Developing a Robust Mental Health System in Long Beach

April 2023
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Our Approach</td>
<td>4</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>9</td>
</tr>
<tr>
<td>Setting the Context</td>
<td>11</td>
</tr>
<tr>
<td>Focus Areas and Recommendations</td>
<td>20</td>
</tr>
<tr>
<td>Section 1: Mental Health Treatment Capacity</td>
<td>21</td>
</tr>
<tr>
<td>Section 2: Prevention</td>
<td>25</td>
</tr>
<tr>
<td>Section 3: Access to Treatment</td>
<td>27</td>
</tr>
<tr>
<td>Section 4: Focus Populations</td>
<td>33</td>
</tr>
</tbody>
</table>
## Attachments

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment A</td>
<td>37</td>
</tr>
<tr>
<td>Attachment B</td>
<td>50</td>
</tr>
<tr>
<td>Attachment C</td>
<td>59</td>
</tr>
<tr>
<td>Attachment D</td>
<td>62</td>
</tr>
<tr>
<td>Attachment E</td>
<td>64</td>
</tr>
<tr>
<td>Attachment F</td>
<td>65</td>
</tr>
<tr>
<td>Attachment G</td>
<td>66</td>
</tr>
<tr>
<td>Attachment H</td>
<td>78</td>
</tr>
</tbody>
</table>

## Acknowledgments

80
Introduction

For more than 100 years, the Long Beach Department of Health and Human Services (DHHS) has been a staunch advocate for and protector of the Long Beach community’s health and well-being.

The DHHS has been closely following the mental and emotional health of community members for many decades and has launched campaigns to reduce stigma, integrated mental health supports into service settings, funded local Black mental health providers, and worked to connect people to the treatment they need across the lifespan. There has been growing urgency around meeting the community’s behavioral health needs given the strong connection between mental health conditions and substance use disorders and homelessness, educational attainment, economic success, and efforts to address public safety and violence. In short, optimal mental health and well-being are fundamental to achieving overall quality of life. The DHHS continues to work to meet the increased behavioral health needs of the community to realize the vision in which everyone within our diverse communities is safe, healthy, and has the resources to thrive.

On November 9, 2021, the Long Beach City Council directed the City Manager to work with the DHHS and local mental health providers to explore the feasibility of establishing a more robust infrastructure for mental health services in collaboration with the County of Los Angeles. In response to this directive, the DHHS began convening a Mental Health Advisory Group in May of 2022, and hosted meetings to obtain input regarding the strengths and challenges of the mental health system, focusing on the following populations of concern: children and youth in schools, adults living with depression and anxiety, people experiencing homelessness, and those in crisis.*

Following the early convenings of the Mental Health Advisory Group, the DHHS entered into an agreement with Capstone Solutions Consulting Group (in October of 2022) to conduct a provider survey, provide technical information, and make recommendations that could support an enhanced mental health system in Long Beach. On January 10, 2023, the City Council proclaimed a state of emergency on homelessness. This proclamation added additional urgency to take immediate action where possible, and to formulate recommendations for the future.

*Note: For the purposes of this report, we are defining crisis as an incident in which someone is experiencing intense feelings of personal distress, obvious changes in functioning, and/or catastrophic life events which may result in thoughts or actions that are dangerous to self and/or others.
Between May 2022 and February 2023, the DHHS convened and facilitated a planning process intended to develop recommendations for a more robust mental health system in Long Beach. This process included two parallel but related efforts.

The first effort was to engage an advisory group to inform the process. The Mental Health Advisory Group was comprised of representatives from Long Beach mental health provider agencies, homeless services agencies, business associations, LA County departments, local hospitals, and educational institutions. It was formed to identify barriers and opportunities for enhancing the mental health system based on participants’ experiences. During the first convening, group members elected to focus on ease of access, workforce development and capacity, funding, coordination, and data/data sharing.

The following central themes emerged from the conversations held with the Mental Health Advisory Group:
In Long Beach, all community members have an open path to access and receive the mental health support they need to thrive.

**Principles**

- The mental health workforce is sufficient to meet the need, healthy and supported by a foundation of sustainable funding, continuous professional development, and the implementation of trauma-informed and resiliency best practices.
- The mental health ecosystem is well-coordinated and responsive to the needs of the community by providing a “no wrong door” entry into care and establishing a shared language and unified data metrics across all providers.

**Mental Health Advisory Group Feedback**

During the series of convenings, Mental Health Advisory Group members provided information that highlighted numerous dimensions of the mental health system in Long Beach. In the first convening, group members identified barriers and provided recommendations for solutions in five focus areas: time, resources, processes, prevention, and funding. In the second convening, group members provided information related to the phases of system navigation, and the strengths and opportunities for growth of the Los Angeles County Department of Mental Health (DMH) services. The following visual summaries were created and shared with group members for continued reference.
**Identified Strengths & Successes**

- **REFERRALS**
  - DMH helps with referrals to services and resources in other cities.

- **CONTRACTING IMPACT**
  - When agencies are DMH-contracted, it helps thousands of clients and families connect with needed services.

- **HONORABLE MENTIONS**
  - Reported helpful programs/services:
    - Access line
    - PMRT
    - DBT services
    - Specialized foster care
    - AAPI Services
    - Crisis stabilization services with the VA
    - Mental Health America (DMH-contracted)

**Identified Barriers & Opportunities for Growth**

- **TIME**
  - Long wait lists/wait times and inconsistent communication with DMH are barriers to service providers linking clients to DMH services.

- **RESOURCES**
  - Running out of available beds, funding, and other vital resources at the end of the month is a recurring issue. This is an active issue in terms of how services are provided.

- **PROCESS**
  - Enrolling clients into DMH services can be a rigid process, especially when trying to navigate the system during crisis situations.

- **PREVENTION**
  - There are gaps in opportunities and resources for prevention work, and mild to moderate services.
  - Emphasis of DMH services are often around moderate to severe services.

- **FUNDING**
  - Agencies and organizations are having to find funding outside of DMH to offer more flexibility in services and to bill for them.
Additionally, the Mental Health Advisory Group identified actionable strategies that have been organized into an implementation plan by time frames: short-term (zero to six months), mid-term (six to 12 months), and long-term (12 to 24 months). The strategies are woven throughout this report and may be referenced in Attachment H.

The second effort was to engage a consulting group with expertise in mental health systems, Capstone Solutions Consulting Group, to provide information, make recommendations, and take strategic action in specific areas to support this effort. Their scope of work included anchoring the group’s understanding of the current landscape of mental health systems by providing education regarding the multiple systems, including intensive services.

The consultants were also asked to help capture existing local capacity, detail options for information sharing between providers to better coordinate care and identify strategies for new initiatives that could expand the mental health system for the following populations: children and youth in schools, adults living with depression and anxiety, people experiencing homelessness and those in crisis. They were also asked to assist with the technical aspects of expanding intensive and residential treatment services. The consulting group engaged with the Mental Health Advisory Group as well as the DMH, Substance Abuse Prevention and Control (SAPC), mental health providers, and data and funding experts.

While the results of these two efforts will be detailed more comprehensively in the report, five key themes emerged:

1. The mental health system is complex and difficult to understand.
2. In a time of limited mental health resources, we must ensure that we maximize the use of existing capacity.
3. Mental health services must be expanded in a strategic manner.
4. Technology can be utilized to support coordination efforts and enhance services.
5. Community members do not access care for a variety of reasons including:
   - Inadequate capacity of treatment programs
   - Insufficient information regarding mental health disorders, resulting in failure to seek treatment
   - Paucity of information about treatment options available even when the problem is recognized
   - Lack of culturally affirming care on the part of treatment staff
   - Internal and external stigma
   - Lack of or insufficient health insurance to cover the costs of treatment

The stakeholder process and the consultant’s work occurred simultaneously, which allowed for joint meetings and shared input in a bidirectional manner. The report that follows reflects the synergistic outcome of this collaborative effort.
Mental health is fundamental to overall health and well-being. It is an essential component of any thriving city and, given the connection between the prevalence of mental health conditions and homelessness, public safety, educational attainment, and economic success, it is the right time to explore how mental health systems may be improved.

On November 9, 2021, the Long Beach City Council directed the City Manager to work with the DHHS and local mental health agencies to explore the feasibility of establishing a more robust mental health services infrastructure, in collaboration with the County of Los Angeles.

Between May 2022 and February 2023, the DHHS convened and facilitated a planning process to develop recommendations for a more robust mental health system in Long Beach. This process included two parallel but related efforts:

1. Convening an advisory group comprising representatives from Long Beach mental health service providers, homeless services agencies, business associations, County departments, local hospitals, and educational institutions to inform the recommendations.
2. Engaging a consulting group with expertise in mental health systems, Capstone Solutions Consulting Group, to provide technical information, make recommendations and take strategic action in specific areas to support the planning process.
The current structure of funding whereby mental health and substance use funds are dispersed to counties is dictated by State law so it is not feasible to fully localize mental health services. However, the DHHS has identified and laid out four focus areas and strategies for localizing the mental health system within its scope of control and authority. These focus areas are mental health treatment capacity, prevention, access to treatment, and focus populations. Each focus area contains goals and strategies that have been informed by the Mental Health Advisory Group and Capstone Solutions Consulting Group. The strategies are organized into three timeframes: accomplished, short-term, and long-term. The feasibility of these strategies and actions depends on identifying the substantial funding and staffing resources necessary to carry out the efforts.

Given the urgency and local, regional, State, and national attention on this issue, the DHHS stands ready to tackle the next steps as funding and capacity become available. Together with our partners, allies, and community members, the DHHS is prepared to serve as a leader, coordinator, convener, and advocate for growing and expanding the local mental health system.
Over the last several years, awareness around the importance of mental health and substance use disorders has come into clear focus with nearly universal relevance. While the COVID-19 virus itself may cause brain- and mental health-related conditions, including cognitive and attention deficits (brain fog), anxiety and depression, psychoses, seizures, and suicidal ideation, much attention is also being paid to social isolation and how it affects individuals, families, and communities. In 2021, the United States Surgeon General, Dr. Vivek Murthy, released the report “Protecting Youth Mental Health” in which he underscored the importance of supporting the mental health of youth and marginalized people. At the State level, Governor Newsom’s administration has been working to support the behavioral health (which includes mental health and substance use disorders) of Californians with the following investments:

- $2.2 billion for the Behavioral Health Continuum Infrastructure Program.
- $1.5 billion for Behavioral Health Bridge Housing.
- $1.4 billion to expand and diversify the behavioral health workforce.
- $4.7 billion Master Plan for Kids’ Mental Health, of which the Children and Youth Behavioral Health Initiative is the central component.
- $1.4 billion to build out a Medi-Cal benefit for mobile crisis response, as well as $38 million to expand the 988 Suicide and Crisis Line and the CalHOPE crisis call center.
- Over $600 million to support community-based alternatives to state hospitalization for those who have committed felonies but are incompetent to stand trial.
- Over $1 billion to address the opioid epidemic.
- $7 billion to reform CalAIM to enhance care management for people with serious mental illness, a “no wrong door” approach to care, and more.
- $1.6 billion proposed to implement the California Behavioral Health Community-Based Continuum Demonstration to strengthen services and supports for those who are at risk of homelessness, incarceration, and foster care placements.
- $50 million for the California Veterans Health Initiative (CVHI) for veteran suicide prevention and mental health services.
On March 19, 2023, Governor Newsom released his most recent proposal to further improve how California treats mental health conditions, substance use disorders, and homelessness. The proposal includes introducing a 2024 ballot initiative to develop a bond to build state-of-the-art residential treatment facilities in communities throughout the state. The proposal also includes creating housing for homeless veterans and modernizing the Mental Health Services Act (MHSA) to require at least $1 billion every year for behavioral health housing and care.

Local Context

During the COVID-19 pandemic recovery phase, based on local data and input from community-based organizations that provided services during the pandemic, the DHHS made historic investments in central, west, and north Long Beach. In October of 2022, the DHHS issued over $3 million in funding to address factors that contributed to COVID-19 hospitalizations as well as the impacts of COVID-19, including mental health supports and trauma recovery. While these investments are significant, they are not enough.

The number of individuals with mental health conditions in cities throughout Los Angeles County continues to increase. The 2018 Los Angeles County Health Survey found that 42 percent of adults reported recent anxiety or depression and only 67 percent of adults visited a doctor for a routine checkup, potentially preventing the detection of mental health conditions which can lead to serious concerns. On average, about 15.8 percent of Long Beach residents 18 years and over reported not having good mental health for 14 days or more, with ZIP Code 90813 having the highest rate of reporting this issue. The majority of Long Beach residents receive their insurance through their employer (43.7 percent), followed by Medicaid/means-tested public coverage (23 percent) and 8.9 percent of Long Beach residents are uninsured, with the highest rates being in 90805 and 90813.

Data demonstrate an over-representation of our Black community in Long Beach visiting the emergency room for mental health conditions compared to other race/ethnicities. Our Black community visits the emergency room at a rate nearly double that of the city overall (603/10,000 adults compared to 322 per 10,000 adults). The CA Health Care Foundation (2019) found that American Indian adults had the highest percentage for serious mental illness (6.8 percent) compared to 5.3 percent for Black adults and 4.2 percent for White adults.

For youth, mental health concerns were exacerbated during COVID. The UCLA Center for Health Policy Research reports that the number of 18-to-24-year-olds in California who reported having suicidal ideation at some point in their lives increased to 30.5 percent in 2021 from 23.9 percent in 2020. These figures represent a dramatic increase from just five years ago when the Center’s 2016 survey found that 14.1 percent of California’s young adults said they had experienced thoughts of suicide at some point in their lives.

According to the 2021 California Health Interview Survey, 36.7 percent of respondents aged 13 to 17 said they needed help for emotional or mental health problems, but 26.2 percent of them did not receive any counseling in the past year.
Mental Health in Long Beach, 2018-2020

42% of adults reported recent anxiety or depression & only 67% of adults visited a doctor for a routine checkup.

16% of adults in Long Beach reported not having good mental health for 14 days or more, with the highest rate in ZIP Code 90813.

9% of Long Beach residents are uninsured, with the highest rates in 90805 and 90813.

37% of youth ages 13-17 said they needed help for emotional or mental health problems.

26% of youth ages 13-17 who said they needed emotional or mental health help did not receive any counseling in the past year.

The number of 18-to-24-year-olds in California who reported having suicidal ideation at some point in their lives increased to 31% in 2021 from 24% in 2020.

Those figures represent a dramatic increase from just five years ago. The Center’s 2016 survey found that 14% of California’s young adults said they had experienced thoughts of suicide at some point in their lives.
Five ZIP Codes have higher ER visit rates for adults and children. These are 90804, 90805, 90806, 90813, and 90815. ZIP Code 90813 has the highest rate of adults visiting ER (502.3 visits/10,000 adults). On the other hand, 90804 has the highest rate of children visiting the ER (189.9 visits/10,000 children).

