



**Supplementary Materials for  
Conditional Use Permit  
Application for Behavioral  
Health Urgent Care Center**

**At:  
3200 Long Beach Blvd.  
Long Beach, CA**

**Submitted: February 22, 2017**

**Proposal Submitted by:**

**Steve Albrecht**

**Star View Behavioral Health**

**1501 Hughes Way, Suite 150**

**Long Beach, CA 90810**

**Telephone: (310) 221-6336 ext. 110**



# Stars Behavioral Health Group

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## Northern California Regional Office

7677 Oakport St.  
Suite 1010  
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Tel: (510) 635-9705  
Fax: (510) 635-9715

## Alameda County

- ★ Stars Community Services
- ★ Stars High School

## Los Angeles County

- ★ Star View Adolescent Center
- ★ Star View Children and Family Services
- ★ South Bay High School
- ★ Star View Community Services/TEAMMATES

## Riverside County

- ★ Oasis Behavioral Health

## San Bernardino County

- ★ Valley Star Crisis Residential Treatment
- ★ Valley Star Behavioral Health
- ★ Valley Star High School
- ★ Valley Star Crisis Walk-In Centers
- ★ One Stop TAY Center

## Santa Clara County

- ★ Starlight Community Services

## Fresno County

- ★ Central Star Community Services
- ★ Central Star Youth Psychiatric Health Facility

February 22, 2017

Planning Department  
City of Long Beach  
Attn: Scott Kinsey  
333 West Ocean Blvd, 3<sup>rd</sup> Floor  
Long Beach, CA 90802

Hand Delivered

## Re: Supplementary Materials for Conditional Use Permit Application for Behavioral Health Urgent Care Center

Dear Planning Department,

Please augment our CUP application for the Behavioral Health Urgent Care Center (BHUCC) project proposed to be developed at 3200 Long Beach Boulevard in Long Beach.

The information includes additional information on the need for the BHUCC service, an overview of the community outreach efforts that we have conducted in the surrounding neighborhoods and a review of the sites which were previously considered prior to selecting the current site.

Please let me know if you would like additional information. We look forward to presenting on our application for this important project to the Planning Commission.

Sincerely,

Steve Albrecht  
Regional Administrator  
Star View Behavioral Health



## **EXECUTIVE SUMMARY**

### **FOR BEHAVIORAL HEALTH URGENT CARE CENTER (BHUCC)**

#### **WHAT:**

- The BHUCC is a proposed 8,000-square-foot Behavioral Health Urgent Care Center. It can be thought of as an urgent care center for those experiencing a mental health problem much like a medical urgent care center where people go instead of the hospital Emergency Room (ER).
- It is for up to six adolescents at one time, ages 13-17, and up to 12 adults ages 18- 65 and up. It is for short-term crisis stabilization, and patients may not stay for longer than 23 hours and 59 minutes.
- The BHUCC will provide specialized care for individuals experiencing periods of significant and disabling anxiety, depression, disordered thinking, and/or other symptoms of a mental health condition. Most patients will be voluntary; some will meet involuntary criteria.
- The BHUCC will support the consumer in resolving the crisis and transitioning home or to other residences. It will also provide connections to ongoing supports to maintain the stabilization of their mental health and avoid future crisis episodes.
- The Long Beach Mental Evaluation Team (MET) and other law enforcement and paramedics will be able to bring psychiatric patients to the BHUCC instead of to the ER. Between about two and three people per hour will be coming and going during day and early evening hours with fewer coming after hours. Some patients will be transported by police and paramedics (but without sirens nor lights). The average stay is 4 to 6 hours.

#### **WHAT IT IS NOT:**

- The BHUCC is not a program aimed at serving the homeless, like the nearby Salvation Army. While the BHUCC will serve homeless consumers, it is estimated that the homeless will be less than 10% of volume. The Los Angeles County Department of Mental Health (LADMH) reports that roughly 9% of

patients are homeless at the County's other urgent care sites and this is what SBHG has experienced at its similar programs in other counties.

- It is not a "Medication Clinic," a pharmacy, nor a drop-in center. Whether voluntary ("walk in") or involuntary, patients need to meet the medical diagnostic criteria of being in a mental health crisis.
- The BHUCC will not "discharge to the street." All discharges will include transition to a residence and transportation to get there (which could be provided by a BHUCC vehicle when needed.) Clients ready for discharge will not be required to leave at night, even if their stay exceeds 24 hours.
- The BHUCC is not a residential program. Clients are within the facility for up to the limited 24-hour period and are only outside when they come and go from their source of transportation. It is not a sober living, halfway house nor other type of residential program.

