

Background and Approach



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NOVEMBER MAY **NOVEMBER** JUNE JULY DECEMBER **JANUARY FEBRUARY** 2021 2022 2022 _____ 2022 _____ 2022 _____ 2022 _____ 2023 _____ 2023

Directive

Convening #1

Convening #2

Convening #3

Convening #4

Convening #5

Survey

Convening #6

DHHS received directive to explore the feasibility of establishing a more robust infrastructure for mental

health services

Began
convening with
Advisory Group
to identify
current
system's
challenges and
solutions

Service
providers
discussed
their
experience
working with
DMH

Detailed the user experience in accessing the mental health system in Long Beach

Mid-process review and introduction to consultant group's plan

Consultants
provided
presentation
on behavioral
health services
in LA County

Consultants
administered
service
provider
survey

prioritized activities for final report



Vision Statement

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 through 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, establishing a shared language, and unified data metrics across all providers.





Mental Health Data & Long Beach





The Data



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



the highest rates in 90805 and 90813



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





The Data



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.

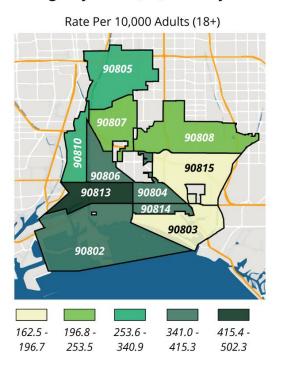
Those figures represent a dramatic increase from just five years ago. The Center's 2016 survey found that 14% of California's young adults said they had experienced thoughts of suicide at some point in their lives.

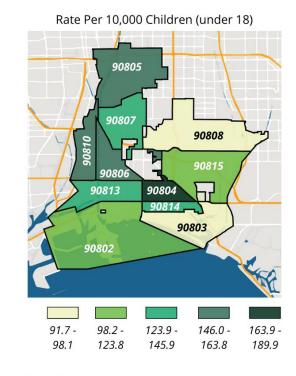




The Data

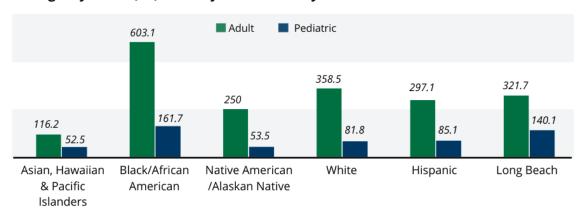
Emergency Room (ER) Visits by ZIP Code





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)

Emergency Room (ER) Visits by Race/Ethnicity



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.







Mental Health

Choice is dictated by client's

- Financial & benefit status
- Severity & type of illness
- Medical necessity
- Age

Systems of care are not integrated

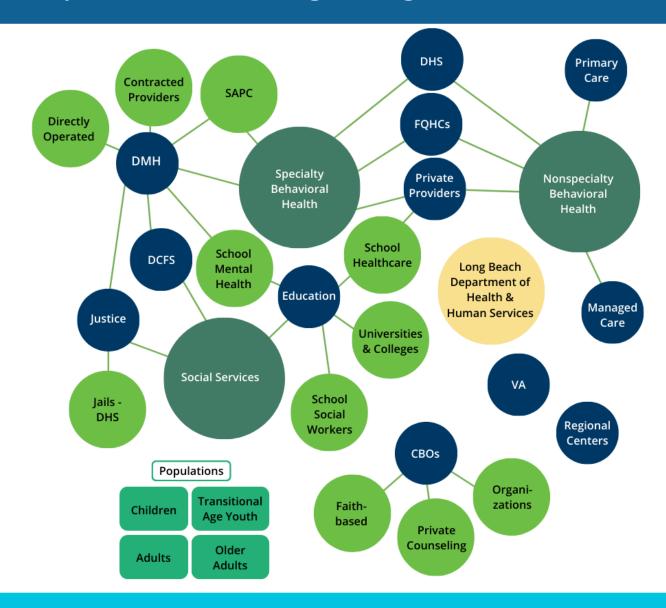
- Medical systems
- Mental health systems
- Substance Use Disorder systems

Other systems that provide care for adults & children

- Criminal Justice systems
- Educational systems
- Child welfare systems











Types of Adult Mental Health Supportive Services

Prevention, Early Intervention & Wellness Services

 PEI time-limited evidence-based practices delivered in clinics, field settings, live and via telemental health.