Between 2018 and 2020, in Long Beach, Black or African American residents, both adults and children, reported having the highest ER visit rate due to mental health reasons. The Black or African American adult ER visit rate is about twice the Long Beach rate.
Behavioral Health Systems Serving Long Beach

While the focus of this report is on improving access to mental health services, we believe it is also important to include a discussion of substance use disorder prevention and treatment, as mental health conditions and substance use disorders (SUD) may be co-occurring and there are similar challenges with accessing treatment for both. For the purposes of this report, we use the term behavioral health when referring to both systems together, otherwise, we call out mental health or substance use disorders separately.

Mental Health

The mental health system serving Long Beach is a series of systems depending on a variety of factors. These systems are not coordinated and there is little communication between systems that treat the same individuals or families. This makes accessing relevant services at the appropriate time very difficult. To successfully navigate the multiple entities that oversee care, clients must know their insurance or benefit status (Medi-Cal, Medicare, employer insurance, etc), what type of problem they are experiencing (mental health conditions, substance use disorders, or both), the severity of the problem (mild to moderate vs. serious), and whether they might be eligible for services delivered through another system (e.g., schools, child welfare, or probation).

### Choice is dictated by client's
- Financial & benefit status
- Severity & type of illness
- Medical necessity
- Age

### Systems of care are not integrated
- Medical systems
- Mental health systems
- Substance Use Disorder systems

### Other systems that provide care for adults & children
- Criminal Justice systems
- Educational systems
- Child welfare systems
The following illustration of the behavioral health ecosystem in Long Beach provides a more complete picture of the complexity of the ecosystem. There are many players and while some are connected to multiple systems, many are not.

The above illustration also demonstrates that the DHHS is not well-connected to the various systems for the purposes of mental health treatment. While the DHHS has begun offering mental health outreach and connection to services within its clinical settings and homeless services, it does not receive funding from any mental health payor source (e.g., DMH, Medi-Cal Managed Care Organizations or Private Payors) for providing these services.
The mental health system for children (under 21 years) is just as complex. Mental health supportive services may begin as early as infancy and range in the levels of care depending on the child's needs (see diagram below). School-aged children (5-18 years old) may be connected to on-campus services and supports or receive referrals to local agencies from their educators.

Understanding the differences between agencies that are responsible for the care of different clients is a key factor since:

- Referring individuals to the appropriate system from the outset increases the timeliness of care and reduces frustration and potential drop-out.
- Maximizing the capacity of each mental health system limits default into systems not responsible for providing treatment.

The mental health system for children (under 21 years) is just as complex. Mental health supportive services may begin as early as infancy and range in the levels of care depending on the child's needs (see diagram below). School-aged children (5-18 years old) may be connected to on-campus services and supports or receive referrals to local agencies from their educators.

<table>
<thead>
<tr>
<th>Prevention, Early Intervention &amp; Wellness Services</th>
<th>Outpatient Services</th>
<th>Peer &amp; Recovery Services</th>
<th>Community Services &amp; Supports</th>
</tr>
</thead>
</table>
| • PEI for children & families delivered in various settings  
• School-based mental health programs | • Clinic & field-based services: individual, group, family  
• School-based/school linked mental health services | • Drop-in services for TAY  
• TeenLine | • Case management  
• Flexible funding |

<table>
<thead>
<tr>
<th>Intensive Outpatient Treatment Services</th>
<th>Crisis Services</th>
<th>Intensive Treatment Services/Residential</th>
</tr>
</thead>
</table>
| • Full-Service Partnerships  
• IFCCS  
• TBS  
• Wraparound | • Hotlines (Teenline)  
• Crisis-oriented treatment (CORS)  
• Urgent Care walk-in (TAY)  
• Crisis mobile response | • Level 14 Group Home  
• Adolescent Psychiatric Health Facility (PFH)  
• Inpatient Hospitals  
• STRTPs |

In Long Beach, service providers contracted through the DMH or Long Beach Unified School District (LBUSD) provide needed services to children who are Medi-Cal eligible. In addition, agencies can also contract with the LBUSD to provide services for children who have mental health conditions that interfere with the child’s educational attainment. To receive these services, the student needs an Individual Education Plan (IEP) that identifies their needs and connects them to contracted providers regardless of insurance. Children who are not Medi-Cal eligible, do not have an IEP, and do not have conditions that would warrant intensive outpatient services, must seek services through private insurance providers. This process can be lengthy and does not have a central entry point for families seeking services for their children.
Students enrolled in the local higher education system in Long Beach have access to on-campus supportive services. On-campus supports are not only limited in number but limited in the number of available sessions and this means long waiting lists. The recommendations the Advisory Group and consultants identified to enhance the children-serving mental health system align with those of the adult-serving system and, as such, ultimately work to improve access, build workforce capacity, enhance treatment, and invest in prevention.

**Substance Use Disorders**

Substance use disorder prevention and treatment services are planned and funded through Los Angeles County Substance Abuse Prevention and Control (SAPC) which is housed in the County’s Public Health Department. The SAPC contracts with local service providers within Long Beach. Currently, SAPC records show 22 substance use disorder treatment and service providers in more than 50 locations both within the city and within a 10-mile radius. The online system no longer shows the total number of beds at each site, but it does show how many beds are available. At the time of this writing, the system showed that fewer than five residential beds and one residential detox bed were available. Bed availability can be seen on the Service and Bed Availability Tool (http://sapccis.ph.lacounty.gov/sbat/).

The Substance Use Disorder treatment system offers the following types of care.

Overall, within the system, there are service gaps, and not all levels of care are represented among the SUD providers. In addition, some providers provide levels of care only for specific populations (e.g., women and children, youth). Most SUD providers in Long Beach are funded by the SAPC. There are fewer private providers.
At an individual or family level, a person who has private insurance would not generally access services through the DMH as their insurance may provide coverage for a wide array of services; however, coverage levels may not cover the total cost of services. Individuals with Medi-Cal must work through their managed care organization to access services such as outpatient services and medical care. However, if they need more intensive treatment options, they access treatment through the DMH. The DMH contracts with service providers across the county, including providers in Long Beach. For treatment of substance use, individuals with Medi-Cal must access services through organizations funded through the SAPC, which serves as the managed care provider for all Medi-Cal services for substance use treatment. (Detailed information on funding for different systems can be found in Appendix A)

The DMH currently funds 21 providers across the continuum of services within Long Beach. There are also many service providers in Long Beach who take private insurance or Medi-Cal through the managed care system. In 2017, Star View Behavioral Health opened a DMH-funded Behavioral Health Urgent Care Center (BHUCC), which provides 24-hour access to mental health services in Long Beach. In addition, at the higher levels of care for adults needing 24-hour residential programs, there are two DMH contracted Mental Health Rehabilitation Centers (MHRC) and one enriched residential service provider. There are no crisis residential treatment programs in the City. Based on a review of the DMH service locator, there is one DMH-contracted mental health/24-hour residential program in Long Beach serving youth. Many of these providers are at capacity, which means that the funded system is not meeting the needs of our children, adults, and people experiencing homelessness.
Focus Areas & Recommendations

For the remainder of this report, the DHHS has laid out focus areas and strategies within its scope of control and authority. Again, the DHHS and the City of Long Beach do not directly control funding for mental health and substance use systems. By State law, mental health and substance use system funds are distributed to counties, which are the jurisdictions for mental health and substance use disorder prevention and treatment. Establishing a more localized structure would require a shift in State policy and significant funding, including local City funding, to provide the infrastructure as well as the required local match for Medi-Cal services. Given the complexity of shifting policy and obtaining significant funding, the DHHS uplifts current practices and future efforts that lean on its role as a trusted leader in convening and coordinating stakeholders, with a strong focus on addressing disparities. The strategies and actions outlined below to strengthen and localize mental health services are feasible as funding and staffing resources are identified.

The recommendations are organized into four sections:

1. Mental Health Treatment Capacity
2. Prevention
3. Access to Treatment
4. Focus Populations

Each section consists of a short introduction in which the overall context, goals, and strategies, informed by the Mental Health Advisory Group and Capstone Solutions Consulting Group, are presented. The strategies are organized into three timeframes: accomplished, short-term, and long-term. Accomplished strategies are those that have been fully completed as of this writing. Short-term strategies are those that can be accomplished within the next eight to 12 months. Long-term strategies are those that can be accomplished within the next two to four years with adequate funding and capacity. It is assumed that intensively focused work to identify funding for these efforts will take place in both the short- and long term.

This report is grounded in the vision that the Mental Health Advisory Group established:

*In Long Beach, all community members have an open path to access and receive the mental health support they need to thrive.*

To fulfill this vision, providers across the community must increase prevention opportunities and access to services as well as the capacity for providing these services. The goals and strategies outlined below address these key areas.
Section 1: Mental Health Treatment Capacity

Expansion of mental health capacity within existing infrastructure requires a sufficient workforce and funding to meet the need. Both are challenging and take time.

Increasing mental health treatment programs requires significant investment through funding of new programs or by reengineering existing programs. Launching new programs or expanding existing ones requires identifying State and local (county) funding opportunities, which often roll out at different times for different age groups or vulnerable populations. The high visibility of the need for mental health interventions has led to federal increases in state block grants for mental health and substance use treatment (including opioid addiction), the rollout of the 988 Crisis Line, California’s redesign of the Medi-Cal system under CalAIM, as well as increased funding opportunities being announced by Governor Newsom.

Organizations that want to add funding for Medi-Cal reimbursable services must apply for contracts through the DMH, the Los Angeles County Department of Public Health (DPH), or through managed care companies, which can take six months or longer and are generally awarded through competitive bid processes. Once contracts are granted, agencies must find space, attend to the administrative systems that will support new programs, and recruit and train staff. Contracting with County or State programs for the reimbursement of services involves lengthy processes for organizations interested in expansion. Once contracts are granted, expansion then relies upon the time it takes to recruit, hire, and train new staff to implement and administrate these programs.
In January 2023, Capstone Solutions Consulting Group administered a survey to the Mental Health Advisory Group members (see Attachment C). The survey captured organizational capacity and interest in delivering additional behavioral health services. More than 40 agencies that were engaged in the stakeholder process were invited to participate in the survey and 23 responded. Findings demonstrated that, in Long Beach:

- Providers have difficulty accessing information about new funding opportunities.
- There is concern about infrastructure, including workforce availability and adequate workspace/sites.
- It is difficult to develop and maintain a comprehensive system of care.
- While many organizational representatives indicated that they are at capacity, some may have the ability to accept additional clients.

The inability to recruit and retain the necessary workforce stands as a formidable challenge to developing a robust local mental health system. More than half of the organizations responding to the survey administered by Capstone Solutions Consulting Group reported that workforce challenges have limited their ability to expand their services. In addition, in a recent report commissioned by the California Behavioral Health Directors Association (CBHDA) released in February 2023, an analysis of the workforce issue concluded that the shortage is due to several factors including non-competitive salaries, cumbersome paperwork requirements, and burnout.

**Goal 1
Build Workforce Capacity**

The inability to recruit and retain the necessary workforce stands as a formidable challenge to developing a robust local mental health system. More than half of the organizations responding to the survey administered by Capstone Solutions Consulting Group reported that workforce challenges have limited their ability to expand their services. In addition, in a recent report commissioned by the California Behavioral Health Directors Association (CBHDA) released in February 2023, an analysis of the workforce issue concluded that the shortage is due to several factors including non-competitive salaries, cumbersome paperwork requirements, and burnout.

**Accomplished:**

- The DHHS has prioritized building internal workforce capacity by investing recent State and federal workforce infrastructure funds in a new Workforce Officer position who, once hired, will lead staff recruitment, retention, and pipeline development efforts. Recruitment incentives will continue to be developed and offered for critical, hard-to-fill roles, including behavioral health positions.
- The DHHS has expanded mental health student practicum placements across its various clinical programs.

**Short-Term Strategies:**

- Work with the DMH and DPH to grow the eligible workforce by outlining ways to expand employment to individuals with lived experience to become community health workers, peers, promotoras, parent partners, and more.
- Encourage local mental health organizations to develop a budget for ongoing continuing education and professional development for staff as a best practice.
- Partner with local universities to develop affordable professional development opportunities for local organizations.
- Track ongoing state initiatives to expand the mental health workforce and identify opportunities for Long Beach.
Long-Term Strategies:

- Encourage the expansion of technology use by mental health service providers to enhance the scope and quality of services. Increase and improve training in new software to facilitate tele-mental health and other services.
- Update hiring practices and approaches to provide more employment opportunities for those with lived experience and focus recruitment on those from marginalized communities that experience poor mental health outcomes.
- Encourage organizations to establish benefit packages for employees that include student loan repayment or tuition reimbursement, similar to those offered by the nursing profession.
- Create employment opportunities that allow for salary increases commensurate with professional growth.
- Partner with the LBUSD, Long Beach Community College, California State University Long Beach, and Workforce Development to develop and support educational and experiential pathways to behavioral health fields.
- Support further development of the workforce pipeline by helping train community mental health providers as preceptors, which allows for more placements from local university programs.
Ongoing, sustainable funding to support service coordination and access to prevention and treatment across the continuum of need is key to expanding options. Neither the DHHS nor the City of Long Beach receives a direct allocation of mental health funds; the City relies on DMH-funded services offered by community and faith-based organizations. Building a locally coordinated system requires that sustainable funding be identified for the DHHS. Additional funding to support local providers and new programs is also essential to building service capacity.

**Accomplished:**
- Received $1.35 million in grant funding from the Hilton Foundation to support a mobile mental health and substance use treatment program for people experiencing homelessness. These funds will also support a consultant to identify ongoing funding opportunities through CalAIM.

**Short-Term Strategies:**
- Provide information to existing service providers to help connect them with State and County mental health grant opportunities aligned both with the MHSA and the governor’s initiatives.
- Partner with the LBUSD to expand school-based services through new funding opportunities such as the DMH’s Prevention and Early Intervention program and the California Children and Youth Behavioral Health Initiative.
- Explore opportunities for drawing down MHSA, Medi-Cal, and CalAIM funding to support direct service models within the DHHS, including becoming a licensed service provider for both CalAIM and Medi-Cal.

**Long-Term Strategies:**
- Pursue opportunities for direct mental health funding to come to the City to strengthen the collaborative infrastructure, enhance technology tools and expand existing programs such as the Community Crisis Response (CCR).
- Identify and support legislation to provide funding for the coordination of local mental health system efforts.
- Partner with the County to ensure that providers, especially those that are under-resourced, have sustainable and sufficient funding throughout the entire year so that services are not reduced at the end of funding cycles.
Section 2: Prevention

Investment in prevention can reduce life-long impacts related to untreated mental health conditions. In Long Beach, a significant number of individuals face mental health concerns and conditions which, in turn, affect their overall quality of life in many ways. In short, the prevalence of behavioral health conditions does not allow for a city and its residents to thrive. The COVID-19 pandemic has only exacerbated conditions for people already living with mental health diagnoses across the lifespan. For those who are undiagnosed, the constant uncertainty, trauma, and anxiety that accompany mental health conditions continue to impact their quality of life. Unfortunately, the stigma around mental health diagnoses and treatment still exists. In some communities, the social norms and stigma are so intertwined that mental health conditions go untreated across the lifespan. The strong connection between mental health conditions and people experiencing homelessness also acts as a stigma. Mental health prevention efforts are a critically important tool for building community resiliency and preventing more people from experiencing homelessness.