#### **WHO:**

- LADMH is funding the BHUCC and intends to contract with Star View Behavioral Health to be the operator. There will be no cost to the City of Long Beach now or in the future. Star View has been contracted with LADMH for over 20 years and is one of its largest contract provider agencies with 10 locations in the county.
- Star View began its operations in Long Beach, is headquartered there, and today operates multiple programs serving Long Beach residents, including counseling services on site at 46 Long Beach Unified School District campuses.
- A Star View Community Services' Long Beach Center is located at 100 East Wardlow, in the same neighborhood as the proposed BHUCC. It has operated without incident with its neighbors for over 20 years.
- Star View is a subsidiary of Stars Behavioral Health Group (SBHG), founded in 1988, which contracts with nine California counties to provide mental healthcare and other human services, including psychiatric hospitals and crisis programs.

#### **WHERE:**

- The proposed location is at 3200 Long Beach Blvd. in a building zoned and used as a medical clinic building that has been vacant off and on for years.
- Since summer 2015, Star View engaged in an extensive search for a Long Beach location, searching for a single-story building with more than 8,000 square feet that is masonry construction, close to freeways, on a bus route, near hospitals, separate from residences and with a permitted use through zoning or a

CUP. The search included identification of 17 other properties, but no other met the requirements and compared to the site at 3200 Long Beach Blvd.

- Neighbors include residents in the Memorial Heights and Del Mar areas, and through three neighborhood meetings, 200 door-to-door visits, 300+ distributed flyers and a website, Star View has notified and communicated with neighbors.

#### **WHY:**

- This crisis program is unique and responds to a huge gap in Long Beach to take the time-consuming burden off police and hospitals and to provide more appropriate care for those with unmet mental health needs.
- Untreated mental illness has many consequences, leading to dividing families, self-harm, addiction, and suicide. Many zip codes in Long Beach had significantly higher rates of hospitalization than the State's overall rate in 2010. Within the *South Bay Service Planning Area* (includes Long Beach), 13.5 percent of residents reported needing help for mental health problems and depending on age, from 7.4 to 15.2 percent reported thoughts of committing suicide.
- MET team responses for 5150 involuntary confinements average 6,180 annually or 515 per month. Currently, those with unmet mental health needs are turning to the local ERs, Long Beach Police Dept. (LBPD) and LA County Sheriff, and officers are spending valuable time transporting them and waiting for them. The BHUCC will decrease the time LBPD spends on MET calls and other interactions with those in crisis.
- It will support the hospitals and ERs in Long Beach (Memorial, Community, College, and St. Mary's). Currently, none of the City's hospitals operate Psychiatric Emergency Services (PES). Therefore, patients on involuntary status (5150) cannot leave until a psychiatric hospital bed is secured, sometimes resulting in patients staying over 24 hours in the ER and overloading ERs.
- The BHUCC will support a reduction in homelessness by individuals who experience mental illness by connecting them to shelters and housing providers so they do not return directly to living on the street.
- The BHUCC will be a valuable resource for schools and families when students are identified to express suicidal thoughts or exhibit other high risk behaviors.
- The BHUCC will support an increase in the safety of its neighborhood with its 24/7 operation and security staff. New lighting, perimeter walls, and new exterior camera systems will deter the homeless and illegal activities. The presence of police dropping off clients for treatment will deter criminal behavior.



## **Behavioral Health Urgent Care Center (BHUCC) Conditional Use Permit Supplementary Information**

**February 22, 2017**

Proposed Conditional Use Permit: Develop a Behavioral Health Urgent Care Center at 3200 Long Beach Boulevard.

This report provides information relevant to the proposed project and an update on the status of the project. It contains:

- ✓ Star View Brief Overview
- ✓ Community Mental Health Care Needs
- ✓ Community Benefits Listing
- ✓ Community Outreach
- ✓ Petition and Support Letters
- ✓ Site Search Overview

## Star View Brief Overview

- Star View Behavioral Health has been contracted with the Los Angeles County Department of mental health for over 20 years and is one of its largest contract provider agencies with 10 locations.
- Star View began its operations in Long Beach and today operates multiple programs serving Long Beach residents, including counseling services on site at 46 Long Beach Unified School District campuses.
- A Star View Community Services' Long Beach Center is located at 100 East Wardlow, in the same neighborhood as the proposed BHUCC. It has operated without incident with its neighbors for over 20 years.
- Star View Adolescent Center in Torrance is a secured hospital and residential program located in a residential neighborhood. Opened in 1996, it has many years of good relations with its neighbors and collaboration with the City of Torrance and its Police Department.
- Star View is a subsidiary of Stars Behavioral Health Group (SBHG) which contracts with 9 California counties to provide mental healthcare and other human services.
- SBHG was founded in 1988 and has considerable experience in developing and operating psychiatric hospitals and crisis programs, including programs similar to the BHUCC in Riverside and San Bernardino Counties.

