposed models.

D. **Comparative Review of Response Models**

A synthesis of themes from the case scenarios and stakeholder feedback, highlighting distinctions in structure, coordination, legal tools, and accountability—while reaffirming the City's commitment to a Care-First philosophy.

E. **Presentation of Integrated Services Model System**

Staff will introduce a proposed Integrated Services Model system, developed in response to field observations, stakeholder input, and best practices. The presentation will describe how each component of the model addresses recurring challenges surfaced in the case scenarios, and how the system builds on the City's existing Care-First foundation to improve coordination, role clarity, and long-term outcomes—while reaffirming the City's commitment to a Care-First philosophy.

F. Guided Policy Discussion

The Council will consider which components of the Integrated Services Model, if any, should be piloted, adapted, or deprioritized.

G. Council Discussion and Direction Setting

The Council will provide input on the proposed Integrated Services Model system, identifying which components should be prioritized for piloting, adapted for local implementation, or phased in over time. Feedback will help inform updates to the Plan to Address Homelessness, the FY 2025 contracting process, and other related system enhancements.

H. **Closing Remarks**

Summary of Council input and next steps following the study session, which will include an analysis of Council input and development of a comprehensive implementation plan and phased timeline to carry out the direction defined by

Council. This plan may include piloting selected components of the Integrated Services Model system, updating scopes of work for contracted providers, aligning relevant budget items, and preparing metrics to support ongoing monitoring, reporting, and evaluation of progress over time.

Briefing Packet Outline

In response to the Subcommittee's request for more focused, substantive materials in advance of the study session in lieu of presentations by staff and service providers, the City is working to prepare a comprehensive briefing packet. The packet is intended to ensure Councilmembers, the public, City staff, and contracted partners have the necessary background and analysis to engage in a productive policy discussion during the meeting itself. Components will include:

- **Executive Summary**
    - Purpose and goals of the study session
    - Overview of key findings and recommendations
- **West Hollywood's Current Landscape**
    - Summary of the City's homelessness strategy, services, and investments
    - Progress on Five-Year Plan and CSWB goals
    - Overview of key challenges related to policy, service delivery, and public communication
- **Investments and Service Delivery**
    - City and County-funded services active in West Hollywood
    - High-level review of service outcomes and program reach
    - Overview of community concerns, service gaps, and coordination issues
    - Data & Reporting
- **Stakeholder Feedback**
    - Summary of insights from service providers, community safety partners, and County agencies
    - Common concerns and suggestions for improvement

- **Case Scenarios and Policy Comparison**
    - Four scenarios illustrating common service challenges
    - Comparison of current responses with a proposed Integrated Services Model
- **Public Communication and Engagement**
    - Overview of current messaging and outreach strategies
    - Opportunities to enhance community education and involvement
- **Policy Framework and Council Discussion**
    - Key considerations and tradeoffs in shaping future policy
    - Framing questions to guide Council input

The packet will include also visual aids, data summaries, and plain-language policy framing to support meaningful Council engagement.

Next Steps

Following Subcommittee input, staff will finalize the agenda and briefing materials, refine the scenario analyses and evaluation framework, and prepare presentation materials. Insights from the Council study session will inform updates to the City's approach to homelessness, including the Plan to Address Homelessness, the current community safety response, the social services RFP and contracting process, and broader engagement strategies related to homelessness.

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:

N/A

ENVIRONMENTAL SUSTAINABILITY AND HEALTH:

N/A

COMMUNITY ENGAGEMENT:

N/A

OFFICE OF PRIMARY RESPONSIBILITY:

HUMAN SERVICES & RENT STABILIZATION DEPT. / HUMAN SERVICES DIVISION
COMMUNITY SAFETY DEPARTMENT / PUBLIC SAFETY

FISCAL IMPACT:

None at this time.