As outlined in a recent DMH presentation, prevention services are focused on reducing risk factors and other stressors that could lead to serious mental health conditions. The DMH does so by building protective factors such as social connections, concrete supports in times of need, knowledge of parent and child development, and social and emotional competence. DMH prevention resources focus on 1) individuals not currently receiving mental health services, 2) individuals or large groups of individuals who may be or are at risk, or 3) promoting preventative mental health services among priority subpopulations. Priority populations include individuals exposed to trauma, individuals experiencing the onset of serious psychiatric conditions, individuals experiencing extreme stressors, and underserved cultural populations.
Accomplished:
- Launched the city-wide “Mental Health Matters” awareness campaign designed to normalize and destigmatize mental health conditions and improve access and connection to mental health supports in Long Beach.

Short-Term Strategies:
- Identify programs in Long Beach currently receiving DMH prevention funding and work to leverage these efforts in underserved communities now experiencing significant generational trauma and anxiety because of structural racism, lack of educational achievement and economic success, and inadequate housing.
- Identify DMH prevention funding opportunities to support community-focused mental health prevention activities within the underserved communities described above.
- Identify avenues to participate in the DMH Prevention Mental Health Promoters Network.
- Support the expansion of Mental Health First Aid and other training programs for community members and community-based organizations.

Long-Term Strategies:
- Prioritize reducing community exposure to risk factors that lead to mental health conditions and increase opportunities for social and emotional well-being in communities with higher rates of poor mental health outcomes.
Section 3: Access to Treatment

The mental health system in California is comprised of many subsystems, including County-run specialty mental health and substance use services, managed care Medi-Cal services for individuals with less serious disorders, private managed care, and health insurance delivery systems. Access to these systems is based upon the individual or family’s benefits or insurance, the type of disorder, severity of their condition(s), age, and participation in other systems of care (e.g., child welfare system). This complexity has created a network of systems that fails to meet the needs of the Long Beach community.

Increasing access to treatment depends in large part on increasing both providers’ and individuals’ overall knowledge of the mental health and substance use systems. Individuals need to be educated so they can understand admission criteria, determine their eligibility for services, and, most importantly, how to navigate the various service models. Providers and the systems they operate must be better coordinated to ensure effective referrals to appropriate services and, due to insufficient capacity in our city, particularly for intensive services, these systems must be coordinated at the regional level. According to conversations with local providers and clients, access to treatment services is difficult at all levels of care. In Long Beach, at the higher levels of care for adults needing 24-hour residential programs, there are two DMH contracted Mental Health Rehabilitation Centers (MHRC), and one enriched residential service provider. There are no crisis residential treatment programs. Based on a review of the DMH service locator, there is one DMH-contracted mental health/24-hour residential program in Long Beach serving youth.

Goal 1
Increase Knowledge About the System

Accomplished:
- Updated the Mental Health Resource Guide on the DHHS website, which includes newly identified mental health agencies that are providing services in Long Beach. See Attachment B for the Resource Guide.
Accomplished:
- The DHHS convened the Mental Health Advisory Group to examine the local mental health system. This group will continue to meet to develop a local work plan to implement the strategies outlined in this report.
- Streamlined access to available mental health treatment opportunities in collaboration with the DMH. Providers are encouraged to contact the Service Area 8 navigators at (562) 256-7717 during business hours.

Short-Term Strategies:
- Conduct training for providers and policymakers to educate them on the complexity of the mental health system and how they can best support their clients or constituents.
- Create and update a repository of information and support tools so community-based organizations can stay current on mental health systems of care.
- Develop culturally appropriate educational materials for clients and their family members so that they can better understand how to access care and support.
- Develop system-wide training opportunities on generational trauma and trauma-informed best practices to inform client intake/assessment.

Long-Term Strategies:
- Continue to provide trauma-informed training opportunities for City departments and community partners.
- Continue to regularly update the Mental Health Resource Guide.

Goal 2
Simplify Access Through Coordinated Efforts

Accomplished:
- The DHHS convened the Mental Health Advisory Group to examine the local mental health system. This group will continue to meet to develop a local work plan to implement the strategies outlined in this report.
- Streamlined access to available mental health treatment opportunities in collaboration with the DMH. Providers are encouraged to contact the Service Area 8 navigators at (562) 256-7717 during business hours.

Short-Term Strategies:
- Establish a structure or mechanism for the DHHS to serve as a coordinating body for a local behavioral health system of care, ensuring the DMH, SAPC, managed Medi-Cal plans, and substance use disorder and mental health treatment providers are present and involved.
- Meet with representatives of the DMH Intensive Care Division (ICD) to gain additional understanding of residential treatment programs, and eligibility and access.
- Share the resources for ombudsmen offices, established by the State, for individuals to report access-related problems (currently exclusive to Medi-Cal funded services).
**Long-Term Strategies:**

- Encourage the simplification of enrollment processes among service providers locally and within the DMH to remove initial barriers to treatment.
- Collaborate with managed care organizations to remove administrative barriers to common adult and pediatric referrals.
- Partner with existing service providers to streamline access by establishing a “no wrong door” local system for behavioral health care services.
- Establish a community-focused, language-accessible Mental Health Resource Hub to assist with referrals to care, determining benefits, and navigating resources.
- Partner with the DMH to identify solutions for patient data sharing with the DHHS’s Homeless Services Division, Community Crisis Response Teams, and the Resource Line.
- Explore information sharing through the existing Health Information Exchange (HIE) (see Attachment D for Information on Data Strategies). Participate in State planning efforts related to the rollout of the California Data Exchange Framework.

---

**Goal 3 Increase Services**

**Accomplished:**

- Through the Long Beach Recovery Act, the DHHS provided $300,000 in funding to contract with six Black Mental Health Providers to increase access to mental health care by connecting uninsured and underinsured Black residents to culturally affirming, quality mental health services at no cost.
- Identified a current listing of DMH Intensive Care Division (ICD) programs, including contact information for referrals, as well as identified the website location where new programs will be announced in 2023.
- Toured the MLK behavioral health campus to understand service provision and coordination of services across systems.
- Conducted a survey completed by 23 of the organizations represented in the Mental Health Advisory Group. The survey focused on identifying existing capacity to treat more clients and/or what would be required to increase capacity (e.g., additional space, staffing, funding). See Attachment C for a summary of the results.
Outpatient Care

Outpatient care focuses on services for less intensive mental health needs. It includes outpatient services, wellness centers, self-help and recovery services, case management, and crisis services, including the 988 Suicide and Crisis Lifeline, urgent care centers, and crisis mobile response teams.

Short-Term Strategies:
- Look beyond the traditional service provider agencies to include faith-based organizations and non-denominational providers that offer counseling provided by mental health professionals.
- Engage the DMH to determine the potential for a Clergy Academy in Long Beach.
- Partner with City departments, community-based organizations, and faith-based organizations to allow for on-site mental health assessments and referrals.
- Partner with service organizations to locate mental health providers in non-traditional settings such as libraries, park facilities, and other commonly used locations to expand access.

Long-Term Strategies:
- Expand mental health services to adults with depression and anxiety. Begin with convening meetings with representatives from managed care plans and their third-party mental health entities to explore options for expanding the non-specialty mental health network and ways to streamline access to existing network providers.
- Encourage employers to cover mental health care as part of their benefits package (for all employees).
- Investigate opportunities for the DHHS to become a mental health provider to support Community Crisis Response Teams and Homeless Services, as well as to integrate mental health services into other settings.
- Partner with the DMH to fund additional providers in the community, with a focus on providing culturally competent and culturally affirming care.

Crisis Response

The DMH launched a crisis response model in conjunction with its 988 Crisis Line. The DMH endeavors to identify crisis response provider organizations to support its efforts; however, existing capacity does not meet the City’s needs. To fill the gap the DHHS has planned, and will soon launch, a local Community Crisis Response (CCR) pilot program. Such a program was cited in the Racial Equity and Reconciliation Report (2020) as an important model that could be implemented in Long Beach. The CCR is a signature part of the City’s efforts to improve overall community health and safety through programs and services that meet residents’ needs through health-based approaches. The CCR team will be dispatched directly to 911 calls to quickly provide the appropriate response to individuals and families experiencing behavioral health issues, or other non-emergency health or social welfare concerns, and to reduce unnecessary law enforcement or hospital-based interventions for non-emergency calls.
The CCR team can provide:

- Crisis intervention support
- De-escalation for individuals
- General health education
- Suicide assessment and intervention
- Items for basic needs (e.g., hygiene, clothing, nutrition supplements, et al.)
- Triage to individuals requiring minimal medical aid (e.g., minor injuries including scrapes, cuts, and bruising with normal capillary refill)
- Transportation to appropriate resources such as the Long Beach Multi-Service Center, mental health urgent care, shelter, et al.
- Resource navigation and referral support for services

The CCR team will consist of three field responders, including a Crisis Intervention Specialist (LCSW), a Public Health Nurse, and a Peer Navigator. This team will respond to calls Monday through Friday, from 10:00 am to 5:00 pm, within the jurisdiction of the West Long Beach Police Division.

**Accomplished:**

- The DHHS has hired and onboarded all staff on the CCR pilot and will launch in Spring 2023.

**Short-Term Strategies:**

- Build relationships with service providers in the community to refer CCR clients for ongoing support.
- Implement a data and evaluation strategy to evaluate the program and lead to continuous quality improvement.

**Long-Term Strategies:**

- Expand Long Beach’s Community Crisis Response Team by exploring additional funding opportunities at the County, State, and federal levels, including opportunities to collaborate with the DMH on mobile crisis outreach teams as part of the 988 Crisis Line rollout.
- Expand response teams to 24/7 and city-wide operations.

**Intensive Care**

A number of different service models fall within the category of Intensive Treatment Services including state hospitals, acute inpatient services for individuals in psychiatric crisis, long-term psychiatric care facilities, crisis residential treatment facilities, and enriched residential services. These are outlined in the table below. More specific program information can be found in Appendix G: Intensive Behavioral Health Services in Los Angeles. Information about the availability of intensive care programs for high-need individuals was not well known. Overall, issues that surfaced in stakeholder conversations highlighted the following:

- Admission criteria, referral, and placement processes for intensive care programs are not well understood.
- There are insufficient DMH Intensive Care Division (ICD) resources in Long Beach and the broader Service Area 8 (SA 8) for individuals with intensive care needs.
Most intensive care services programs are located outside of Long Beach so individuals and families in need must travel to them.

The City seeks to increase access to sub-acute facilities, crisis residential treatment programs, and enriched residential services, as these services are very limited within Long Beach and the surrounding areas.

### Short-Term Strategies:

- Engage with the DMH ICD and the Long Beach provider community to better understand intensive services, including, but not limited to, referral processes and admission and discharge criteria for each level of intensive care.
- Identify whether any mental health provider in Long Beach and surrounding areas has an interest in providing facilities such as a psychiatric health facility, enriched residential services or crisis residential treatment programs and encourage them to respond to/apply for DMH funding solicitations.
- Meet with representatives of the SAPC to gain additional understanding of residential treatment programs, and eligibility and access.
- Leverage SAPC expansion opportunities, particularly new funding for opioid addiction.
- Convene meetings with providers interested in enhancing their programs and services by adding substance use treatment services for those with co-occurring disorders.

### Long-Term Strategies:

- Identify locations within Long Beach that could serve as intensive treatment locations. Partner with the DMH to identify providers that may be interested in expansion and support providers’ abilities to utilize those spaces.
- Collaborate with the DMH ICD, Service Area 8, and community agencies to implement programs that serve individuals with intensive care needs, particularly crisis residential and enhanced residential treatment programs, as well as psychiatric health facilities in Long Beach.
- Partner with the DMH to identify sustainable funding, streamline access, and coordinate services.
Section 4: Focus Populations

The DHHS recognizes that a number of diverse populations within our city are disproportionately impacted by mental health and substance use disorders and face additional barriers to services. However, both existing service models and providers may not have the capacity to sufficiently address the unique needs presented. This section focuses on people experiencing homelessness and Transition Age Youth (TAY). The City's recent proclamation of a homelessness emergency creates further urgency to allocate resources to expanding access to mental health services for people experiencing homelessness and transition-aged youth to support their success and prevent homelessness. In addition, the City acknowledges the need to identify additional resources for our other populations disproportionately impacted by mental health and substance use disorders.

People Experiencing Homelessness

The DMH has several programs that serve individuals and families who are experiencing homelessness and/or who are living with mental health conditions. Over the years, the Mental Health Services Act (MHSA) Community and Supports Plan (CSS) has allowed the DHHS to expand these services in an ongoing effort to address gaps in services. Nonetheless, the service gaps continue across the County, and it is reflected in Long Beach. For example, there is only one recuperative care provider and little access to hospital step-down opportunities in Long Beach.

During the 2022 Point-In-Time Homeless Count, more than 1,200 people experiencing homelessness indicated they had a severe mental health condition, which represents nearly 40 percent of the City’s homeless population.
Steps the City is taking to increase access to mental health services for people experiencing homelessness include:

- Expanding mental health hours at the Multi-Service Center (MSC), including utilizing hours from mental health clinicians through the Black Health Equity Fund.
- Increasing access to physical and mental health services for people experiencing unsheltered homelessness by expanding the REACH program to include an additional team.
- Implementing a mobile therapy van that will have a mental health clinician and a SUD counselor to engage people at encampments, provide short-to medium-term therapy and allow people to access longer-term treatment services for mental health and/or substance use.
- Increasing the availability of the LA County Department of Health Services (DHS) mobile medical clinic from once a month to twice a month. Work to ensure that the psychiatrist is available when the clinic comes to Long Beach.
- Hiring a part-time psychiatrist for the MSC who will also work in the field with individuals seeking access to medications in support of their mental health needs.
- Working to access the DHS charting system (CHAMPS) to improve coordination as well as the ability to refer to specialized beds (such as recuperative care) located in surrounding cities.
- Establishing low-barrier mental health programming for people experiencing homelessness at the MSC.

**Short-Term Strategies:**

- Pursue opportunities to support the addition of specialized beds for recuperative care and step-down following behavioral health hospitalization.
- Partner with the DHS and DMH to provide specialized staffing to support individuals with a wide range of both mental health and medical needs in shelter settings.
- Partner with the DMH to reestablish the co-location of DMH staffing at the MSC.