## Community Mental Healthcare Needs

Following is data from the *Community Health Assessment* published July, 2013 by the City of Long Beach Department of Health and Human Services. The data underscores the need for the services of the BHUCC for the City of Long Beach

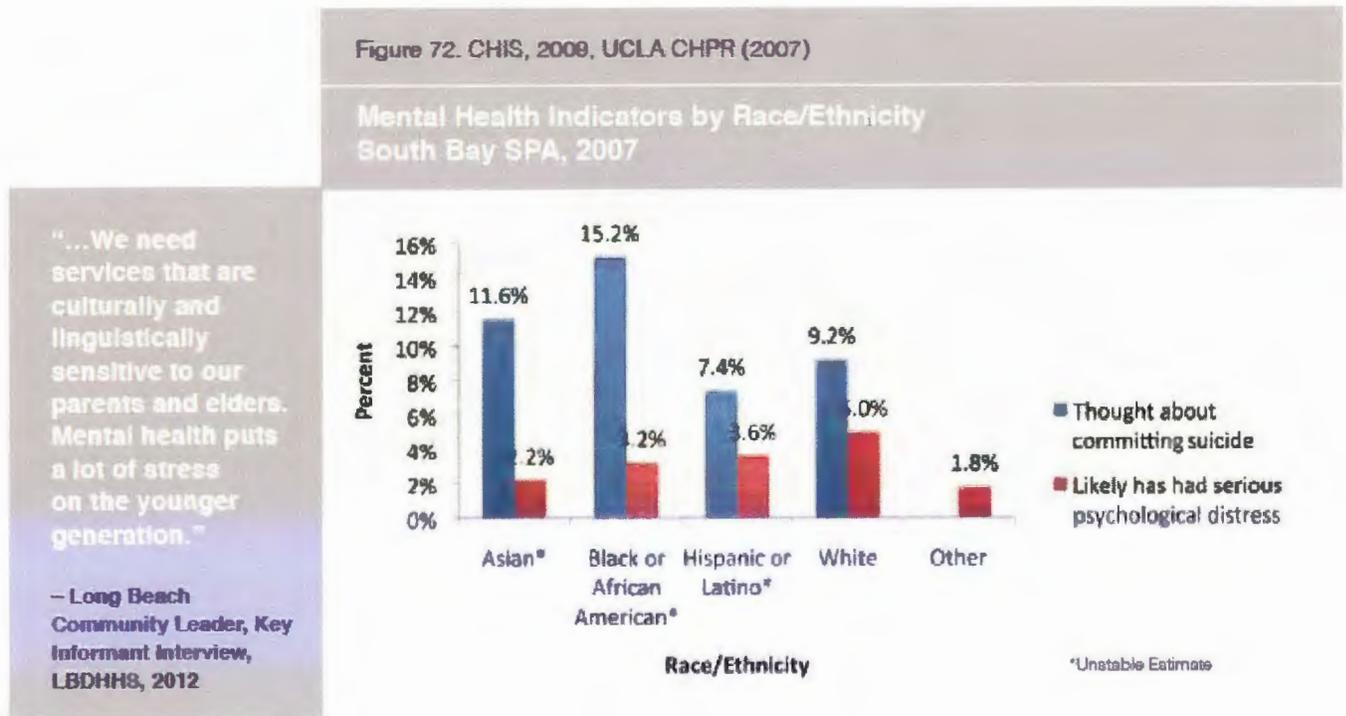
### Incidence of Mental Illness

#### Reports by People

Within the *South Bay Service Planning Area* (includes Greater Long Beach to the South Bay):

- 13.5 percent of residents reported needing help for emotional/mental health problems or problems with the use of alcohol/drug
- 1.8 to 5 percent indicated they likely had serious psychological distress
- 7.4 to 15.2 percent reported thoughts of committing suicide

Figure 72 shows these indicators of mental health by race/ethnicity (CHIS, 2009)



Mental Illness Annual Hospitalization Rates – All Ages

Many zip codes in Long Beach had significantly higher rates of hospitalization per 100,000 population than the State’s overall rate in 2010.