ATTACHMENT:

A: Case Scenarios Comparing Existing Response Protocol to Proposed Integrated Services Model System

West Hollywood Homelessness Response: Enhancing Care Coordination through an Integrated Services Model

Purpose of This Document

The City of West Hollywood already uses a blended Care-First approach: human services teams, unarmed security, and law enforcement to initiate contact with unhoused community members in various ways depending on the location, activities, and source of call. When the lead is a human services team, an outreach team and housing navigators guide most engagements, with clinicians and public safety staff (e.g., unarmed security, law enforcement, fire department) stepping in when there is a behavioral health crisis or urgent safety concern. When the lead is a public safety partner, staff from these agencies conduct welfare checks, address any reported potential enforcement related concerns, and offer services by connecting unhoused community members to human services teams.

The purpose of this document is to explore whether adding structure to the City's response can improve outcomes for the highest-need cases through a formal Integrated Services Model, which is a coordinated partnership between the City that will include Community Safety Department providers, Human Service Division providers, and various County of Los Angeles (County) systems.

Rather than presenting mutually exclusive models, the following scenarios are designed to highlight specific practices that the City may adopt, strengthen, or formalize.

These include:

- Creating a standing Multi-Disciplinary Team (MDT) to coordinate response to complex cases that will include representatives from the Human Services Division, CARE Team, Health Care in Action, Community Safety Department, Los Angeles County Sheriff's Department (LASD) West Hollywood Station, Unarmed Security, and the Los Angeles County Fire Department (LACoFD).
- Designating a lead provider to coordinate care and maintain a by-name list of unhoused community members in West Hollywood.[1]
- Establishing shared protocols with County partners—for example, how and when to use SB 43[2] or how to best integrate Care Court[3] in the City's homelessness response system.
- Expanding access to supportive infrastructure such as storage, Safe Parking[4], and urgent care beds—short-term placements for individuals experiencing a behavioral health crisis.

The Multi-Disciplinary Team (MDT)

The MDT is a structured coordination body that brings together key partners to address complex homelessness cases. The MDT is designed to meet regularly to share information, develop joint care

[1] A real-time, person-specific list used by homeless services to coordinate care across agencies.
[2] A 2023 California law that expands the definition of "grave disability" to include those unable to care for their health due to a mental illness or substance use disorder.
[3] A civil court system in California that helps individuals with schizophrenia-spectrum disorders receive court-ordered care plans.
[4] A program that provides designated areas for people living in their vehicles to park legally and safely overnight

plans, and align strategies across service systems. The goal is to reduce duplication, close service gaps, improve community and client outcomes through shared accountability and sustained engagement, and effectively address safety reports related to unhoused community members.

It includes:

- Staff from the City's Human Services and Community Safety Departments,
- Field outreach staff: the field-based medical team (e.g., Healthcare in Action), a clinician or peer support specialist with lived experience from the City's Care Team,
- Designated liaisons from the LASD West Hollywood Station, unarmed security services, and LACoFD,
- County agencies like DMH (Department of Mental Health) when appropriate
- Other staff and providers as needed

Scenarios

The scenarios that follow illustrate how an MDT approach, along with other enhancements, can improve outcomes for individuals with the most complex needs. These examples are intended to support a policy conversation about which practices the City should adopt, strengthen, or formalize. City Council feedback, a review of existing response systems, best practices research, and input from community partners all inform the approach described below.

- Scenario 1 – Chronic Service Refuser with Untreated Mental Illness
- Scenario 2 – Person Living in a Car with a Pet, Parked at a Public Park
- Scenario 3 – Person Occupying a Public Space with Belongings
- Scenario 4 – Multiple Teams Engaging the Same Person Without Coordination

The exercise is not about replacing the City's compassionate Care-First philosophy. It is about identifying concrete practices—including MDT staffing, accountability, and legal tools—that could be layered onto the existing services to improve response times for the community, achieve faster stabilization for unhoused individuals, clarify responsibility for service and response teams, and improve community safety and well-being.