**Long-Term Strategies:**

- Work with the DMH to create additional full-service partnership (FSP) slots in Long Beach to ensure that more people in need of high-intensity outpatient mental health services receive these services.
- Work to increase supportive housing units that provide ongoing rental assistance and supportive services to those with the greatest needs.
- Increase the capacity of existing Board and Care facilities to increase housing retention.
- Work to increase intensive service locations, including crisis and enriched residential facilities, as well as recuperative care locations.
Transition-Age Youth (TAY)

Transition-Age Youth are those from ages 16 - 24. As mentioned in the data section, there has been a dramatic increase in suicidal ideation among TAY youth, growing from 24 percent in 2020 to 30.5 percent in 2021 for youth in the State of California. In addition, data from the California Department of Health Care Access and Information shows that in 2020, 664 TAY in Long Beach visited the emergency room for a mental health condition. Those who identified as Black or African American had the highest rate of emergency room (ER) visitation due to mental health conditions. When compared to other races, the ER visitation rate for Black or African American youth was five times higher than that of Asian American and Pacific Islanders and about 1.5 times higher than that of White youth. The 2022 Homeless Point in Time data shows that youth, youth exiting the foster care system, students in higher education, and those who identify as LGBTQIA2S+ are falling into homelessness at disproportionate rates. Data shows that 21 percent of people experiencing homelessness were formally in foster care, 11 percent are LBGTQIA2S+, and 5 percent are students. Mental health prevention and treatment activities for youth are essential to homelessness prevention.

Accomplishments:
- The DHHS submitted for a multi-year DMH Innovations project to support mental health prevention and intervention services for the TAY population.
- The DHHS has secured a location and funding to open a 12-bed shelter for youth experiencing homelessness, which will include referrals to mental health services.

Short-Term Strategies:
- Further engage with the LBUSD, California State University Long Beach, and Long Beach City College to understand the gaps in services for students disproportionately impacted by mental health conditions and support the coordination of services to ensure students have access to mental health services.

Long-Term Strategies:
- Improve access to health, mental health, and trauma services by coordinating with the Long Beach Youth Services Network to engage health and mental health agencies, streamline referral processes, address policy and systemic barriers, and increase knowledge of available services with a focus on improving mental health outcomes for Black youth.
Conclusion

The DHHS has highlighted the many facets and complexities of the mental health system in this report. Given the urgency and local, regional, State, and national attention on this issue, the DHHS stands ready to tackle the next steps as funding and capacity become available. Together with our partners, allies, and community members, the DHHS is prepared to serve as a leader, coordinator, convener, and advocate for growing and expanding the local mental health system.

*The DHHS expresses its gratitude to everyone who has contributed to this process so far and looks forward to working together to address this critical challenge.*
Attachment A:
Capstone Solutions Consulting Group Presentation on the Behavioral Health System Serving Long Beach

Presented to the Long Beach Health Department by:
Robin Kay, PhD
Cassandra Fatouros, MBA, LCSW
Mary Marx, LCSW
So where do we start?

How do you get there?

Planning the trip means using algorithms

Mental decision trees that consider the relevant factors:
- Cost and who pays
- Time the trip will take
- Travel schedule
- Confidence that the chosen mode of travel will reach your destination
Embarking on the journey to seek behavioral health care is hard because...

The route is governed by:
- The benefits (medical insurance) you have
- The severity of your illness
- The other systems to which you belong
- Your age

In other words... seeking behavioral health treatment is no trip to New York!

---

Today’s Goals

- To identify WHAT the systems are that constitute behavioral health
- To illustrate HOW the systems are funded
- To learn WHAT happens at the individual level
- Share information on HOW to become a provider

---

Let’s Start: Healthcare benefits for residents of Long Beach in LB

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>9%</td>
</tr>
<tr>
<td>Employer Coverage</td>
<td>46%</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>27%</td>
</tr>
<tr>
<td>Medicare</td>
<td>8%</td>
</tr>
<tr>
<td>Non-group</td>
<td>10%</td>
</tr>
<tr>
<td>Military or VA</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Data as of 2020, retrieved from: [https://www.longbeach.gov](https://www.longbeach.gov)
The Mental Health Ecosystem Map of Long Beach

Definitions

- Specialty vs. Non-Specialty
- FQHCs (Federally Qualified Health Centers)
- DHS vs LBDHHS
- Directly Operated vs Contracted vs CBO (Community-based organizations)
- SAPC (Substance Abuse Prevention & Control)

Simple Funding

**Federal**
- Medicare
- Federally Qualified Health Clinics

**State**
- Mental Health Services Act (MHSA)

**Local**
- County General Funds
- County Alternatives to Incarceration
- Homeless Services
Complex Blended Funding Examples

- Specialty Behavioral Health = County + Federal
  - Specialty BH
  - DMH
  - SAPC
- CalAIM = State + Federal
  - Mental Health Services Act (MHSA) for eligible Medi-Cal beneficiaries
- Local + Federal
  - Expanded Medi-Cal Program

So how does DMH funding work? Some examples:

STATE FUNDING ALLOCATED to LA COUNTY = "COUNTY GENERAL FUND"

- CGF only
  - Indigent Hospitals
  - Locked Residential

- CGF + Federal
  - Outpatient

MHSA FUNDING (+ FEDERAL FUNDING)

<table>
<thead>
<tr>
<th>MHSA FUNDING ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services to eligible clients</td>
</tr>
<tr>
<td>Non-Medi-Cal reimbursable services &amp; supports</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MHSA Component</th>
<th>Intended Populations</th>
<th>Program Category(es)</th>
<th>Examples</th>
<th>Intended Age Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSS</td>
<td>Individuals already affected by mental illness.</td>
<td>PSP, Outpatient Care, Alternative Crisis Housing</td>
<td>Navigation Programs, Wellness &amp; Clinics, UCCs, on-site res</td>
<td>All, Adult/Adults</td>
</tr>
<tr>
<td>PEI</td>
<td>Individuals having a first episode of mental illness or at risk</td>
<td>Prevention, Early Intervention</td>
<td>MH First Aid, School-based interventions</td>
<td>All, Children/AD</td>
</tr>
<tr>
<td>Innovative</td>
<td>Defined by the particular innovative approach</td>
<td>Help@Hand</td>
<td>Using technology to expand access to MH services</td>
<td>Adults/AD</td>
</tr>
<tr>
<td>WHT</td>
<td>Those entering or in the mental health workforce</td>
<td>Public-Mental Health Partnership, Navigation Skills, MH Recovery Specialist</td>
<td>Adults/AD</td>
<td></td>
</tr>
</tbody>
</table>
2022-2023 MHSA Budget

<table>
<thead>
<tr>
<th>MHSA Component</th>
<th>Estimated Available $ (in millions)</th>
<th>Estimated $ to be Spent (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Services &amp; Supports</td>
<td>866.3</td>
<td>498.2</td>
</tr>
<tr>
<td>Prevention &amp; Early Intervention</td>
<td>324.2</td>
<td>160.0</td>
</tr>
<tr>
<td>Innovations</td>
<td>193.7</td>
<td>14.8</td>
</tr>
<tr>
<td>Workforce Education &amp; Training</td>
<td>24.8</td>
<td>20.2</td>
</tr>
<tr>
<td>Capital Facilities &amp; Technology</td>
<td>30.6</td>
<td>10.7</td>
</tr>
</tbody>
</table>

Note: Available funds unspent roll forward to compensate for future decreases in MHSA and/or increases in service expenditures. See addendum to presentation for solicitation information.

Behavioral Health in California: Not Just One System

Choice is dictated by client's
- Financial and benefit status
- Severity and type of illness
- Medical necessity*
- Age

Systems of care are not integrated
- Medical systems
- Mental Health systems
- Substance Use Disorder systems

Other systems that provide care for adults and children
- Criminal Justice systems
- Educational systems
- Child Welfare systems

Medical Necessity vs. Medically Necessary

**Medical Necessity**
- Defined by the payor source and insurance benefits
- Generally, the services must be:
  - For the purpose of evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms;
  - Within the generally accepted standards of medical care in the community;
  - Clinically appropriate; and
  - Not solely for the convenience of the insured, the insured’s family or the provider.

**Medically Necessary**
- Pertains to the generally accepted standards of medical (behavioral health) care.

* Retrieved from Medicaid.gov
So... Who does what?

Medi-Cal Specialty System (aka DMH)

- Prevention and Wellness Services
- Outpatient Services
- Peer and Recovery Services
- SUD Residential Treatment
- Intensive Outpatient Treatment Services
- Community Services and Supports
- Crisis Services
- Intensive Treatment Services
- Medical Care

Medi-Cal Substance Use Disorder System

- Prevention and Wellness Services
- Outpatient Services
- Peer and Recovery Services
- SUD Residential Treatment
- Intensive Outpatient Treatment Services
- Community Services and Supports
- Crisis Services
- Intensive Treatment Services
- Medical Care
Medi-Cal Nonspecialty BH System (aka Managed Care)

Private or CBOs

Medicare
Brenda and LaTasha

- Brenda is worried about her daughter, LaTasha
- She comes home upset but is unable to tell her mom why
- She has also noticed changes in her eating and sleeping habits
- She has no idea how to help her daughter

Where does Brenda start?
Community Based Organizations

- Brenda calls a local counseling office that a friend recommends
- They arrange for an assessment for LaTasha
- Brenda takes her and pays out of pocket, as she doesn’t realize that she has MH benefits through her managed care plan
- The counselor recommends weekly therapy for LaTasha but Brenda doesn’t continue due to the cost

- Jeff was just released from jail, is unhoused and diagnosed with a serious mental illness and co-occurring SUD
- “I need a place to stay.... Where do I even begin?”
What does Jeff start?

1. Who pays?
2. In which system does his problem fit? (Mental Health, SUD, Social Services, etc?)
3. How serious is the problem?
4. How old is Jeff?

No Wrong Door... or too many doors?
There is hope....

What do we know about the BH system:
• We need help navigating the complexities of this system
• There are questions we can ask related to (age, funding, severity, etc)
• What can we do to make it easier within the City of Long Beach?

Possible future opportunities?

CalAIM
Children and Youth Behavioral Health Initiative
Future MHSA plans
New collaborations
Others

Let’s get started!

In Conclusion

Questions  Discussion  Next Steps
Resources – Becoming a DMH Provider

- Register to become a Los Angeles County Vendor
- Send letter of intent to SAPC
- Obtain license and certification from DHCS
- Apply for SAPC contract

Resources – Apply for SAMHSA grants

- Register with NIH’s eRA Commons (can take up to 6 weeks)
- Register for System for Award Management (SAM) and Grants.gov – recommended to start the process a minimum of 6 weeks prior to due date
- Attend SAMHSA webinars for their grant processes
- All grants must be submitted electronically
### Mental Health Resource Guide

If you or a loved one is in a life-threatening emergency, please call 988 or 911.

DMH ACCESS Line Phone Number: (800) 854-7771
Crisis Text Line: Text “CA” to 741741

About the guide: This guide was created to connect Long Beach residents to local mental health care providers.

Translations: Resource guide will also be available in Spanish.

Follow us: Follow the City of Long Beach on Facebook, Instagram, or Twitter, where we will continue sharing information and resources.

Updated April 2023

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Info</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>988 Suicide and Crisis Lifeline</td>
<td>Call or Text: 988, Chat at 988lifeline.org, 24 hours a day, 7 days a week</td>
<td>A nationwide network of local crisis centers that provides free and confidential support to individuals with mental health crises.</td>
</tr>
<tr>
<td>California Youth Crisis Line</td>
<td>Dial or Text: (800) 843-5200, 24 hours a day, 7 days a week</td>
<td>The California Youth Crisis Line (CYCL) operates 24 hours a day, seven days a week as the statewide emergency response system for youth ages 12-24 and families in crisis. Professionally trained staff and volunteer counselors respond to over 17,000 calls annually with crisis intervention counseling and resource referrals to service providers in the caller’s local community. Access to more than 1,000 free or low-cost resources for youth and families across California.</td>
</tr>
<tr>
<td>Crisis Text Line</td>
<td>Text LA to 741-741, 24 hours a day, 7 days a week</td>
<td>Connect with a trained crisis counselor to receive free, 24/7 crisis support via text message.</td>
</tr>
<tr>
<td>Friendship Line – Health on Call</td>
<td>(800) 971-0036, (800) 679-0300, 24 hours a day, 7 days a week</td>
<td>The Friendship Line is for families and Montney Community residents who are facing a long-term crisis or a mental health condition. Free confidential support, medication reminders and well-being check-ins.</td>
</tr>
<tr>
<td>National Alliance on Mental Illness</td>
<td>(800) 950-NAMI (6264) or <a href="mailto:info@nami.org">info@nami.org</a>, Monday through Friday, 10 am–6 pm, ET.</td>
<td>The NAMI HelpLine is a free, nationwide peer-support service providing information, resource referrals, and support to people living with mental health conditions, their family members and caregivers, mental health providers, and the public.</td>
</tr>
<tr>
<td>National Domestic Violence Hotline</td>
<td>Call 1(800) 799-SAFE (7233), 24 hours a day, 7 days a week</td>
<td>Connect with a trained staff member from a sexual assault service provider in your area that offers access to a range of free services.</td>
</tr>
<tr>
<td>National/County Hotlines</td>
<td>Name</td>
<td>Contact Info</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------</td>
<td>--------------</td>
</tr>
<tr>
<td>National Sexual Assault Hotline - FSAW (Sexual Assault, Abuse &amp; Incest National Network)</td>
<td>(800) 656-4673</td>
<td>24 hours a day, 7 days a week</td>
</tr>
<tr>
<td>Peer Support, International</td>
<td>(800) 944-4777</td>
<td>OR TEXT: English: (510) 844-9453 Spanish: (717) 429-4924</td>
</tr>
<tr>
<td>Trans LGBT+ Peer Hotline</td>
<td>(877) 360-LGQT (5467)</td>
<td>24 hours a day, 7 days a week</td>
</tr>
<tr>
<td>Substance Abuse, and Mental Health Services Administration, SAMHSA</td>
<td>(800) 668-4273</td>
<td>TTY: (800) 488-4273</td>
</tr>
<tr>
<td>NAMI</td>
<td>(800) 955-9555</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Los Angeles County Hotlines</th>
<th>Name</th>
<th>Contact Info</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles County Substance Abuse Service Hotline</td>
<td>(323) 566-4055 (hotline)</td>
<td></td>
<td>The LA County Substance Abuse Service Hotline provides information and referrals to treatment and support services for substance use disorders.</td>
</tr>
<tr>
<td>Los Angeles County Department of Mental Health</td>
<td>(323) 566-4055 (hotline)</td>
<td></td>
<td>The LA County Department of Mental Health provides information and referrals to mental health services, including: Mental Health Services, Crisis Services, Substance Use Treatment, and Community-Based Services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Los Angeles County Hotlines</th>
<th>Name</th>
<th>Contact Info</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles County Health Department, Substance Abuse Hotline</td>
<td>(323) 566-4055 (hotline)</td>
<td></td>
<td>The LA County Health Department, Substance Abuse Hotline provides information and referrals to substance use treatment and support services.</td>
</tr>
<tr>
<td>Los Angeles County Department of Mental Health</td>
<td>(323) 566-4055 (hotline)</td>
<td></td>
<td>The LA County Department of Mental Health provides information and referrals to mental health services, including: Mental Health Services, Crisis Services, Substance Use Treatment, and Community-Based Services.</td>
</tr>
<tr>
<td>Name</td>
<td>Address and Contact Information</td>
<td>Description of Services</td>
<td>Language Spoken</td>
</tr>
<tr>
<td>------</td>
<td>---------------------------------</td>
<td>--------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Alzheimer’s Los Angeles</td>
<td>Phone: (562) 347-7740</td>
<td>Support Groups are FREE, led by a trained group facilitator. Seminars are confidential and are held throughout Los Angeles County. Organizational also offers one-on-one support services to caregivers and educational workshops.</td>
<td>English, Spanish</td>
</tr>
<tr>
<td>UCLA Long Beach Health Center: Behavioral Health Clinic</td>
<td>Phone: (562) 347-7740</td>
<td>Provides outpatient services for behavioral health, substance use, and medication-assisted treatment.</td>
<td>English, Spanish</td>
</tr>
<tr>
<td>Bilingual Youth and Family Services</td>
<td>Phone: (562) 347-1883</td>
<td>Provides clinical and therapeutic services for children and their families. They are able to provide mental health services targeting mental health and special needs due to COVID-19 while also providing outpatient services.</td>
<td>English, Spanish</td>
</tr>
<tr>
<td>San Gabriel Valley Health Centers</td>
<td>Phone: (562) 347-1883</td>
<td>Provides mental health support and case management with outpatient services. They are currently offering both in-person and telephone mental health services.</td>
<td>English, Spanish</td>
</tr>
<tr>
<td>Cambodian American Association of America</td>
<td>Address: 2201 Atlantic Ave., Long Beach, CA 90808</td>
<td>Offers outpatient program for substance abuse, individual sessions, drug testing, group sessions, services for case management, therapy, domestic violence prevention, parenting classes, Medi-Cal access, and other government programs.</td>
<td>English, Spanish</td>
</tr>
<tr>
<td>C.A.K.E.</td>
<td>Phone: (562) 347-1883</td>
<td>Provides outpatient services for social services, health education, housing assistance, and more. Individuals wait for intake and over 18.</td>
<td>English, Spanish</td>
</tr>
</tbody>
</table>
### Local/Regional Mental Health Resources