State of California: 551.7 per 100,000 population

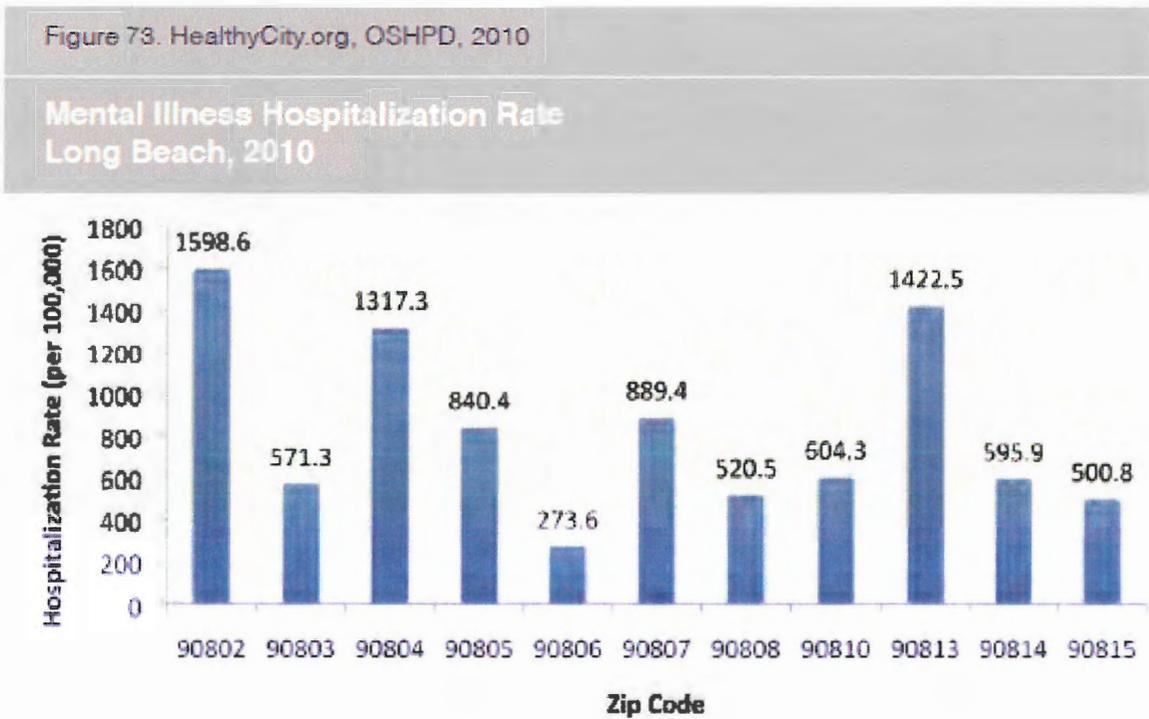
City of Long Beach:

Zip codes

90802:	1,598.6
90804:	1,317.3
90813:	1,422.5
West Central, 90807:	889.4
North, 90805:	840.4

(HealthyCity.org, OSHPD, 2010)

The following chart shows a wide range of the rate between zip codes.



Mental Illness Annual Hospitalization Rates – by Race/Ethnic Children, Adolescents and Young Adults age 5-24

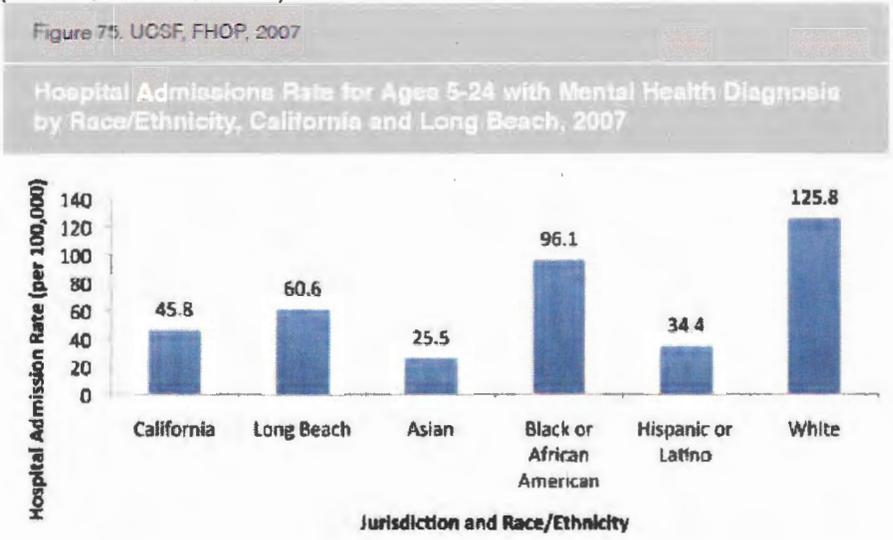
State of California: 45.8 per 100,000 population

City of Long Beach:

White: 125.8

Black/African American: 96.1

(UCSF, FHOP, 2007)



**Community Mental Healthcare Crisis Response**

This data is provided by the City of Long Beach Department of Health and Human Services for 2016. It shows the high volume of Mobile Emergency Team (MET) responses and 5150 involuntary confinements.

MET responses:

5,665 January – November

6,180 Pro-rated Annual

515 average per month

Hospitalized on 5150:

615 January – November

671 Pro-rated Annual

56 average per month

Not Hospitalized:

1,380 January – November

1,505 Pro-rated Annual

125 average per month

## **Community Benefits**

The BHUCC's primary benefit is for those individuals living with chronic mental illness and their families. It will provide the specialized care when they experience periods of significant and disabling anxiety, depression, disordered thinking, and/or other symptoms. The BHUCC will support the consumer in resolving the crisis and transitioning home or to other residences. It will also provide connections to ongoing supports to maintain the stabilization of their mental health and avoid future crisis episodes.