Summary of Approaches

Model	What it is	Where we are now
Current Approach	The City approaches service from a compassionate, service oriented engagement approach. When human service providers lead engagements, outreach and housing navigation service providers offer trauma-informed care. Medical clinicians and LASD deputies assist when acute safety issues arise. When community safety partners lead engagements, priority is focused on safety and the well-being of the unhoused community member. Enforcement of any related penal or municipal codes are addressed, and human services are provided to inform and/or connect individuals to resources/programs.	West Hollywood's baseline approach today.
Integrated Services Model	A formal Multi-Disciplinary Team (MDT) structure to coordinate human services outreach teams, clinicians, law enforcement officers, fire personnel, unarmed security services, and County partners around shared case plans and data.	May require new practices, administrative support, MOUs, and performance-based contracts (lead provider, data sharing, storage, Safe Parking).

Scenario 1 – Chronic Service Refuser with Untreated Mental Illness

Scenario Summary: This scenario depicts a chronically unhoused man in the Rainbow District with visible signs of untreated serious mental illness compounded by suspected methamphetamine use. He is frequently observed exhibiting erratic behavior, such as yelling at unseen stimuli and making threatening movements towards pedestrians – without escalating to physical violence. These behaviors have generated recurring community complaints about safety, noise, and public disturbance.

The individual is familiar to outreach and community safety teams and has consistently refused offers of service. Outreach providers have offered hygiene supplies, medical outreach, and connections to substance use treatment, but efforts to engage the person in sustained services such as detox, residential programs, and clinical care have not been successful. Although the person does not currently meet legal criteria for involuntary psychiatric treatment, their visible deterioration and unpredictable behavior generate concern.

1A - Current Approach – Human Services Call

1. A community complaint to the Human Services Division identifies an individual who appears to be in distress.
2. Human Services Division staff request outreach to the location.
3. Outreach providers approach using trauma-informed, harm-reduction practices. The person refuses most services but may accept water, hygiene kits, or basic engagement.

4. Providers continue returning to build rapport over time. CES assessments may be offered if trust is built.
5. The person remains unsheltered; offers of shelter and services are made regularly, with no enforcement or mandates.
6. The client remains on an outreach caseload for ongoing voluntary engagement.

1B - Current Approach – Community Safety Call

1. A call to the West Hollywood Sheriff's Station or to the City's unarmed security services identifies an individual who appears to be in distress.
2. LASD deputies and unarmed security personnel will approach by conducting a welfare check on the person. The goal is to assess the person's potential wellness needs (e.g., Mental Evaluation Team, fire department medical services, human services).
3. Connection to human services providers is offered and a City pamphlet on human services is provided. If a person wishes to be connected to human services providers, a call is made to the City's CARE team or Healthcare in Action for follow up.
4. Any potential laws or regulations that are not being followed are addressed.

1C - Integrated Services Model:

1. The individual is flagged for immediate MDT review after repeated refusals and visible signs of behavioral health decline.
2. An enhanced joint outreach is initiated to assess clinical needs and reinforce rapport. Initial efforts focus on voluntary clinical screening, peer engagement, and referrals.
3. The MDT reviews evidence-based interventions and develops a shared care plan. The team meets biweekly to monitor progress and determine whether voluntary strategies are gaining traction or whether legal tools must be considered based on specific criteria.
4. If the individual continues to decline services and poses an increasing risk to self and others, the MDT in consultation with County DMH, re-evaluates for legal thresholds, which may include a 5150[5] evaluation, urgent care referral, and Care Court/SB 43 petition.
5. In cases where laws or regulations are not being followed or where imminent safety concerns persist despite repeated engagement, the MDT coordinates with the LASD and/or unarmed security liaisons for enforcement. This is accompanied by continued clinical follow-up.
6. If criteria are met, placement, legal interventions, or coordinated enforcement are pursued. The team evaluates enforcement alternatives, ensures consistent follow-up, and adjusts strategies as needed.

[5] A California law allowing individuals to be held for psychiatric assessment for up to 72 hours if they are a danger to themselves or others.