<table>
<thead>
<tr>
<th>Name</th>
<th>Address and Contact Information</th>
<th>Description of Services</th>
<th>Languages Spoken</th>
<th>Referral Process</th>
<th>Type of Counseling</th>
<th>Forms of Payment</th>
<th>Meds Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Child's Harvest</td>
<td>895 E. Woodrow Rd., Long Beach, CA 90807</td>
<td>Offers outpatient mental health services for children and adolescents (0-21 years old), and their families, including therapy and medication support.</td>
<td>EN, SP</td>
<td>No referral needed</td>
<td>Individual, Family</td>
<td>Individual, Anti-Cell</td>
<td>Yes</td>
</tr>
<tr>
<td>The Children's Institute</td>
<td>1250 N. Pacific Ave., Long Beach, CA 90803</td>
<td>Offers resources for behavioral health and wellness, early childhood education, strengthening families, community innovation, and school services.</td>
<td>EN, SP</td>
<td>No referral needed</td>
<td>Individual, Family</td>
<td>Individual, Anti-Cell</td>
<td>Yes</td>
</tr>
<tr>
<td>Children's Institute</td>
<td>3245 Long Beach Blvd., Long Beach, CA 90807</td>
<td>Offers outpatient counseling services for children up to the age of 18.</td>
<td>EN, SP</td>
<td>No referral needed</td>
<td>Individual, Family</td>
<td>Individual, Anti-Cell</td>
<td>No</td>
</tr>
<tr>
<td>Children's Institute</td>
<td>2278 Pacific Ave., Long Beach, CA 90808</td>
<td>Offers general mental health services for adults.</td>
<td>EN, SP, Interagency services available</td>
<td>No referral needed</td>
<td>Individual, Group</td>
<td>Accepts major health insurance plans</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Health Care Centers</td>
<td>1201 S. Lemon St., Long Beach, CA 90806</td>
<td>Provides behavioral health care, management, education, substance abuse treatment, and health services.</td>
<td>EN, SP, Kiner</td>
<td>No referral needed</td>
<td>Individual, Group</td>
<td>Medi-Cal, No</td>
<td>Yes</td>
</tr>
<tr>
<td>Community Health Care Centers</td>
<td>4250 Long Beach Blvd., Long Beach, CA 90807</td>
<td>Offers outpatient counseling services for children and adults.</td>
<td>EN, SP, Interagency services available</td>
<td>Referral needed</td>
<td>Individual, Family</td>
<td>Medi-Cal</td>
<td>Yes</td>
</tr>
<tr>
<td>For the Child-Centro</td>
<td>321 N. Pacific Ave., Long Beach, CA 90803</td>
<td>Offers outpatient mental health services. All appointments are over the phone.</td>
<td>EN, SP, Spanish, American</td>
<td>No referral needed</td>
<td>Individual, Group</td>
<td>Medi-Cal, Medicare</td>
<td>Yes</td>
</tr>
<tr>
<td>For the Child-Centro</td>
<td>1481 N. Pacific Ave. Long Beach, CA 90804</td>
<td>Accepting patients that are children with mental health issues.</td>
<td>EN, SP</td>
<td>No referral needed</td>
<td>Individual, Group</td>
<td>Medi-Cal</td>
<td>No</td>
</tr>
<tr>
<td>For the Child-Centro</td>
<td>465 California Ave., Long Beach, CA 90807</td>
<td>Provides counseling services for children and their caregivers as well as home/specialized treatment for children in an outpatient setting. Counseling for children is available up until age of 18. Services are provided by telephone, telehealth (Zoom), and in-person as needed.</td>
<td>EN, SP</td>
<td>No referral needed</td>
<td>Individual, Group</td>
<td>Medi-Cal</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Notes:**
- EN: English
- SP: Spanish
- EN, SP: English and Spanish
- EN, SP, Kiner: English, Spanish, Kiner
- EN, SP, Interagency services available: English, Spanish, Interagency services available
- EN, SP, American: English, Spanish, American
- EN, Spanish: English, Spanish
- EN, Spanish, American: English, Spanish, American
- EN, SP, Spanish, American: English, Spanish, American

**Meds Offered:**
- Individual, Family
- Individual, Anti-Cell
- Individual, Medi-Cal, Anti-Cell
- Individual, Anti-Cell, Some capacity for enrollees
<table>
<thead>
<tr>
<th>Name</th>
<th>Address and Contact Information</th>
<th>Description of Services</th>
<th>Languages Spoken</th>
<th>Referral Process</th>
<th>Type of Counseling</th>
<th>Forms of Payment</th>
<th>Media Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>For the Child Care Center</td>
<td>Address: 4201 Long Beach Blvd, Long Beach, CA, 90807</td>
<td>Offers counseling services for children and their caregivers and probabilistic services for children in an outpatient setting.</td>
<td>English, Spanish</td>
<td>Referral needed</td>
<td>Individual, Family</td>
<td>H/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Phone: (562) 427-8817</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax: (562) 427-8794</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Diego County Youth Homeless Program</td>
<td>Address: 315 S. Mollard St., Los Angeles, CA, 90033</td>
<td>A Mobile Health Unit that visits clients in need of case management, medication services, and therapy.</td>
<td>English, Spanish, Russian, Tagalog</td>
<td>Referral needed</td>
<td>Individual, Family</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Phone: (213) 381-7224</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heritage Child</td>
<td>Address: 533 E. Upas St., Long Beach, CA, 90807</td>
<td>Provides elder adult services for clients 65+ - This includes mental health services, care management, and nutrition support in an outpatient setting. All services are currently available via Telehealth and Telephonic.</td>
<td>English, Spanish</td>
<td>No universal needed</td>
<td>Individual, Family</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Phone: (562) 264-6001</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local/Regional Mental Health Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Address and Contact Information</th>
<th>Description of Services</th>
<th>Languages Spoken</th>
<th>Referral Process</th>
<th>Type of Counseling</th>
<th>Forms of Payment</th>
<th>Media Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence at Home</td>
<td>Address: 4000 Valley Blvd., Long Beach, CA, 90806</td>
<td>Offers services for patients 65+ and their caregivers through short-term therapy, mental health services, and therapy/counseling in an Inpatient setting.</td>
<td>English, Spanish, Punjabi, Korean</td>
<td>Call for details</td>
<td>Hospital, Group</td>
<td>Fee for SCAL members</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Phone: (562) 427-1164</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jewish Family and Children's Service Long Beach &amp; Inland Empire</td>
<td>Address: 280 E. Willow St., Long Beach, CA, 90803</td>
<td>Provides counseling services for adults and children, domestic violence support groups for women, and senior's support. Telehealth appointments are offered.</td>
<td>English, Spanish</td>
<td>No referral needed</td>
<td>Individual, Group, Family</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Phone: (562) 427-2955</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>La Casa</td>
<td>Address: 600 W. Paramount Blvd., Long Beach, CA, 90801</td>
<td>Tel-Care's Spectrum of Services Includes community based acute, inpatient, residential, and longer term recovery programs. Their programs are designed with Tel-Care's Recovery-Centered Crisis System (RCCS) as their foundation. The RCCS reimagines evidence-based practices and clinical approaches developed over the company's history.</td>
<td>English, Spanish</td>
<td>Referrals through HCP or by call for consultation</td>
<td>Group</td>
<td>Agile Care, North Cal, purchased, and paid to private insurers</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Phone: (562) 624-4104</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:info@telcare.com">info@telcare.com</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Local/Regional Mental Health Resources    |                                          |                                                                                         |                  |                  |                   |                  |               |

<table>
<thead>
<tr>
<th>Name</th>
<th>Address and Contact Information</th>
<th>Description of Services</th>
<th>Languages Spoken</th>
<th>Referral Process</th>
<th>Type of Counseling</th>
<th>Forms of Payment</th>
<th>Media Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles County Dept. of Mental Health</td>
<td>Address: 4201 Long Beach Blvd., Long Beach, CA, 90807</td>
<td>Referral to other mental health facilities in LA County. Adult service intake and admin (562) 599-9350</td>
<td>English, Spanish</td>
<td>No referral needed</td>
<td>Individual, Group &amp; Family</td>
<td>H/A</td>
<td>Yes, if needed</td>
</tr>
<tr>
<td></td>
<td>Address: 4201 Long Beach Blvd, Long Beach, CA, 90807</td>
<td>Adult service intake and admin (562) 599-9350</td>
<td>English, Spanish</td>
<td>No referral needed</td>
<td>Individual, Group &amp; Family</td>
<td>H/A</td>
<td>Yes, if needed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Address and Contact Information</th>
<th>Description of Services</th>
<th>Languages Spoken</th>
<th>Referral Process</th>
<th>Type of Counseling</th>
<th>Forms of Payment</th>
<th>Media Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Beach Asian Pacific Community \ Family Mental Health Center</td>
<td>Address: 4503 E. 4th St., Long Beach, CA, 90804</td>
<td>Referral to other mental health facilities in LA County. Referral to other mental health facilities in LA County. Referral to other mental health facilities in LA County.</td>
<td>English, multiple Asian languages</td>
<td>No referral needed</td>
<td>Individual, Group &amp; Family</td>
<td>H/A</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Phone: (562) 446-1101</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax: (562) 446-1101</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Local/Regional Mental Health Resources

<table>
<thead>
<tr>
<th>Name</th>
<th>Address and Contact Information</th>
<th>Description of Services</th>
<th>Languages Spoken</th>
<th>Referral Process</th>
<th>Type of Counseling</th>
<th>Forms of Payment</th>
<th>Media Offered</th>
</tr>
</thead>
</table>

54
## Local/Regional Mental Health Resources

<table>
<thead>
<tr>
<th>Name</th>
<th>Address and Contact Information</th>
<th>Description of Services</th>
<th>Languages Spoken</th>
<th>Referral Process</th>
<th>Type of Counseling</th>
<th>Forms of Payment</th>
<th>Needs Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Beach Center for Psychotherapy</td>
<td>5450 E. Naples Pl, Long Beach, CA 90803</td>
<td>Offers counseling services for adults and children through outpatient services.</td>
<td>English, Spanish</td>
<td>No referral needed</td>
<td>Individual, Family</td>
<td>Most private insurance accepted; Sliding scale fees</td>
<td>No</td>
</tr>
<tr>
<td>Long Beach Mental Health</td>
<td>2600 Robinson Ave, 3rd Floor, Long Beach, CA 90808</td>
<td>Offers general services for adults through coordinated services. Call for provider home visits if necessary.</td>
<td>English, Spanish</td>
<td>No referral needed</td>
<td>Individual, Group</td>
<td>Most private insurance accepted; Sliding scale fees</td>
<td>Yes</td>
</tr>
<tr>
<td>Long Beach Community Services Center</td>
<td>1904 Atlantic Ave, Suite B5, Long Beach, CA 90813</td>
<td>Offers general services for mental health and developmental services.</td>
<td>English, Spanish</td>
<td>Referral needed</td>
<td>Individual, Group</td>
<td>Most private insurance accepted; Sliding scale fees</td>
<td>No</td>
</tr>
<tr>
<td>Memorial Care Center (MCC)</td>
<td>4325 E. Alton St, Long Beach, CA 90815</td>
<td>Offers outpatient services with a focus on inpatient treatment, partial hospitalization, and residential services.</td>
<td>English, Spanish</td>
<td>Referral may be needed</td>
<td>Individual, Group, Family</td>
<td>Most private insurance accepted; Sliding scale fees</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Health Authority Village</td>
<td>1506 Long Beach Blvd, Long Beach, CA 90806</td>
<td>Provides Detoxification and Inpatient Services for adults.</td>
<td>English</td>
<td>No referral needed</td>
<td>Individual, Group</td>
<td>Most private insurance accepted; Sliding scale fees</td>
<td>No</td>
</tr>
<tr>
<td>Mental Health Authority Village</td>
<td>1506 Long Beach Blvd, Long Beach, CA 90806</td>
<td>Offers general services for adults and children and provides individual counseling for people in need.</td>
<td>English, Spanish</td>
<td>Referral based on diagnosis</td>
<td>Individual, Family</td>
<td>Most private insurance accepted; Sliding scale fees</td>
<td>No</td>
</tr>
<tr>
<td>Men’s Help</td>
<td>3431 Atlantic Ave, Suite 1, Long Beach, CA 90806</td>
<td>Hosts support group meetings for men impacted by mental illness.</td>
<td>English, Spanish, Chinese, American Indian</td>
<td>No referral needed</td>
<td>Group support</td>
<td>Most private insurance accepted; Sliding scale fees</td>
<td>No</td>
</tr>
<tr>
<td>National Alliance for mental health</td>
<td>1030 3rd St, Long Beach, CA 90802</td>
<td>Offers grief support for families and individuals affected by mental illness. Provides support for families and individuals affected by mental illness.</td>
<td>English, Spanish, Chinese, American Indian</td>
<td>No referral required</td>
<td>Group</td>
<td>Most private insurance accepted; Sliding scale fees</td>
<td>No</td>
</tr>
<tr>
<td>New Hope Center (NHC)</td>
<td>2230 Long Beach Blvd, Suite 2C, Long Beach, CA 90803</td>
<td>Offers grief support for children and adults through outpatient services.</td>
<td>English</td>
<td>No referral needed</td>
<td>Group</td>
<td>Most private insurance accepted; Sliding scale fees</td>
<td>No</td>
</tr>
</tbody>
</table>
### Local/Regional Mental Health Resources