The Long Beach community will also benefit from the BHUCC, including the following ways:

### **Support for Law Enforcement**

The BHUCC will support the Long Beach Police Department (LBPd) through decreasing the time its officers spend in MET response calls and other interactions between officers and individuals experiencing a mental health crisis. The BHUCC will support MET responders, other officers, and consumers through:

- ✓ Reducing total MET Response time in the field by giving consumers an option to get help voluntarily. Crisis intervention and stabilization can move from being done in the field by MET personnel and other officers to the BHUCC.
- ✓ Reduce time spent in processing consumers requiring hospitalizations. The BHUCC will provide a rapid access, local service that will be an alternative to psychiatric hospitalization. Currently, officers can travel long distances and spend long hours waiting in hospitals to secure a bed for a person in crisis. The BHUCC will provide LBPd with significant time savings compared to transporting to hospitals out of the area, such as Harbor UCLA Medical Center, allowing officers to spend more time patrolling their city.
- ✓ The BHUCC will support a reduction in crises experienced by individuals with chronic mental illness by providing linkage to ongoing stabilization services and supports. If individuals receive this intervention and are connected to ongoing services, it is anticipated that we would see a reduction of MET calls for these individuals.

### **Support for Hospitals**

The BHUCC will support the hospitals of Long Beach (Memorial, Community, College, and St. Mary's), specifically their Emergency Rooms (ERs). ERs generally do not have dedicated areas and services for psychiatric patients unless they establish a Psychiatric Emergency Services (PES). Currently, none of the City's hospitals operates a PES. Monitoring psychiatric patients takes ER staff away from other patients. Patients on 5150 holds cannot leave until a psychiatric hospital bed is secured, sometimes resulting in patients staying over 24 hours in the ER.

The BHUCC will support hospitals through reducing the number of ER visits by psychiatric patients. The MET team and other law enforcement and paramedics will be able to bring psychiatric patients to the BHUCC instead of the ER. Agencies that serve the mentally ill and are in need of an immediate referral to an individual experiencing crisis will be more likely to use the BHUCC and not the ERs.

### **Reducing Homelessness**

In 2015, the count of individuals experiencing homelessness in the City of Long Beach totaled 2,345 people, compared to 2,847 in 2013, a drop of 18 percent. Chronically homeless persons dropped in number from 1,061 to 927, a 13 percent reduction. The number of homeless children fell 24 percent, from 334 to 255.

It is important to note that the BUCC is not a program aimed at serving the homeless. While the BHUCC will certainly serve homeless consumers, our experience with the other similar programs we have operated in Riverside and San Bernardino Counties is that homeless consumers will be about 10% of the BHUCC's patient volume. The BHUCC will support a reduction in homelessness by individuals who experience mental illness in the following ways:

- ✓ The BHUCC will connect homeless individuals it treats to shelter and housing providers, so that they do not return directly to living on the street.
- ✓ The BHUCC will help consumers to achieve lasting stabilization through linking them to community supports. A reduction in the severity and frequency of symptoms will support consumers accessing and remaining in housing.
- ✓ Through the recovery model, the BHUCC will empower consumers to manage their recovery, including reinforcing the importance of obtaining housing.

### **Increased Student and School Safety**

Star View is the largest provider of mental health services for the Long Beach Unified School District. The BHUCC will be a valuable resource for schools and families when students are identified to be express suicidal thoughts or exhibit other dangerous behaviors. Services are provided on the 46 campuses listed below.

Bancroft MS	Fremont E.S.	Lafayette ES
Birney	Garfield ES	LB Poly H.S.
Bryant E.S.	Gompers	Lindbergh-Spectrum
Cabrillo H.S.	Holmes ES	Lindsey MS
CAMS	Hoover MS	Lowell
Cleveland	Hudson School (K-8)	Mac Arthur ES
Cubberley	Jordan High	Mann ES
Dooley	Jordan Plus	Marshall M.S.
Emerson Parkside	King E.S.	McBride

McKinley E.S.  
Millikan HS  
Naples  
Nelson Acad.  
Newcomb Acad.  
Powell  
Prisk ES

Reid Hs  
Renaissance  
Riley ES  
Rogers  
Roosevelt ES  
Spectrum  
Stanford M.S.

Tincher ES  
Tucker  
Twain ES  
Washington M.S.  
Wilson H.S.

### **Increased Neighborhood Safety**

The BHUCC will support an increase in the safety of its neighborhood. Increased security measures and mitigation of any adverse effects of clients coming and going to the BHUCC were addressed in a separate supplement to our CUP application.