Outpatient Services

 Clinic & field-based services: individual, group, family

Peer & Recovery Services

 Wellness Centers
 Self-help and recovery services

Community Services & Supports

- Case management
- Flexible funding

Intensive Outpatient Treatment Services

 Full-Service Partnerships

Crisis Services

- 988 Call Center
- Urgent Care Centers
- Crisis Mobile Response
- Crisis-oriented treatment
- Crisis Residential Facilities

Intensive Treatment Services/Residential

- State Hospital
- Acute Inpatient Services
- Specialized/General Sub-Acute Facilities
- Crisis Residential Treatment Programs
- Enriched Residential Services





Types of
Youth Mental
Health Supportive
Services

Prevention, Early Intervention & Wellness Services

- PEI for children & families delivered in various settings
- School-based mental health programs

Outpatient Services

- Clinic & field-based services: individual, group, family
- School-based/school linked mental health services

Peer & Recovery Services

- Drop-in services for TAY
- TeenLine

Community Services & Supports

- · Case management
- Flexible funding

Intensive Outpatient Treatment Services

- Full-Service Partnerships
- IFCCS
- TBS
- Wraparound

Crisis Services

- Hotlines (Teenline)
- Crisis-oriented treatment (CORS)
- Urgent Care walk-in (TAY)
- Crisis mobile response

Intensive Treatment Services/Residential

- Level 14 Group Home
- Adolescent Psychiatric Health Facility (PFH)
- Inpatient Hospitals
- STRTPs





Substance Use Disorders Treatment System

Outpatient Services Intensive Outpatient Services Case management/ Care Coordination with Physical & Mental Health

Recovery Support & Social Model Services

Medically Assisted Treatment (MAT)

Opioid Treatment

Short Term Residential Withdrawal Management





Funding

FEDERAL

CA receives federal funds from SAMSHA

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STATE

SAMHSA funds allocated to 58 county mental health plans

State general fund dollars match federal dollars

Mental Health Services Act

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COUNTY

DMH receives federal and state funding

MHSA funds used for 7 service domains

County provides funding to DMH for specific initiatives





The Role of DHHS

What is in our control	What is in outside our axis of control
Increasing awareness	State funding or investments
Maintaining partnerships and increasing collaboration of local network of providers	Reimbursement rates
Supporting trauma- and resiliency- informed systems of service	Reimaging Department of Mental Health service operations
Investing in local mental health prevention and intervention projects	Hospital expansions or investments











Mental Health Treatment Capacity

Goal 1: Build Workforce's Capacity

Accomplished by DHHS:

- Hired a Workforce Officer
- Expanded mental health student practicum placements

Short-Term Strategies:

- Work with County Departments to grow the workforce.
- Encourage local mental health organizations to host ongoing continuing education and professional development.
- Partner with local universities to develop affordable professional development opportunities.
- Track state initiatives to expand workforce

- Encourage the expansion of technology within mental health providers.
- Update hiring practices to provide more employment opportunities for those with lived experience.
- Create employment opportunities that allow for salary increases, student loan repayment or tuition reimbursements.
- Support further development of the workforce pipeline by helping to train community mental health providers as preceptors.
- Partner with local colleges and Workforce Development to develop and support educational and experiential pathways.





Mental Health Treatment Capacity

Goal 2: Increase Funding

Accomplished by DHHS:

 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.

Short-Term Strategies:

- Provide information to existing service providers to connect them with state and county mental health grant opportunities.
- Partner with LBUSD to expand schoolbased services through new funding opportunities.
- Explore opportunities for drawing down Medi-Cal and CalAIM funding to support direct service models.

- Pursue opportunities for direct mental health funding to the City.
- Identify and engage in legislative opportunities that would provide opportunities for more localized mental health funding.
- Partner with LA County to ensure that providers have sustainable and sufficient funding throughout the entire year.





Section 2: Prevention





Prevention

Goal 1: Increase Access to Mental Health Prevention in the City

Accomplished by DHHS:

 Launched the city-wide "Mental Health Matters" awareness campaign.

MENTAL HEALTH MATTERS.

Short-Term Strategies:

- Identify programs within Long Beach currently receiving DMH prevention efforts and work to leverage these efforts within the City's underserved communities.
- Identify DMH Prevention funding opportunities to support communityfocused mental health prevention activities.
- Identify avenues to participate in the DMH Prevention Mental Health Promoters Network.
- Support the growth of trainings such as Mental Health First Aid.

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.



AM NOT ALONE.









Goal 1: Increase Knowledge About the System

Accomplished by DHHS

 Updated the Mental Health Resource Guide on DHHS' website that includes newly identified mental health agencies who are providing services in Long Beach.

Short-Term Strategies:

- Conduct training for providers and policymakers 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 to stay up to date on the mental health system.
- Develop culturally appropriate educational materials for clients and their family on how to access the system.
- Develop a system-wide training on generational trauma and traumainformed best practices.

- Continue to provide traumainformed trainings for City Departments and community partners.
- Continue to routinely update the Mental Health Resource Guide.





Goal 2: Simplify Access Through Coordinated Efforts

Accomplished by DHHS:

- LBDHHS convened the Mental Health Advisory Group to examine the local mental health system who will continue to meet to inform the workplan related to this report.
- Streamlined access to available mental health treatment with DMH. Providers are encouraged to contact the Service Area 8 navigators at (562) 256-7717 during business hours.