<table>
<thead>
<tr>
<th>Name</th>
<th>Address and Contact Information</th>
<th>Description of Services</th>
<th>Languages Spoken</th>
<th>Referral Process</th>
<th>Type of Counseling</th>
<th>Forms of Payment</th>
<th>Fees Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olive Crest</td>
<td>4175 S. Pacific Coast Hwy., Ste. 450, Long Beach, CA 90806</td>
<td>Serves children and youth (6-17) with co-occurring substance use disorders and focuses on homelessness, housing, food insecurity, trauma, and underrepresented populations by providing wraparound services.</td>
<td>English, Spanish</td>
<td>By Referral Only through GOF and coordination</td>
<td>Individual, Group</td>
<td>Multi-Cal</td>
<td>Through</td>
</tr>
<tr>
<td>Pacific Asian Community Services</td>
<td>936 Atlantic Ave., Ste. 200, Long Beach, CA 90802</td>
<td>Provides adults with individual, family, and group counseling, case management, mental health services, mediation services, nutrition and education, parent education, family counseling, and prevention and early intervention programs.</td>
<td>English, Spanish; Korean, Tagalog, Vietnamese</td>
<td>No referral needed</td>
<td>Individual, Couple, Family, Parenting</td>
<td>Multi-Cal</td>
<td>Yes</td>
</tr>
<tr>
<td>Pacific Resources Youth Solutions</td>
<td>4320 Long Beach Blvd., Ste. 410, Long Beach, CA 90807</td>
<td>Offers counseling services for adults through outpatient services.</td>
<td>English</td>
<td>No referral needed</td>
<td>Individual</td>
<td>Multi-Cal</td>
<td>No</td>
</tr>
</tbody>
</table>

### Local/Regional Mental Health Resources

<table>
<thead>
<tr>
<th>Name</th>
<th>Address and Contact Information</th>
<th>Description of Services</th>
<th>Languages Spoken</th>
<th>Referral Process</th>
<th>Type of Counseling</th>
<th>Forms of Payment</th>
<th>Fees Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Freedom - Center of Hope</td>
<td>258 E. 22nd St., Ste. 300, Long Beach, CA 90813</td>
<td>Landerfield of Hope is a safe alternative to emergency hospitalization for individuals living with mental health challenges who are experiencing a stressful life event or crisis. This short-term respite home offers the space, where peer-guests are able to stay short periods of time, usually a few days to work on their personal growth and wellness in a safe space free of charge.</td>
<td>English, Spanish</td>
<td>No referral needed</td>
<td>Individual, Group</td>
<td>Multi-Cal</td>
<td>No</td>
</tr>
<tr>
<td>Kalypso Services</td>
<td>24-hour hotline: (310) 547-9450 Resource Center Line: (310) 547-5450</td>
<td>Provides shelter and support to anyone impacted by domestic violence, empowering them to never return to trauma, towards safety and stability.</td>
<td>English, Spanish</td>
<td>No referral needed</td>
<td>Individual, Group</td>
<td>Multi-Cal</td>
<td>No</td>
</tr>
</tbody>
</table>

### Local/Regional Mental Health Resources

<table>
<thead>
<tr>
<th>Name</th>
<th>Address and Contact Information</th>
<th>Description of Services</th>
<th>Languages Spoken</th>
<th>Referral Process</th>
<th>Type of Counseling</th>
<th>Forms of Payment</th>
<th>Fees Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health for Families NHT</td>
<td>425 E Victoria St., Long Beach, CA 90806</td>
<td>Provides adults, children 0-5, and children and/or family members of children reported populations with general outpatient care services, Psychiatric Early Intervention (PEI), mental health services, and family support services, mental health services, and targeted case management.</td>
<td>English, Spanish</td>
<td>Referral needed</td>
<td>Individual, Group</td>
<td>Multi-Cal</td>
<td>No</td>
</tr>
<tr>
<td>VOA - Cambodian Association of America</td>
<td>2616 Atlantic Ave., Long Beach, CA 90816</td>
<td>Provides services for gender-based violence survivors, counseling, and other necessary services, mental health services, and targeted case management in an outpatient program for substance abuse disorders, counseling, and drug testing.</td>
<td>English, Spanish, Khmer</td>
<td>No referral needed</td>
<td>Individual, Group</td>
<td>Multi-Cal</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Local/Regional Mental Health Resources

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Description of Services</th>
<th>Languages Spoken</th>
<th>Referral Process</th>
<th>Type of Counseling</th>
<th>Fees of Payment</th>
<th>Auds Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Star Vue Community Service</td>
<td>4000 E. PCH, Str, 105, Long Beach, CA 90804</td>
<td>Provides mental health services for children, adults, and families through outpatient services.</td>
<td>English, Spanish</td>
<td>No referral needed</td>
<td>Individual, Group, ,Family</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>Star Vue Behavioral Health Management Center</td>
<td>1206 Long Beach Blvd, Long Beach, CA 90807</td>
<td>Agency in open 24/7/365 as an alternative to the emergency room for crisis stabilization and referrals.</td>
<td>English, Spanish</td>
<td>No referral needed</td>
<td>Individual, Group, ,Family</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>Terasa Treatment Center</td>
<td>5190 Atlantic Ave, Long Beach, CA 90802</td>
<td>Offers general services for adults that include cost-effective, routine abuse, and mental health treatment through outpatient services.</td>
<td>English, Spanish</td>
<td>No referral needed</td>
<td>Individual, Group, ,Family</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>TCS Family Health</td>
<td>(310) 322-4646</td>
<td>Provides mental health care for all ages for 9-12 weeks and will refer out after that time if needed.</td>
<td>English, Spanish, Chinese</td>
<td>No referral needed</td>
<td>Individual, Group, ,Family</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>Tamarack UHJ Care Center</td>
<td>412 S Atlantic Ave., Long Beach, CA 90803</td>
<td>Provides no-cost residential care, community outreach services, crisis intervention, mental health services, and targeted case management.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Local/Regional Mental Health Resources

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Description of Services</th>
<th>Languages Spoken</th>
<th>Referral Process</th>
<th>Type of Counseling</th>
<th>Fees of Payment</th>
<th>Auds Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>The LGBTQ+ Center ER</td>
<td>3017 East 4th Street, Long Beach, CA 90814</td>
<td>Provides counseling services for adults, youth, and families through outpatient services. They also have programs for children, youth, families, older adults, and legal services. The Center offers STI and HIV testing.</td>
<td>English, Spanish</td>
<td>No referral needed</td>
<td>Individual, ,Family</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td>The Fellowship Center</td>
<td>925 Main Ave., Long Beach, CA 90807</td>
<td>Provides intensive mental health services for children 10 and under through outpatients services.</td>
<td>English, Spanish</td>
<td>No referral needed</td>
<td>Individual, ,Family</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>The Relationship Counseling Center</td>
<td>123 E. Wardlow Rd, Long Beach, CA 90807</td>
<td>Therapy services specializing in couples.</td>
<td>English</td>
<td>No referral needed</td>
<td>Individual, ,Couple</td>
<td>$150/hr</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### Local/Regional Mental Health Resources

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Description of Services</th>
<th>Languages Spoken</th>
<th>Referral Process</th>
<th>Type of Counseling</th>
<th>Forms of Payment</th>
<th>Meds. Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Wellness Center</td>
<td>810 Atlantic Ave, Long Beach, CA 90813</td>
<td>Provides counseling services for adults through outpatient services. Offers skill building psychotherapy, consultation services, physical health and nutrition guidance, individualized support from an advocate or therapist, employment, educational, and vocational support groups, workshops and lectures, and links to community services.</td>
<td>Spanish, English</td>
<td>Referral needed</td>
<td>Individual, Group</td>
<td>Self-Pay</td>
<td>Yes</td>
</tr>
<tr>
<td>Women's Shelter, Long Beach</td>
<td>Phone: (310) 437-7713</td>
<td>Offers free and confidential services including counseling, support groups, and support for victims of domestic violence.</td>
<td>Spanish, English</td>
<td>Self-Pay</td>
<td>Individual, Group</td>
<td>Free</td>
<td>No</td>
</tr>
</tbody>
</table>

### Faith-Based Services

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Description of Services</th>
<th>Languages Spoken</th>
<th>Referral Process</th>
<th>Type of Counseling</th>
<th>Forms of Payment</th>
<th>Meds. Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our Lord's Church</td>
<td>4771 Martin Luther King Jr. Dr., Long Beach, CA 90806</td>
<td>Offers counseling services that are open to all community members.</td>
<td>English</td>
<td>No referral needed</td>
<td>Individual, Group</td>
<td>Free</td>
<td>No</td>
</tr>
<tr>
<td>First Presbyterian Church, Long Beach</td>
<td>Phone: (562) 426-5621, Email: <a href="mailto:firstpresbeach@comcast.com">firstpresbeach@comcast.com</a></td>
<td>Offers individual, couple, family, trauma counseling, and spiritual guidance counseling. Open evenings and Saturday appointments available.</td>
<td>Spanish, English</td>
<td>No referral needed</td>
<td>Individual, Group</td>
<td>Free</td>
<td>No</td>
</tr>
<tr>
<td>Long Beach Christian Center</td>
<td>955 East 27th St., Signal Hill, CA 90755</td>
<td>Provides individual and couples counseling.</td>
<td>Spanish, English</td>
<td>No referral needed</td>
<td>Individual, Group</td>
<td>Free</td>
<td>No</td>
</tr>
</tbody>
</table>

### Faith-Based Services (continued)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Description of Services</th>
<th>Languages Spoken</th>
<th>Referral Process</th>
<th>Type of Counseling</th>
<th>Forms of Payment</th>
<th>Meds. Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilcox Street Church</td>
<td>815 Wilcox St., Long Beach, CA 90801</td>
<td>Provides mental health services and support to the family members of Long Beach Christian Center.</td>
<td>Spanish, English</td>
<td>No referral needed</td>
<td>Individual</td>
<td>Free</td>
<td>No</td>
</tr>
</tbody>
</table>
In January 2023, Capstone Solutions Consulting Group administered a survey of current organizational capacity and interest in delivering additional behavioral health services. The survey was sent to more than 40 agencies that were engaged in the Mental Health Advisory Group stakeholder process; 23 responded. Key survey results and their implications are highlighted below.

**Contracting**

*Please indicate all organizations with which you contract. Check all that apply.*

- Notably, none of the respondents have contracts with the County Department of Public Health for treatment of substance use disorders. This suggests that there is room for opportunity in the development of these services or the engagement of existing treatment providers.
- Seven of the respondents – or 35% of the agencies – indicated that they have contracts with managed care companies for the delivery of behavioral health services. This information is generally not captured and could be beneficial when referring clients to services. It also suggests a possible growth opportunity for the additional responding organizations.
The services that exist throughout the age distribution for Long Beach are reflected above. Notably, 85 percent of agencies report serving adults over 60 years of age. There are a greater number of services for individuals in this age group than in other areas in Los Angeles County and it will be a strength as the population ages.

Waiting Lists and Capacity to Serve Additional Clients

Of 19 agencies answering this question:
- 6 reported having a waiting list (32%)
- 13 reported having no waiting list (68%)

It is important to note that this may be attributed to the practice of referring to other agencies in order to avoid carrying a waiting list.

When asked a similar question in a different way, providers were queried about whether they typically have a waiting list later in the fiscal year.
- 25% of agencies indicated that as funding ran short toward the end of the year, they typically have a waiting list
- 75% of agencies indicated that this does not typically occur.

Finally, when asked whether they could serve additional clients:
- 47% of agencies indicated they have the capacity to see additional clients
- 53% of agencies indicated that they do not have the capacity to see additional clients
Constraints related to growth

Twelve agencies indicated that they wanted to grow but encountered barriers. A summary of the reasons is as follows:

![Pie chart showing constraints]

*Staffing*  *Space*  *Funding*  *Other*

Given the recently released CBHDA report on behavioral health workforce issues, many of the staffing issues related to recruitment and retention are systemwide. There are some strategies that could be supported by the Long Beach DHHS:

- Support providers that do not currently have government contracts in pursuing this generally sustainable funding
- Offer opportunities to advertise job listings within Long Beach agencies
- Identify sites at which providers might outstation staff

In addition, many respondents indicated that they currently do, or would be interested in, hiring peers, family partners, and/or partnering with faith-based organizations. They would appreciate the support for these efforts from the DHHS, including training and mentoring. This would be an area in which collaboration with the local universities/schools of Social Work might benefit both the residents and organizations in Long Beach.
Efforts to modernize and transform data sharing are underway at the County, State, and federal levels. In 2021, Governor Newsom signed AB133 into law which requires data sharing between entities within the health care and mental health systems by 2026. The bill also requires the California Health and Human Services Agency to establish a data exchange framework that includes a single data-sharing agreement and a common set of policies and procedures that will govern the exchange of health information in California. While various modernization efforts are underway, there are current practices that enable the sharing of client information for the purpose of coordinating care and improving patient outcomes.

The management of data is grounded by the Health Insurance Portability and Accountability Act (HIPAA). HIPAA is intended to facilitate:

- Healthcare operations
- Health oversight
- Treatment
- Public health activities

HIPAA is one of several sets of regulations that govern information sharing about clients with mental health and substance abuse disorders.

**Shared data systems:**

A variety of technology systems exist at the County, State, and federal levels that optimize data coordination. Each mental health or substance use treatment agency engaged in data sharing would need to join selected systems on its own.

Health Information Exchange (HIE) describes the movement of data using technology platforms across different organizations in a region, referred to as a health information network (HIN). A Health Information Organization (HIO) facilitates the data exchange. These HIOs and HINs exist at various levels, continue to evolve, and have a range of functions.

- Los Angeles Network for Enhanced Services (LANES) is the Los Angeles County HIE. Participants that have joined LANES to date include many of the large County Departments (e.g., Health Services, Mental Health), hospitals, and Federally Qualified Health Centers. Entry into LANES can be expensive and levels of access to client information vary.