## OUTREACH ACTIVITIES

### NOVEMBER 2016

- Met with Kelly Colopy, Director of Mental Health, and Linda Tatum, Planning Bureau Manager, City of Long Beach– Nov. 2<sup>nd</sup>
- Presented to Department of Mental Health Service Area Advisory Committee for Service Area 8 – Nov. 4<sup>th</sup>
- Site visit with Richard Espinosa, Deputy to Supervisor Knabe

### DECEMBER 2016

- Met with Councilman Uranga – Dec. 5<sup>th</sup>
- Met with law enforcement – Including Robert Luna, Chief of Police; David Hendricks, Deputy Chief, and Douglas Haubert, City Prosecutor – Dec. 19<sup>th</sup>
- Completed BHUCC community info website ([www.starsinc.com/bhucc](http://www.starsinc.com/bhucc)) and materials –Dec. 19<sup>th</sup>

### JANUARY 2017

- Tour of BHUCC facility for Supervisor Hahn's team including Herlinda Chico, Field Deputy, Kelvin Driscoll, Children & Human Services Deputy, and Jessica Ho – Jan. 3<sup>rd</sup>
- Completed door-to-door outreach in Del Mar Neighborhood (within 750-foot radius) to discuss the project and notify residents of January 19<sup>th</sup> community meeting.\* In addition, put flyers\*\* on approximately 100 doors outside the 750-foot radius – early January
- Met with the Property Manager of the Villa Del Sol Apartments across the street – Jan. 10<sup>th</sup>
- Met with College Hospital ER – Jan. 12<sup>th</sup>
- Held a conference call with Captain Sergio Garcia, Salvation Army Long Beach - Jan. 12<sup>th</sup>
- Presented at a Community Meeting to the Del Mar Neighborhood Group with approximately 55 attendees -- Jan. 19<sup>th</sup>

### FEBRUARY 2017

- Conference call with Memorial Medical Center President and CEO – Feb. 9<sup>th</sup>
- Met with the Downtown Long Beach Association – Feb. 14<sup>th</sup>
- Door to door outreach with neighbors to the east of Long Beach Blvd. on the east side of the 750-foot radius (Memorial Heights and other neighbors).\* - Feb. 22<sup>nd</sup> and 27<sup>th</sup>