Response Matrix – Scenario 1: Chronic Service Refuser with Untreated Mental Illness

Category	Current Approach – Human Services	Current Approach – Public Safety	Integrated Services Model
Initial Contact	Triggered by outreach or community complaint	Triggered by call to LASD or Unarmed Security Services	MDT queue triggered by repeated refusals or visibility
Lead Responders	Outreach teams and Care Team	LASD Deputy or Unarmed Security Guard	MDT team with outreach, clinician, Public Safety Partner, County liaison as available
Engagement Strategy	Trauma-informed, voluntary, persistent	Assessment of welfare needs	Joint field engagement; MDT care planning
Assessment	CES assessments if trust is built	Contact Human Services providers, Mental Evaluation Unit, or LACoFD for services if needed.	Clinical triage + housing needs review + legal tool evaluation (SB 43, Care Court)
Stabilization Tools	Hygiene kits, basic outreach engagement, repeated CES assessment offers, field medical outreach (as available), persistent rapport-building.	Rely on services provided by Human Services providers, Mental Evaluation Unit, and LACoFD.	Coordinated field triage with clinician, mobile urgent care referral, SB 43 or Care Court petition, intensive case monitoring, shared MDT care plan.
Follow-up	Client remains on caseload with regular engagement	N/A	Biweekly MDT review with adjustments to care plan
Likely Outcomes	Client likely remains unsheltered for an extended period with intermittent outreach contact. Risk of behavioral health deterioration persists without treatment engagement. Trust may build over time, but CES enrollment or housing placement is unlikely without additional intervention.	Unhoused community member remains unsheltered in the community, may be connected to human services providers, may be taken into custody due to arrest or involuntary hold, or may be transported to the hospital.	Client may be more likely to receive clinical assessments or urgent care referrals, though limited availability and voluntary refusal remain barriers Care Court or SB 43 interventions are possible but depend on strict legal criteria, County willingness to act, and judicial bandwidth Short-term stabilization (e.g., interim housing or urgent care) is more feasible if resources and legal pathways align Shared planning improves coordination and monitoring, but long-term outcomes still require sustained engagement and system capacity.

Scenario 2 – Person Living in a Car with a Pet, Parked at a Public Park

Scenario Summary: This scenario describes a woman living in a vehicle with a dog in Plummer Park. She is a survivor of intimate partner violence and has been unable to secure stable housing. She has accrued multiple parking citations, which she cannot pay off and is at risk of having her vehicle towed. The individual has declined shelter offers due to safety concerns in a communal setting – particularly where men are present – and the lack of pet-friendly shelter options. While she is not disruptive, her prolonged presence has led to neighborhood concerns regarding sanitation and animal welfare. The City currently lacks Safe Parking or interim shelter options that accommodate survivors with pets. Although she is not in immediate danger, the compounding effects of trauma, financial instability, lack of pet-inclusive shelter, and accumulating fines pose significant barriers to stabilization.

2A - Current Approach – Human Services Call

1. Human Services staff are alerted by community members to a person living in a vehicle with a pet.
2. Human Services staff request an outreach team to respond.
3. Outreach providers approach the individual with trauma-informed strategies, bringing supplies such as pet food, hygiene kits, and information about services. They respect her boundaries and avoid pressuring her to enter group shelters.
4. CES assessments and referrals to domestic violence resources are given. Lack of pet-friendly housing options often leads to prolonged vehicle habitation.
5. Outreach continues with non-punitive support; citations may occur outside the team's control.

2B - Current Approach – Community Safety Call

1. West Hollywood Sheriff's Station or the City's unarmed security services are alerted by community members calling about a person living in a vehicle with a pet; or they observe an occupied vehicle in the parking lot of the park after closing hours.
2. LASD deputies and unarmed security personnel will approach by conducting a welfare check on the person and the pet and to address any laws or regulations that are not being followed. An assessment of the person, pet, and situation is conducted and their potential wellness needs (e.g., Mental Evaluation Team, fire department medical services, animal control services) are addressed.
3. Any potential laws or regulations that are not being followed are addressed.
4. Connection to human services providers is offered and a City pamphlet on human services is provided. If the person accepts a referral to human services providers, a call is made to the City's CARE team or Healthcare in Action for follow up.