Providers contracted with DMH or SAPC have direct access to the management information systems of these county agencies. Providers upload files of encounter information which are then visible in the system itself. While hospitals also enter this information, the timeliness of the data is variable.
Urgent access to treatment information:

Identifying and involving treating providers and determining prescribed medications is of critical importance when assessing and triaging individuals that may be suicidal. HIPAA permits the exchange of information in emergency situations. Both the DMH and SAPC maintain call centers that can be accessed 24/7. The call center numbers are (800) 854-7771 and (844) 804-7500 respectively. In the event either the DMH or SAPC is unwilling to share information under these circumstances, staff can facilitate contact with an agency of primary responsibility to share the need for direct intervention.

Sharing of information among treating professionals:

Several approaches have been used for the ongoing sharing of information among treating professionals:

- Certain electronic care coordination/care management options exist. For example, Netsmart introduced a care coordination/care management module for shared clients between providers at Tarzana Treatment Center and the San Fernando Valley Community Mental Health Center. The module enables both providers to view real-time information to assist in patient care.
- Establishing a shared common consent form within collaborative programs has also proven to be successful. Programs like Children’s System of Care request that clients being served by the DMH, educational institutions, Probation, and the Department of Child and Family Services (DCFS) sign a shared revocable consent form to release information in order to coordinate care.
# Attachment E: Level of Care with Definitions

## Levels of Care Table

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Description</th>
<th>Licensing/Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Hospital</strong></td>
<td>State Hospitals treat individuals in psychiatric crisis that cannot function in a lower level of care due to the severity of their symptoms. They have the ability to place clients in sedation and restraints and give intramuscular medications.</td>
<td>Licensed by California Department of Public Health (CDPH); Lassen-Petris-Short (LPS) designated.</td>
</tr>
<tr>
<td><strong>Acute Inpatient</strong></td>
<td>Acute facilities stabilize individuals in psychiatric crisis. The objectives are to stabilize symptoms through medication intervention, social rehabilitation skills, and facilitate community reintegration through discharge planning with linkage to community mental health services. These facilities include County, Short Doyle (SD) and Fee for Service/Medi-Cal contracted settings (FFS).</td>
<td>Licensed, regulated, and inspected and/or certified including CDPH Licensing and Certification Program and CMS where applicable for accepting Medi-Cal and/or Medi-Cal. Must be LPS designated.</td>
</tr>
<tr>
<td><strong>Urgent Care Center/Crisis Stabilization Unit (CSU)</strong></td>
<td>Psychiatric Urgent Care Centers (UCCs) are Crisis Stabilization Units (CSUs) that provide rapid access to mental health and substance use evaluation and assessment, crisis intervention and medication support, 24 hours per day, 7 days per week (24/7). They also provide case management services for individuals in crisis. Services, including integrated services for co-occurring substance use disorders, are focused on stabilization and linkage to recovery-oriented, community-based resources. The UCCs are freestanding CSUs.</td>
<td>UCCs are Medi-Cal certified and LPS designated.</td>
</tr>
<tr>
<td><strong>Psychiatric Health Facility (PHF)</strong></td>
<td>Psychiatric Health Facilities (PHFs) provide 24-hour inpatient care for individuals in psychiatric crisis. Care includes, but is not limited to, the following basic services: psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services for those persons whose physical health needs can be met in an affiliated hospital or in outpatient settings.</td>
<td>Licensed by the State Department of Health Care Services (DCHS) and LPS designated.</td>
</tr>
<tr>
<td><strong>Institutions for Mental Disease (IMD)</strong></td>
<td>IMDs are long term care psychiatric facilities that provide care for individuals who no longer meet the criteria for acute care but are not clinically ready to live successfully in community housing options. This level of care is for individuals who require additional intensity of services and supports or specialized populations such as hearing impaired or forensic populations.</td>
<td>Licensed by DHCS as a MHRC and can be LPS designated.</td>
</tr>
<tr>
<td><strong>Enriched Residential Services (ERS)</strong></td>
<td>These supportive residential programs serve individuals ready for discharge from IMDs and acute inpatient units. These programs provide intensive support required to successfully transition individuals from higher levels of care to community-based services. They offer housing, specialized programming and capacity to handle emergencies 24/7.</td>
<td>Licensed by Community Care Licensing (CCL), meets the definition of a Adult Residential Facility and certified by DHCS with an on-site mental health outpatient program.</td>
</tr>
<tr>
<td><strong>Crisis Residential Treatment Programs (CRTPs)</strong></td>
<td>CRTPs are therapeutic or rehabilitative services provided in a non-institutional residential setting that provides a structured program as an alternative to hospitalization for individuals experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. These programs include a range of activities and services that support individuals in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The CRTPs operate 24 hours a day, seven days a week. Program activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention.</td>
<td>Licensed by CCL as a Social Rehabilitation Program and certified by DHCS as a crisis residential treatment program.</td>
</tr>
<tr>
<td><strong>Full Service Partnership (FSP)</strong></td>
<td>FSPs provide a comprehensive community-based treatment to persons with severe and persistent mental illnesses. These programs provide treatment, rehabilitation, and support services.</td>
<td>Certified by DHCS as a mental health outpatient program.</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Definition</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>CalAIM</td>
<td>California Advancing and Innovating Medi-Cal</td>
<td></td>
</tr>
<tr>
<td>California DHCS</td>
<td>California Department of Health Care Services</td>
<td></td>
</tr>
<tr>
<td>CBHDA</td>
<td>California Behavioral Health Directors’ Association</td>
<td></td>
</tr>
<tr>
<td>CMHC</td>
<td>Community Mental Health Center</td>
<td></td>
</tr>
<tr>
<td>CRTP</td>
<td>Crisis Residential Treatment Program</td>
<td></td>
</tr>
<tr>
<td>DCFS</td>
<td>Department of Children and Family Services (County)</td>
<td></td>
</tr>
<tr>
<td>DMH</td>
<td>Department of Mental Health (County)</td>
<td></td>
</tr>
<tr>
<td>DPH-SAPC</td>
<td>Department of Public Health – Substance Abuse, Prevention and Control (County)</td>
<td></td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
<td></td>
</tr>
<tr>
<td>ERS</td>
<td>Enriched Residential Services</td>
<td></td>
</tr>
<tr>
<td>HER</td>
<td>Electronic Health Record</td>
<td></td>
</tr>
<tr>
<td>FQHCs</td>
<td>Federally Qualified Health Centers</td>
<td></td>
</tr>
<tr>
<td>HIE</td>
<td>Health Information Exchange</td>
<td></td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
<td></td>
</tr>
<tr>
<td>DMC-ODS</td>
<td>Drug Medi-Cal Organized Delivery System</td>
<td></td>
</tr>
<tr>
<td>DMH-ICD</td>
<td>Department of Mental Health-Intensive Care Division</td>
<td></td>
</tr>
<tr>
<td>LANES</td>
<td>Los Angeles Network for Enhanced Services</td>
<td></td>
</tr>
<tr>
<td>LBDHHS</td>
<td>Long Beach Department of Health and Human Services</td>
<td></td>
</tr>
<tr>
<td>MAT</td>
<td>Medication Assisted Treatment</td>
<td></td>
</tr>
<tr>
<td>MCPs</td>
<td>Managed Care Plans</td>
<td></td>
</tr>
<tr>
<td>MHRC</td>
<td>Mental Health Rehabilitation Facility</td>
<td></td>
</tr>
<tr>
<td>MHSA</td>
<td>Mental Health Services Act</td>
<td></td>
</tr>
<tr>
<td>MHSA-CSS</td>
<td>Mental Health Services Act - Community Services and Supports</td>
<td></td>
</tr>
<tr>
<td>PHF</td>
<td>Psychiatric Health Facility</td>
<td></td>
</tr>
<tr>
<td>SAMHSA</td>
<td>Substance Abuse and Mental Health Services Administration</td>
<td></td>
</tr>
<tr>
<td>SUD</td>
<td>Substance Use Disorder</td>
<td></td>
</tr>
<tr>
<td>UCC</td>
<td>Urgent Care Center (Mental Health)</td>
<td></td>
</tr>
</tbody>
</table>
Attachment G:
Capstone Solutions Consulting Group Presentation: Intensive Behavioral Health Services in Long Beach

Intensive Behavioral Health Services in Los Angeles County

Presented to the Long Beach Health Department by:
Robin Kay, PhD
Cassandra Fatouros, MBA, LCSW
Mary Marx, LCSW

Introduction to Intensive Services

Specialty Mental Health
• Specialty Mental Health Criteria
• Specialty Mental Health Continuum of Care
• Intensive Mental Health Treatment Programs

Substance Use Disorder Treatment
• SUD Continuum of Care
• Intensive SUD Treatment Programs
• Evaluation for Admission
Specialty Mental Health

Specialty Mental Health: Medical Necessity Criteria

Specialty Mental Health: Medically Necessary Services

- Individuals 21 years or older:
  - Reasonable and necessary to protect life
  - Prevent significant illness or significant disability
  - Alleviate severe pain

- Individuals under 21 years of age:
  - Correct or ameliorate a mental illness or condition discovered by screening
  - Sustain, support, improve or make more tolerable a mental health condition

Services provided to a beneficiary must be clinically appropriate and medically necessary
Medical Necessity: Specialty Mental Health for Adults

Criteria for Adult Beneficiaries to Access the Specialty Mental Health Services Delivery System:

For beneficiaries 21 years of age or older, a county mental health plan shall provide covered specialty mental health services for beneficiaries who meet both of the following criteria, (1) and (2) below:

1. The beneficiary has one or both of the following:
   a. Significant impairment, where impairment is defined as distress, disability,
   b. Or, dysfunction in social, occupational, or other important activities
   c. A reasonable probability of significant deterioration in an important area of life functioning.

AND

2. The beneficiary’s condition as described in paragraph (1) is due to either of the following:
   a. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders, and the International Statistical Classification of Diseases and Related Health Problems.
   b. A suspected mental disorder that has not yet been diagnosed.

Medical Necessity: Specialty Mental Health for Children

Criteria for Child Beneficiaries to Access the Specialty Mental Health Services Delivery System:

Enrolled beneficiaries who meet either of the following criteria, (1) or (2):

1. The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following:
   a. Scoring in the high-risk range under a trauma screening tool approved by the department
   b. Involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness

2. The beneficiary meets both of the following requirements in a) and b), below:

   a) The beneficiary has at least one of the following:
      • A significant impairment
      • A reasonable probability of significant deterioration in an important area of life functioning
      • A reasonable probability of not progressing developmentally as appropriate
      • A need for specialty mental health services, regardless of presence of impairment; that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

   AND

   b) The beneficiary’s condition as described in subparagraph (2) above is due to one of the following:
      • A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders, and the International Statistical Classification of Diseases and Related Health Problems.
      • A suspected mental health disorder that has not yet been diagnosed.
      • Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.
Continuum of Specialty Mental Health Programs for Children

Mental Health Programs for Children

<table>
<thead>
<tr>
<th>Prevention, Early Intervention and Wellness Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>EME for children and families served in several settings</td>
</tr>
<tr>
<td>School-based mental health programs</td>
</tr>
<tr>
<td>Community-based Services</td>
</tr>
<tr>
<td>Clinical and field-based services, individual, group, family</td>
</tr>
<tr>
<td>Home-based interventions linked to youth health services</td>
</tr>
<tr>
<td>Peer Recovery Services</td>
</tr>
<tr>
<td>Drop-in services for TAY, young people</td>
</tr>
<tr>
<td>Community Services and Supports</td>
</tr>
<tr>
<td>Case management, evidence-based treatment</td>
</tr>
<tr>
<td>Transition Support Services</td>
</tr>
<tr>
<td>Youth Services, partnerships, EMPLOYEE, youth</td>
</tr>
<tr>
<td>Inpatient Services</td>
</tr>
<tr>
<td>Hospital (pediatric)</td>
</tr>
<tr>
<td>Child and adult treatment (CESR)</td>
</tr>
<tr>
<td>Urgent Care (TAY)</td>
</tr>
<tr>
<td>Crisis bed and response</td>
</tr>
</tbody>
</table>

Continuum of Specialty Mental Health Programs for Adults
Outpatient Mental Health Programs for Adults

<table>
<thead>
<tr>
<th>Prevention, Early Intervention, and Wellness Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Increased awareness and treatment programs enhanced in clinics, schools, and other community settings.</em></td>
</tr>
<tr>
<td>Outpatient Services</td>
</tr>
<tr>
<td><em>Crisis and trial-based services: Individual and group therapy.</em></td>
</tr>
<tr>
<td>Peer &amp; Recovery Services</td>
</tr>
<tr>
<td><em>Wellness center: Daily peer and recovery services.</em></td>
</tr>
<tr>
<td>Community-Based Treatment Services</td>
</tr>
<tr>
<td><em>High-service participation.</em></td>
</tr>
<tr>
<td>Intensive Outpatient Services</td>
</tr>
<tr>
<td><em>Crisis Center: Daily peer and recovery services.</em></td>
</tr>
<tr>
<td>Intensive Residential Treatment Services</td>
</tr>
<tr>
<td><em>24/7 Crisis Center: Daily peer and recovery services.</em></td>
</tr>
</tbody>
</table>

Intensive Treatment Services for Adults

<table>
<thead>
<tr>
<th>State Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Individuals in psychiatric crisis who cannot function in a lower level of care due to the severity of their symptoms.</em></td>
</tr>
<tr>
<td>Acute Inpatient Services</td>
</tr>
<tr>
<td><em>Individuals in psychiatric crisis.</em></td>
</tr>
<tr>
<td>Specialized / General Sub-Acute Facilities</td>
</tr>
<tr>
<td><em>Long-term care psychiatric facilities that provide care for individuals who no longer meet the criteria for acute care but are not clinically ready to live in a board and care facility.</em></td>
</tr>
<tr>
<td>Crisis Residential Treatment Programs</td>
</tr>
<tr>
<td><em>Utilized to prevent hospitalization or to facilitate early discharges from hospitals when admission is unavoidable by stabilizing individuals in psychiatric crisis that do not require acute care.</em></td>
</tr>
<tr>
<td>Respite Residential Services</td>
</tr>
<tr>
<td><em>Individuals ready for discharge from sub-acute and inpatient units. These programs provide intensive support required to successfully transition individuals from higher levels of care to community-based treatment services.</em></td>
</tr>
</tbody>
</table>

STATE HOSPITAL

State Hospitals treat individuals in psychiatric crisis that cannot function in a lower level of care due to the severity of their symptoms. Note: Most beds used by forensic clients.

Example: Metropolitan State Hospital
ACUTE INPATIENT SERVICES

Acute facilities stabilize individuals in psychiatric crisis. These facilities include County, Short Doyle (SD) and Fee for Service/Medi-Cal contracted settings (FFS), Psychiatric Diversion Program (PDP), and Psychiatric Health Facilities (PHF).

Examples: Gateways Hospital
Kedren Hospital, Exodus Recovery
PHF

SPECIALIZED/GENERAL SUB-ACUTE FACILITIES (IMDs)

Sub-Acute facilities are long term care psychiatric facilities that provide care for individuals who no longer meet the criteria for acute care but are not clinically ready to live in a board and care facilities. This level of care is for individuals who require additional intensity of services and supports or specialized populations such as hearing impaired or forensic population.