Short-Term Strategies:

- Establish a structure
 within DHHS to serve as a
 local coordinating body for
 the local behavioral health
 system of care.
- Meet with County representatives to gain additional understanding of the residential treatment programs, eligibility and access.
- Share the resources for ombudsmen offices.

- Encourage the simplification of enrollment processes among service providers and DMH.
- Collaborate with managed care organizations to remove barriers to referrals.
- Partner with existing service providers to establish a "no wrong door" for behavioral health care services.
- Establish a community-focused, languageaccessible Mental Health Resource Hub.
- Partner with the DMH to identify solutions for patient data sharing.
- Explore information sharing through the existing Health Information Exchange.
- Participate in State rollout of the California Data Exchange Framework.





Goal 3: Increase Services

Accomplished by DHHS:

- 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.
- Developed a current list of DMH Intensive Care Division (ICD) programs.
- Toured the MLK behavioral health campus to understand service provision and coordination of services across systems.
- Conducted a survey completed by 23 Mental Health Advisory Group partners to identify existing capacity to treat more clients and/or what would be required to increase capacity





Goal 3: Increase Services - Outpatient Care

Short-Term Strategies:

- Partner with non-traditional providers that offer counseling provided by mental health professionals.
- Engage DMH to determine the potential for a Clergy Academy in Long Beach.
- Partner with City departments, community organizations, and faithbased organizations to allow for mental health assessments and referrals on site.
- Partner with service organizations to locate mental health providers in nontraditional locations.

- Expand mental health services to adults with depression and anxiety by meeting with Managed Care Plans to explore expansion of mental health network and improve access to existing providers.
- Encourage employers to cover mental health care as part of their benefits to all employees.
- Investigate opportunities for DHHS to become a mental health provider.
- Partner with DMH to fund additional providers in the community.





Goal 3: Increase Services - Crisis Response

Accomplishments by DHHS:

 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 to refer CCR clients to ongoing support.
- Implement a data and evaluation strategy to evaluate the program.

- Expand CCR Team by exploring additional funding opportunities at the County, State and Federal levels.
- Expand response teams to 24/7 and city-wide operations.





Goal 3: Increase Services - Intensive Care

Short-Term Strategies:

- Meet with representatives of the SAPC to understand the residential treatment programs, including eligibility and access.
- Leverage SAPC expansion opportunities
- Engage with DMH ICD to better understand intensive services.
- Identify whether mental health providers with an interest in providing facilities and encourage them to apply for DMH funding.
- Convene meetings with providers interested in enhancing their programs by adding substance use treatment services for those with cooccurring disorders.

- Identify locations within the City that could serve as an intensive treatment location, partner with DMH and support provider ability to utilize those spaces.
- Collaborate with DMH ICD and community agencies to implement programs in Long Beach that serve individuals with intensive care needs.
- Partner with DMH to identify sustainable funding, streamlined access, and coordination of services.





Section 4: Focus Populations





Focus Populations

People Experiencing Homelessness

Accomplishments by DHHS:

- Expanded mental health hours at the Multi-Service Center (MSC), with support from mental health clinicians through the Black Health Equity Fund.
- Established low-barrier mental health programming at the MSC.
- Expanded the REACH program.
- Implemented a mobile therapy van to provide therapy/treatment services for mental health and/or substance use.
- Increased the availability of the LA County Dept of Health Services (DHS) mobile medical clinic.
- Hired a part-time psychiatrist for the MSC.
- Worked to access the DHS charting system to improve coordination as well as the ability to refer to specialized beds.

Short-Term Strategies:

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

- Work with DMH to create additional full-service partnership slots within Long Beach.
- Work to increase supportive housing units.
- Increase capacity of existing Board and Care beds to increase housing retention.
- Work to increase intensive service locations.





Focus Populations

Accomplishments by DHHS:

- Submitted for a multi-year DMH Innovations project to support mental health prevention and intervention services for TAY.
- Secured a location and funding to open a 12-bed shelter for youth experiencing homelessness which will include referrals to mental health services.

Transition-Aged Youth (TAY)

Short-Term Strategies:

 Further engage with the Long Beach Unified School District, California State University Long Beach and Long Beach City College to understand gaps in services for disproportionately imp acted students and support the coordination of 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

- Given State regulation, funding, disparate systems, and scope existing services in Long Beach, the DHHS/City does not seek to open a local Department of Mental Health.
- The DHHS will focus its efforts on:
 - Partnering with LA County to leverage efforts to locate additional services in the City.
 - Convening local and regional partners to continue planning and to increase education and capacity.
 - Coordinating existing services and systems existing in the City
 - Advocating to grow and expand the local system as funding and capacity become available.