2C - Integrated Services Model

1. The case is flagged to the MDT due to repeated visibility, accumulated parking citations, and trauma-related barriers to shelter.
2. A coordinated outreach effort is initiated with clinician, animal-care partners, and, where necessary, a domestic violence advocate. The MDT conducts a trauma-informed needs assessment and begins safety planning focused on survivor-specific and pet-inclusive pathways.

3. The MDT develops a case plan with clear short-term goals that may include pet-friendly placement, safe parking, or citations deferred pending engagement, escalating to law enforcement only if public complaints persist without resolution through services or outreach.
4. Law enforcement involvement is assessed and engagement is minimized unless a direct need or safety threat emerges.
5. MDT reviews progress biweekly and adapts the plan as trust builds or new housing leads emerge.

Response Matrix – Scenario 2: Person Living in a Car with a Pet, Parked at a Public Park

Category	Current Approach – Human Services	Current Approach – Public Safety	Integrated Services Model
Initial Contact	Triggered by outreach or community complaint	Triggered by call to LASD or Unarmed Security Services	MDT queue triggered by parking enforcement, repeated refusals or visibility
Lead Responders	Outreach teams and Care Team	LASD Deputy or Unarmed Security Guard	MDT team with outreach, clinician, Public Safety Partner, Possible County liaison
Engagement Strategy	Trauma-informed, voluntary, persistent	Address any laws or regulations not being followed and assess welfare needs	Joint field engagement; MDT care planning
Assessment	CES assessments if trust is built	Contact Mental Evaluation Unit, LACoFD, or Animal Control Services if needed; offer to connect person to Human Services providers.	Clinical triage + housing needs review + legal tool evaluation (SB 43, Care Court)
Stabilization Tools	Hygiene kits, pet food and supplies, CES assessment offers, voluntary engagement by outreach team, referral to animal welfare organizations.	Rely on services provided by Mental Evaluation Unit, LACoFD, Animal Control Services, and/or Human Services providers.	Pet-inclusive motel voucher (if available), Safe Parking referral or planning, joint outreach with animal care partner, legal review of vehicle habitation, MDT case tracking.
Follow-up	Client remains on caseload with regular engagement	N/A	Biweekly MDT review with adjustments to care plan
Likely Outcomes	Client may remain in vehicle long-term due to lack of pet-friendly shelter or Safe Parking. Builds trust with outreach teams but has limited housing options without structural changes. Risk of disengagement increases if citations or sanitation issues escalate.	Unhoused community member remains in vehicle and moves to another location. May be connected to human services providers, taken into custody due to arrest or involuntary hold, or transported to the hospital. Vehicle may be cited and/or towed If at risk, pets may be taken into custody by Animal Control Services.	Client more likely to connect to flexible or pet-inclusive resources (e.g., Safe Parking, motel voucher), assuming availability. Coordinated planning may reduce neighborhood tension and delay enforcement escalation. Persistent engagement can support eventual housing connection, though barriers (pet policy, housing stock) remain.

Scenario 3 – Person Occupying a Public Space with Belongings

Scenario Summary: This scenario involves an individual who regularly occupies a public space such as a bus stop on the Sunset Strip, surrounded by carts and bags. Though not engaging in criminal behavior, they are the subject of multiple complaints due to obstruction, sanitation concerns, and ADA access issues. West Hollywood does not currently offer local storage services or drop-in centers.

3A Current Approach – Human Services

1. The individual is observed occupying a sidewalk or other public space surrounded by belongings.
2. Outreach teams initiate voluntary engagement, offering basic supports and assessing willingness to relocate or access housing.
3. If interested, CES assessments are offered, but local services such as storage or drop-in centers are unavailable.
4. Providers may encourage relocation to less obstructive locations; engagement continues.