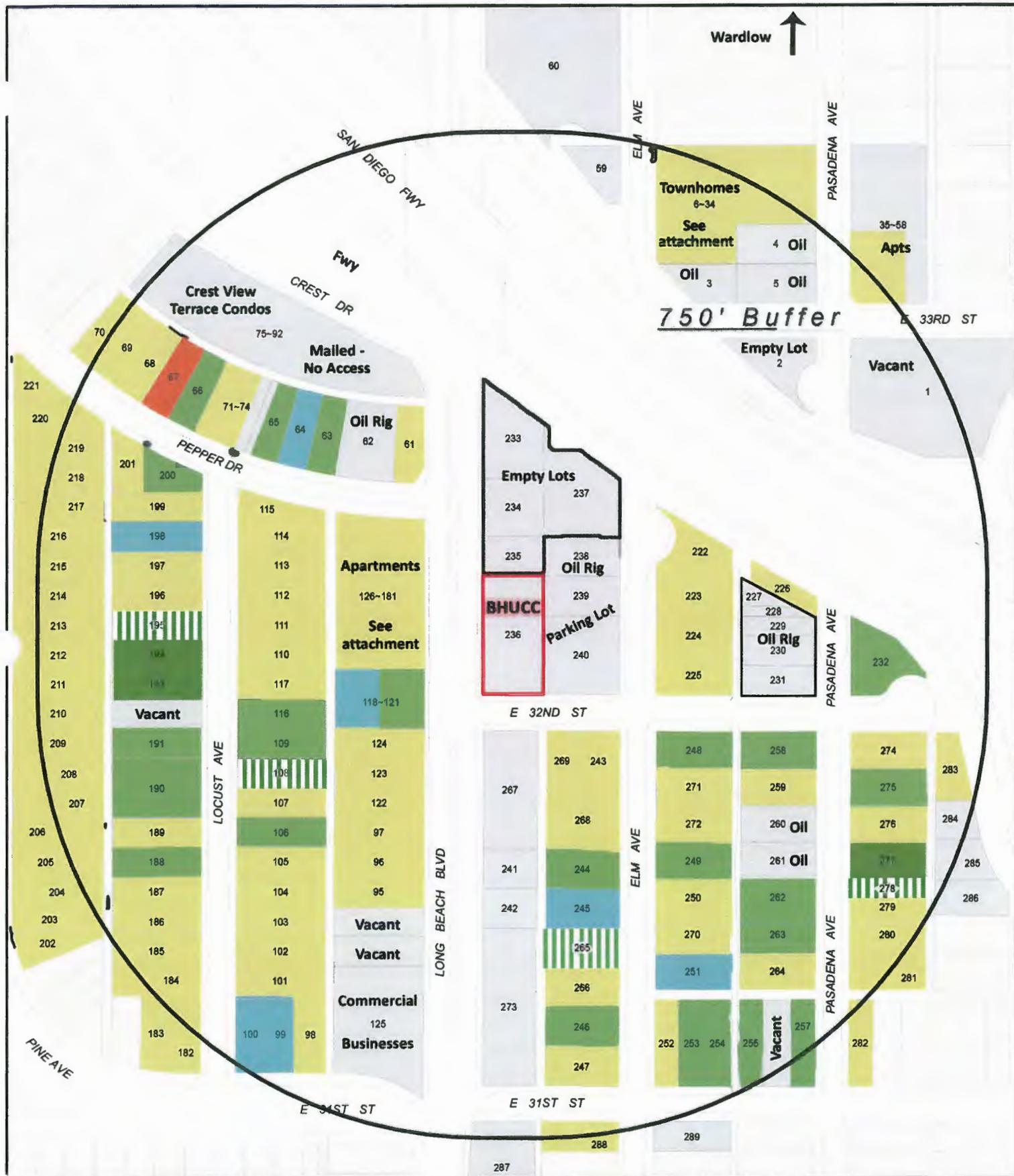
**March 2017 – Planned Events**

- Present at a Community Meeting of the Wrigley Association – March 6<sup>th</sup>
- Host and present at a Community Meeting for neighbors on the east side of the 750-foot radius (Memorial Heights and other neighbors) – March 8<sup>th</sup>
- Planning Commission Hearing – possibly March 16<sup>th</sup>

\*See 750' radius map with coding as to the nature of contact with residents in Del Mar neighborhood. Remainder of area will receive door to door visits and invitations to March 8<sup>th</sup> community meeting.

\*\* Flyer example follows. Flyers also provided in Spanish.

# Long Beach Urgent Care Center Door-to-Door Outreach



## Legend

- Project Area
- Project Buffer
- Affected Parcels
- Assessor Parcels
- Spoke with occupant
- Flyer on door
- Strongly supportive
- Opposed
- No English nor Spanish



3200 Long Beach Blvd  
750' Buffer Radius  
11/4/2016

## BHUCC OUTREACH TO MULTI-FAMILY HOMES WITHIN THE 750-FOOT RADIUS

### TOWNHOMES NORTH OF 405 ON ELM AVE. AND PASADENA AVE. BETWEEN WARDLOW AND 33<sup>RD</sup>

3388	3383	3312	3328	3302
3390	3369	3314	3339	3300
3392	3381	3304	3337	
3394	3379	3326	3335	
3396	3373	3324	3333	
3398	3375	3330	3331	
3389	3353	3322	3329	
3391	3355	3332	3327	
3393	3357	3320	3325	
3395	3359	3334	3323	
3397	3361	3336	3310	
3387	3306	3318	3308	
3365	3308	3338	3306	
3367	3310	3316	3304	

### VILLA DEL SOL APARTMENTS ON LONG BEACH BLVD.

Apartment numbers

103	203	303
104	205	305
106	206	306
107	207	307
108	208	308
116	209	

Left a flier

Spoke with Occupant

ANNOUNCING

## A New Use for A Medical Office Building **PROPOSED BEHAVIORAL HEALTH URGENT CARE CENTER (“BHUCC”)**

An application to the City of Long Beach for a Conditional Use Permit (CUP) has been submitted. You will receive notice of an upcoming Planning Commission hearing on this project. We want our neighbors to receive info on the project in advance of the meeting.

The CUP is required because this program will operate 24/7. It is an outpatient program serving individuals experiencing a mental health crisis.

### BEFORE



The existing building at 3200 Long Beach Blvd. (built in 1967) has not been remodeled for many years.

### AFTER

(ARCHITECT’S RENDERING)



In addition to helping beautify the area, the building will be well-lit, and the improved lighting, 24-hour security with cameras, and increased activity are expected to improve security in the area.

### How the BHUCC will Benefit the Community and Neighborhood

- Reduce homelessness by connecting clients to housing, community resources, and access to medication to help them stabilize
- Increase neighborhood safety with a 24-hour secured and lighted facility rather than the previously vacant facility (plus with a security staff and cameras)
- Relieve local hospitals and emergency rooms by stabilizing clients who normally “clog” emergency rooms and increase wait times for others
- Support Long Beach Police and Fire staff by relieving from the time-consuming task of transporting and waiting for patients. This will give them more time to support community safety.
- We will assure that clients leaving the BHUCC return to their home or to a shelter, hospital or other residential care facility for extended stay

OVER →

## A New Use for A Medical Office Building



The BHUCC's proposed location is just south of the 405 Freeway at 32nd Street.

## Want to know more?

We have created a website with much more information, including FAQs:

[www.starsinc.com/bhucc](http://www.starsinc.com/bhucc)

For questions or feedback,  
or to schedule a time to meet with one of our representatives,  
contact Yvonne Lozano at (562) 427-6818 x 102 or [ylozano@starsinc.com](mailto:ylozano@starsinc.com).

 Star View Behavioral Health, 1501 Hughes Way, Long Beach 90810. The BHUCC will be funded by the Los Angeles County Department of Mental Health

ESPAÑOL: Si tiene alguna pregunta o sugerencia, o para hacer una cita para conocer a uno de nuestros representantes, puede llamar a Yvonne Lozano, Star View Community Services Administrator, al (562) 427-6818 x 102 o [ylozano@starsinc.com](mailto:ylozano@starsinc.com).