Example: La Casa MHRC

CRISIS RESIDENTIAL TREATMENT PROGRAMS (CRTP)

CRTPs are utilized to prevent hospitalization or to facilitate early discharges from hospitals when admission is unavoidable by stabilizing individuals in psychiatric crisis that do not require acute care.

Examples:
LaCada CRTP
Didi Hirsch Excelsior House
ENRICHED RESIDENTIAL SERVICES

These supportive residential programs serve individuals ready for discharge from sub-acute and inpatient units. These programs provide intensive support required to successfully transition individuals from higher levels of care to community-based treatment services.
Example: Gateways Percy Village

Mental Health Urgent Care Centers

UCCs are open 24 hours a day to address the behavioral health needs of individuals in a crisis. Clients may spend up to 23 hours and 59 minutes receiving stabilization services which include evaluation, psychiatric medications, crisis counseling and substance use disorder interventions. Clients can walk in, be brought in by family members, or transported by emergency responders such as police and paramedics.

Intensive Treatment Services: Prior Authorization

- Requiring Prior DMH Authorization
  - Specialized Subacute Facilities
  - General Subacute Facilities
  - Psychiatric Health Facilities (PHFs)
  - Crisis Residential Treatment Programs
  - Enriched Residential Services

- Not Requiring Prior DMH Authorization
  - Acute Inpatient Services
  - Urgent Care Facilities

Please see attachments for additional information about referral processes and a list of Los Angeles County contracted facilities at each level of care.
Referral Process for Intensive Treatment Programs

1. Contact the Officer of the Day in the DMH Intensive Care Division at (213) 738-4775.
2. The Officer of the Day conducts an initial telephone screening to determine initial eligibility for services.
3. Referring entities complete an information packet on potentially eligible clients and submit it to the DMH Intensive Care Division.
4. Packets are screened in order, according to the date received.
5. Screened packets are reviewed to ascertain medical necessity for the requested level of care.
6. Referrals determined to meet medical necessity criteria are placed on the appropriate list.

Substance Use Disorder Treatment Services

Substance Use Disorders
Client Eligibility Criteria: Youth & Young Adults

To meet medical necessity criteria, patients must meet the following two (2) criteria:

1. Diagnostic and Statistical Manual or Mental Disorder (DSM) diagnosis
   - For Youth (ages 12-17) and Young Adults (ages 18-20), meet criteria for at least one diagnosis from the current DSM for Substance-related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders.
   OR
   - Meet Early and Periodic Screening, Diagnostic and Treatment (EPSDT) criteria to ameliorate or correct a substance misuse related condition (see Definition of Early Intervention Services for Individuals up to Age 21 section for additional details).

2. American Society of Addiction Medicine (ASAM) treatment criteria for services
   - DMC-ODS providers must ensure that patients meet the ASAM treatment criteria for services after completion of the initial assessment period
Substance Use Disorders
Client Eligibility Criteria: Adults (ages 21+)

To meet medical necessity criteria, patients must meet the following two (2) criteria:

1. Diagnostic and Statistical Manual or Mental Disorder (DSM) diagnosis
   - To begin services delivery prior to completion of the full assessment:
     • Services are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain OR
     • For Opioid Treatment Programs (OTPs), a history and physical exams conducted by an LPHA at admission, pursuant to state and federal regulations, qualifies for the determination of medical necessity.
   - To fully establish medical necessity:
     • Meet criteria for at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-related Disorders.
     • Meet criteria for at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-related Disorders prior to being incarcerated or during incarceration as determined by substance use history.

2. American Society of Addiction Medicine (ASAM) treatment criteria for services
   - DMG-005 providers must ensure that patients meet the ASAM treatment criteria for services after completion of the initial assessment period

Substance Use Disorders Service Array

- Outpatient Services
- Intensive Outpatient Services
- Case management/Care Coordination with Physical + Mental Health
- Recovery Support and Social Model Services
- Medically Assisted Treatment (MAT)
- Opioid Treatment
- Short Term Residential
- Withdrawal Management

Substance Use Disorders Service Array

REFLECTING A CONTINUUM OF CARE

- Early Intervention
- Intensive Outpatient/Partial Hospitalization Services
- Residential/Intensive Residential Services
- Medically Managed Intensive Inpatient Services

Note:
Within the five broad levels of care (0, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of service. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.
### SUD Continuum and Levels of Care in LA County

<table>
<thead>
<tr>
<th>ASAM Level of Care</th>
<th>Description</th>
<th>Early Intervention Services</th>
<th>Outpatient</th>
<th>Intensive Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5</td>
<td>Appropriate for youth (ages 12-17) and young adults (ages 18-20) not meeting DSM criteria for SUD; focus on psychoeducation and other services as part of EPSDT benefits</td>
<td>1.0</td>
<td>宜对于患者，无急性戒断/戒毒风险，生物医学或精神疾病条件，需要密切监测和支持。服务几次。在诊所/门诊设置。</td>
<td></td>
</tr>
</tbody>
</table>

### SUD Continuum and Levels of Care in LA County

<table>
<thead>
<tr>
<th>Residential Benefits</th>
<th>Low Intensity Residential (Clinically Managed)</th>
<th>High Intensity Residential, Population Specific (Clinically Managed)</th>
<th>High Intensity Residential, Non-Population Specific (Clinically Managed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASAM Level of Care</td>
<td>3.1</td>
<td>3.3</td>
<td>3.5</td>
</tr>
<tr>
<td>Description</td>
<td>Appropriate for individuals who need time and structure to practice and integrate their recovery and coping skills in a residential environment.</td>
<td>Appropriate for patients with functional limitations that are primarily cognitive, who require a slower pace to treatment, and are unable to fully participate in the social and therapeutic environment.</td>
<td>Appropriate for patients who have specific functional limitations and need a safe and stable living environment to develop and/or demonstrate sufficient recovery skills to avoid immediate relapse or continued use of substances.</td>
</tr>
</tbody>
</table>

### SUD Continuum and Levels of Care in LA County

<table>
<thead>
<tr>
<th>Withdrawal Management Benefits</th>
<th>Ambulatory (Outpatient) Withdrawal Management without extended on-site monitoring</th>
<th>Ambulatory (Outpatient) Withdrawal Management with extended on-site monitoring</th>
<th>Clinically Managed Residential Withdrawal Management</th>
<th>Medically Managed Intensive Inpatient Withdrawal Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASAM Level of Care</td>
<td>1-WM</td>
<td>2-WM</td>
<td>3.3-WM</td>
<td>3.7-WM</td>
</tr>
<tr>
<td>Description</td>
<td>Mild withdrawal symptoms; persons who require either daily or less than daily supervision in an outpatient setting (clinic or physician's office).</td>
<td>Moderate withdrawal who require daytime withdrawal management and support. Daily assessments in an outpatient setting (e.g., day hospital).</td>
<td>Moderate withdrawal who need 24-hour support to complete withdrawal management and to increase the likelihood of continuing treatment or recovery.</td>
<td>Severe withdrawal that requires 24-hour inpatient care and medical monitoring with nursing care and physician visits.</td>
</tr>
</tbody>
</table>
Intensive levels of SUD Services: Hospital and detoxification
Treatment Programs - BHS

Acute Care Hospitals

Moderate withdrawal vs. severe withdrawal needs
• Introduction to treatment and/or 12 steps in treatment programs
• In acute setting, critical to connect to treatment programs post-acute phase

Partial Hospitalization & Residential

Tarzana Treatment Center

Programs
PHP:
Appropriate for patients who are at minimal risk for acute intoxication / withdrawal but close monitoring and support; often coupled with sober living

Residential:
Appropriate for individuals who need time and structure to practice and integrate their recovery and coping skills in a residential environment to avoid immediate relapse or continued use of substances.

Residential: Private Pay

New Found Life
In-network provider with multiple levels of care, for step-down, including sober living, post residential
Partners for detox levels of care
Characteristics of Ideal Programs

- Integration of physical health, mental health, substance use treatment and other supportive services (i.e. housing, job training, aftercare, etc)
- Integration can be done by a single provider or via partnerships
- Systems to managing and tracking clients who are high utilizers of services
- No wrong door means providing clients what they need when they need it (client who is using may not be ready for treatment but may need food or shelter); programs that can eliminate barriers for what the clients need when they need it form relationships so that the clients will come back for other services

Example: Health Right 360

- Services include Primary Medical Care, Mental Health Services, SUD Treatment, Social Support, Re-entry and Dental Care
- Community partnerships to respond to clients in the field where they live and gather
- All levels of care provided
- Services for specialized populations: gender responsive treatment, youth and young adults, LGBTQ+ healthcare, services provided inside and outside CJ facilities, culturally responsive and relevant services

Substance Use Disorders
Eligible Providers

- Medical Necessity must be verified by a LPHA via a face-to-face review or by telephone with the individual who did the assessment (i.e. Certified Addiction Counselor)
- LPHAs include:
Attachment H:
Mental Health Advisory Group Timeline of Recommendations

ACTIONABLE SOLUTIONS – AREAS OF FOCUS

Timeline:

0-6 MONTHS (SHORT-TERM)
- **Ease of Access**
  - Increase outreach to clients/community members. Utilize peer and parent partners. Hire and train community members to provide support and information through promotoras/community health workers. (Currently being done at The Guidance Center and Disabled Resource Center)
- **Workforce Development/Capacity**
  - Encourage the organization to hire professionals who have diversified expertise to offer space for consultation for colleagues or referrals within the organization.
  - Provide more opportunities for those with life experience, which may include adjusting hiring practices. It is more organic than the school-to-work pipeline.
- **Funding**
  - Come up with policy changes that need to happen within the government to make funding more flexible.
  - Provide technical assistance for those interested in applying for funding/grants.
- **Coordination**
  - Contract with experts that can provide technological, legal, ethical information regarding tele-mental health; offer training to agencies in Long Beach.
  - Develop a decision tree for connecting individuals to services.
- **Data/Data Sharing**
  - Partner with Chance the Rapper’s organization to be the west coast city for their My State of Mind project. This will provide guidance for creating the community database.
  - Go together as a Long Beach coalition to advocate for the interoperability of data solutions/platforms.
6-12 MONTHS (MIDTERM)

- **Ease of Access**
  - Revise assessments to capture information on trauma. Develop a system-wide training about generational/historic trauma.

- **Workforce Development/Capacity**
  - Ongoing continuing education budget for staff (funding dependent).
  - Partner with local universities and cover costs as a group. This will help address the issue with funding as the cost will be reduced.

- **Coordination**
  - Create a resource directory with key contacts/numbers to expedite referrals or address concerns.
  - Develop educational materials that provide information about eligibility and how to make referrals; offer training to staff.
  - Explore information sharing used by Health Neighborhoods to provide feedback regarding referred clients.
  - Identify a small pool of funding/way to get bus tokens to providers in order to support clients that have no transportation. (DMH clinics have/used to have bus tokens)

- **Data/Data Sharing**
  - Advocate for a reasonable/achievable mandate that all Mental Health providers contracted by county/City collect certain metrics so that we can have a common data set.
  - Use research students from local graduate schools as interns for data analysis.

12-24 MONTHS (LONG-TERM)

- **Ease of Access**
  - Develop more resources for crisis response that are fully staffed 24/7. Have more clinicians available for co-responses in order to reduce the presence of armed officers.
  - Mobile mental health unit to increase outreach/access. OC has a van that does initial intakes and assessments, clinicians help coordinate transportation to services, a psychiatrist for med management, and a MediCal eligibility worker.
  - Support with opening a crisis stabilization unit. College Medical Center is applying for emPATH to help triage community members.

- **Workforce Development/Capacity**
  - Provide ongoing training to support the changing needs of clients coming into service (funding dependent).

12-24 MONTHS (LONG-TERM)

- **Funding**
  - Provide free mental health support/care provided by employers and the government.

- **Coordination**
  - Collaborate with Managed Care to remove administrative barriers to common pediatric and/or adult referral barriers (ABA therapy, Mental health).

- **Data/Data Sharing**
  - Learn from the build out of a real-time technology platform (through the county's CCR work) and try to scale.
  - Money to hire appropriately trained staff to look at internal data/trends in the local agencies who are serving.
Acknowledgements

Office of the Mayor
Rex Richardson, Mayor

Office of the City Manager
Thomas B. Modica, City Manager

Department of Health and Human Services
Kelly Colopy, Director
Dr. Jessica Schumer, Deputy Director
Erica Valencia-Adachi, Collective Impact Bureau Manager
Christina Boatwright, MSW, Resource Connections Officer
Stevie Luna Ibarra, MSW, Mental Health Coordinator
Hanna Stribling, MSW, Mental Health Coordinator
Laath Martin, Public Information Specialist

Mental Health Advisory Group
Ali Zandi PsyD, M.A., Director of Behavioral Health, TCC Family Health
Andrea Utley, St. Mary/Common Spirit (Dignity Health)
Antonne Moore, Strategic and Network Development Chief, Los Angeles County Department of Public Health, Substance Abuse Prevention and Control
Ava Gillett, Ph.D., Community Medical Wellness Center
Broc Coward, COO, Downtown Long Beach Alliance
Christina Miller, Ph.D., President and CEO, Mental Health America of Los Angeles (MHALA)
Deborah Miller-Calvert, Director of Health & Student Life, Long Beach City College
Dolores Nason, Executive Director, Disabled Resources Center, Inc.
Donna Rosenlund, LCSW, Director, Social Work Services, Memorial Care, Long Beach Medical Center, and Miller Children's & Women's Hospital Long Beach
Elisa Nicholas, MD, MSPH, CEO, TCC Family Health
Gigi Zanganeh, MSW, Long Beach City Prosecutor's Office
Herlinda Chico, Senior Field Deputy, Office of LA County Supervisor Janice Hahn
Joe Avelino, CEO, College Medical Center
Kimberly Wee, M.A., Vice President, Residential Services, Century Villages at Cabrillo
Lisa Heemer, LCSW, Director of Clinical Services, Jewish Family and Children Services
Lisa Honsberger, LCSW, Director of Community-Based Services, Jewish Family and Children Services
Lori Willis, Ph.D., Service Area 8 Chief, Los Angeles County Department of Mental Health-SPA 8
Luther Richert, Chief Services Officer, South County, Mental Health America of Los Angeles (MHALA)
Megan Owen-Heaton, St. Mary/Common Spirit (Dignity Health)
Michele Winterstein, Ph.D., Executive Director, For the Child
Patricia Costales, LCSW, CEO, The Guidance Center
Phil Wong, CEO, Gateways Hospital
Sandri Kramer, Suicide Prevention Program Director, Didi Hirsch Mental Health Services
Scott Hanada, Service Area 8 Chief, Los Angeles County Department of Mental Health-SPA 8
Wendy Linderholm, PsyD, Director of Behavioral Health, Memorial Family Medicine Residency Program at MemorialCare

Consultants
Capstone Solutions Consulting Group