3B Current Approach – Community Safety

1. West Hollywood Sheriff's Station or the City's unarmed security services are alerted to an individual occupying a sidewalk or other public space surrounded by belongings.
2. LASD deputies and unarmed security personnel will approach by conducting a welfare check on the person and addressing any laws or regulations that are not being followed. An assessment of the person and situation is conducted and their potential wellness needs (e.g., Mental Evaluation Team, Fire Department medical services, human services) are addressed.
3. Any potential laws or regulations that are not being followed are addressed.
4. A connection to human services providers is offered and a City pamphlet on human services is provided. If a person wishes to be connected to human services providers, a call is made to the City's CARE team or Healthcare in Action for follow up.

3C Integrated Services Model

1. The case is flagged to the MDT due to recurring visibility and ADA obstruction concerns.
2. MDT members conduct joint outreach and coordinate a care plan that includes storage access, safety planning, and housing referrals. If obstructions continue despite these efforts, the MDT may engage Public Works and other law enforcement options for coordinated resolution.
3. Progress is reviewed regularly (e.g., weekly), with the MDT balancing outreach-first engagement with enforcement to ensure safety, ADA compliance, and sanitation are resolved.

Response Matrix – Scenario 3: Individual Occupying a Public Space with Belongings

Category	Current Approach – Human Services	Current Approach – Public Safety	Integrated Services Model
Initial Contact	Triggered by outreach or community complaint	Triggered by call to LASD or Unarmed Security Services	MDT queue triggered by repeated refusals or visibility
Lead Responders	Outreach teams and Care Team	LASD Deputy or Unarmed Security Guard	MDT team with outreach, clinician, Public Safety Partner, County liaison
Engagement Strategy	Trauma-informed, voluntary, persistent	Address any laws or regulations not being followed and assess welfare needs	Joint field engagement; MDT care planning
Assessment	CES assessments if trust is built	Contact Human Services providers, Mental Evaluation Unit, or LACoFD if needed.	Clinical triage + housing needs review + legal tool evaluation (SB 43, Care Court)
Stabilization Tools	Hygiene kits, CES assessment offers, verbal encouragement to relocate, outreach rapport-building, referral to regional services.	Rely on services provided by Mental Evaluation Unit, LACoFD and/or Human Services providers.	Referral to regional storage or hygiene services, MDT-led relocation plan, coordination with Public Works, legal review of obstruction protocols, field-based housing and behavioral health screening.
Follow-up	Client remains on caseload with regular engagement	N/A	Biweekly MDT review with adjustments to care plan
Likely Outcomes	Client may remain visible in public space with some basic support but no resolution of ADA or sanitation concerns. Lack of local storage or hygiene access limits engagement success. Complaints are likely to persist; person may relocate briefly, then return.	Unhoused community member moves to another location with belongings and remains on the streets. May be connected to human services providers, taken into custody due to arrest or involuntary hold, transported to the hospital, or cited.	Coordinated response may result in voluntary relocation and better access to services (e.g., regional storage or hygiene sites). If obstruction issues persist despite outreach, MDT may escalate to law enforcement or sanitation protocols, with legal guidance. Overall likelihood of client connection to housing improves modestly, depending on resource availability and sustained engagement.

Scenario 4 – Multiple Teams Engaging the Same Person Without Coordination

Scenario Summary:

This scenario involves a transgender woman living with HIV who is experiencing homelessness at the West Hollywood Gateway. She has been contacted by multiple contracted service providers such as outreach workers, behavioral health clinicians, and mobile crisis teams and without centralized coordination. In the absence of a lead provider or shared communication system, the teams operate independently, often duplicating assessments or offering inconsistent information. Because no lead provider has been designated and there is no shared communication system, the community member is repeatedly asked to share their story, complete CES assessments, or consider referrals that may not align with their needs. The over engagement from different directions has become overwhelming and emotionally exhausting. The person has begun avoiding contact, citing distrust and confusion about who is offering what. Without a clear plan or single point of contact, their progress toward stabilization has stalled, and their access to gender-affirming care and HIV-specific support remains inconsistent.

4A - Current Approach – Human Services

1. Multiple providers engage the same individual based on community complaints, referrals, or routine outreach.
2. The individual is approached repeatedly for assessments and services, often without awareness of prior interactions.
3. No team is assigned to coordinate care; each provider works independently without visibility into other efforts.
4. The individual may receive overlapping CES assessments, repeated offers of similar services, and inconsistent messaging.
5. Outreach may become excessive, uncoordinated, or confusing, potentially leading the client to disengage.
6. No single agency or team is clearly accountable for ensuring follow-through or long-term planning.

4B - Current Approach – Community Safety

1. Multiple community safety personnel engage the same individual based on community complaints, referrals, or routine outreach.
2. LASD deputies and unarmed security personnel will approach by conducting a welfare check on the person. The goal is to assess the person's potential wellness needs (e.g., Mental Evaluation Team, fire department medical services, human services).
3. A connection to human services providers is offered and a City pamphlet on human services is provided. If a person accepts a connection to human services providers, a call is made to the City's CARE team or Healthcare in Action for follow up.
4. Any potential laws or regulations that are not being followed are addressed.

Integrated Services Model:

1. A shared tracking system flags instances where multiple teams are engaging the same client.

2. The MDT assigns a lead provider with cultural competence and HIV care knowledge to be responsible for coordinating contact, care planning, and service referrals.
3. Engagement is intentionally paced, and all service partners align messaging, roles, and timing to prevent duplication or overwhelm.
4. The lead provider documents updates, while MDT members share progress and adjust strategies biweekly.
5. This coordinated model ensures the client receives consistent, timely support and that responsibility for follow-up is clearly defined.

Response Matrix – Scenario 4: Multiple Teams Engaging the Same Person Without Coordination

Category	Current Approach – Human Services	Current Approach – Public Safety	Integrated Services Model
Initial Contact	Multiple providers engage independently based on referrals or observation.	Triggered by call to LASD or Unarmed Security Services	MDT tracking system identifies duplicated contact; client is flagged and lead provider responds.
Lead Responders	Varies by situation; no lead provider designated.	LASD Deputy or Unarmed Security Guard	Lead provider coordinates all engagement, with support from MDT partners.
Engagement Strategy	Independent, overlapping contact from multiple teams may confuse or overwhelm the client.	Assessment of welfare needs	Coordinated engagement approach with consistent messaging, pacing, and defined team roles.
Assessment	CES assessments may be repeated or inconsistently completed; no shared care plan.	Contact Mental Evaluation Unit, LACoFD, or Human Services providers for services if needed.	Assessments are streamlined and documented within a shared care plan maintained by the lead provider.
Stabilization Tools	Hygiene kits, CES assessments, and referrals offered independently by each provider; coordinated service plan may not exist.	Rely on services provided by Mental Evaluation Unit, LACoFD, and/or Human Services providers.	Shared tracking tools, designated lead agency, coordinated referrals, MDT-based case planning, and consistent follow-up.
Follow-up	Case follow-up may be duplicated or missed; no provider is clearly accountable.	N/A	Biweekly MDT check-ins ensure coordinated updates, role clarity, and continuity of care.
Likely Outcomes	Client experiences fragmented care and inconsistent messaging, increasing the risk of disengagement. Service efforts may be duplicated or conflicting, reducing overall effectiveness. Lack of accountability limits progress toward housing or treatment goals.	Unhoused community member remains in the community. May be connected to human services providers, taken into custody due to arrest or involuntary hold, or transported to the hospital.	Client experiences consistent, coordinated engagement, increasing trust and likelihood of service connection. Services are sequenced and reinforced across teams, improving efficiency and outcomes. Clear provider responsibility supports sustained progress toward housing or stabilization