[www.starsinc.com/bhucc](http://www.starsinc.com/bhucc)

ANUNCIAMOS

## Un nuevo uso para el Edificio de Oficinas Médicas **PROPUESTA PARA EL CENTRO DE SALUD DE COMPORTAMIENTO - CUIDADOS DE URGENCIA ("BHUCC")**

Hemos presentado una solicitud a la Ciudad de Long Beach para obtener un Permiso de Uso condicional (CUP). Usted recibirá una notificación acerca de la próxima sesión del Comité de Planificación acerca de este proyecto. En anipacion de esta sesion, estamos provediendo esta informacion sobre el proyecto a nuestros vecinos.

El proseso de CUP es requisito ya que el programa estara disponible para servicios las 24 horas- 7días a la semana. Este programa se dedicara a proverer servcios al paciente-ambulatorio que esta pasando una crisis de salud mental.



**ANTES**

El edificio hoy en 3200 Long Beach Blvd. (Construido en 1967) no ha sido remodelado por muchos años.



**DESPUÉS**  
(REPRESENTACIÓN  
DEL ARQUITECTO)

Además de ayudar a embellecer la area, el edificio estará muy bien iluminado. De hecho, esperamos que la iluminación adicional, las cámaras de vigilancia de 24 horas, y el incremento en actividad mejoren la seguridad en esta area.

### **Cómo beneficiará el BHUCC a la Comunidad y a la Vecindad**

- Reducirá las personas indigentes en la área por ser conectados con viviendas, recursos comunitarios y acceso a medicamentos para ayudarlos a estabilizarse.
- Incrementará la seguridad de la área con establecer instalaciones seguras e bien iluminadas las 24-horas envés de un sitio vacío, como ha sido previamente (inclusivo de tener agentes de seguridad y cámaras de vigilancia).
- Ayudará a los hospitales locales y salas de emergencias con aceptar las personas pasando crisis de salud mental envés de dejarlos "llenar" las salas de urgencias e incrementar el tiempo que los demás pacientes médicos tuvieran que esperar.
- Apoyará al departamento de Policía y Fuegos de Long Beach al reducir su obligación de transportar y esperar que estos pacientes reciban servicios de crisis de salud mental que frecuentemente lleva bastante tiempo. De hecho, esto les dejaría más tiempo para dedicar a mantener la seguridad de la comunidad.

Nuestro programa se va hacer responsable de que los pacientes del BHUCC tengan transportación y manera de regresar a su casa o a un hospedaje o hospital u otra instalación de cuidado residencial para si acaso una estancia extendida es necesario.



La ubicación propuesta de BHUCC está al sur de la autopista 405 y la calle 32.

## ¿Le gustaría saber más?

Hemos establecido un sitio en el internet con mucha más información, incluyendo Preguntas y Respuestas

[www.starsinc.com/bhucc](http://www.starsinc.com/bhucc)

Si tiene alguna pregunta o sugerencia, o para hacer una cita para conocer a uno de nuestros representantes, puede llamar a Yvonne Lozano al (562) 427-6818 x 102 o [ylozano@starsinc.com](mailto:ylozano@starsinc.com).



Star View Behavioral Health, 1501 Hughes Way, Long Beach 90810.  
El BHUCC es financiado por el Departamento de Salud Mental del Condado de Los Angeles.

[www.starsinc.com/bhucc](http://www.starsinc.com/bhucc)

## PETITION

In total, 301 people have signed a petition saying they support the Behavioral Health Urgent Care Center in Long Beach. This includes those who signed the online petition at <https://www.change.org/p/support-for-behavioral-health-urgent-care-center-in-long-beach> which now has 189 supporters. Of those, nearly 60 are from Long Beach, Signal Hill, Lakewood or Bellflower (with the majority from Long Beach).

In addition, there are 118 people who have signed the hard copy of the petition.

## SUPPORT LETTERS

**In a separate tabbed section are support letter from the following:**

Doug Haubert  
Long Beach City Prosecutor

Joseph Z. Avelino  
Chief Executive Officer  
College Medical Center

Dr. Tiffany Brown  
Assistant Superintendent  
Long Beach Unified School District

David A. Pilon, PhD, C.P.R.P.  
President and CEO  
Mental Health America of Los Angeles

Mariko Kahn, LMFT  
Executive Director  
Pacific Asian Counseling Services, Long Beach

Jeff Watkins  
President  
NAMI Long Beach

Vicki Doolittle  
Executive Director  
Su Casa Domestic Violence

Kathy Parsons  
Wrigley resident  
and former LB Public Information Officer

Dan Thorne  
Harbor View Community Services Center

Dr. Kittya Paigne, MD, CEO  
Community Medical Wellness Center  
(Cambodian Services), Long Beach

Nina Revoyr  
Executive Vice President and COO  
Children's Institute

Dr. Chinchilla  
Co-Founder and Executive Director  
Immigrant Rights Coalition

Colleen Anderson  
Executive Director  
Calif. Institute of Health & Social Services

Ed Waiskopf  
Chief Clinical Officer  
The Guidance Center

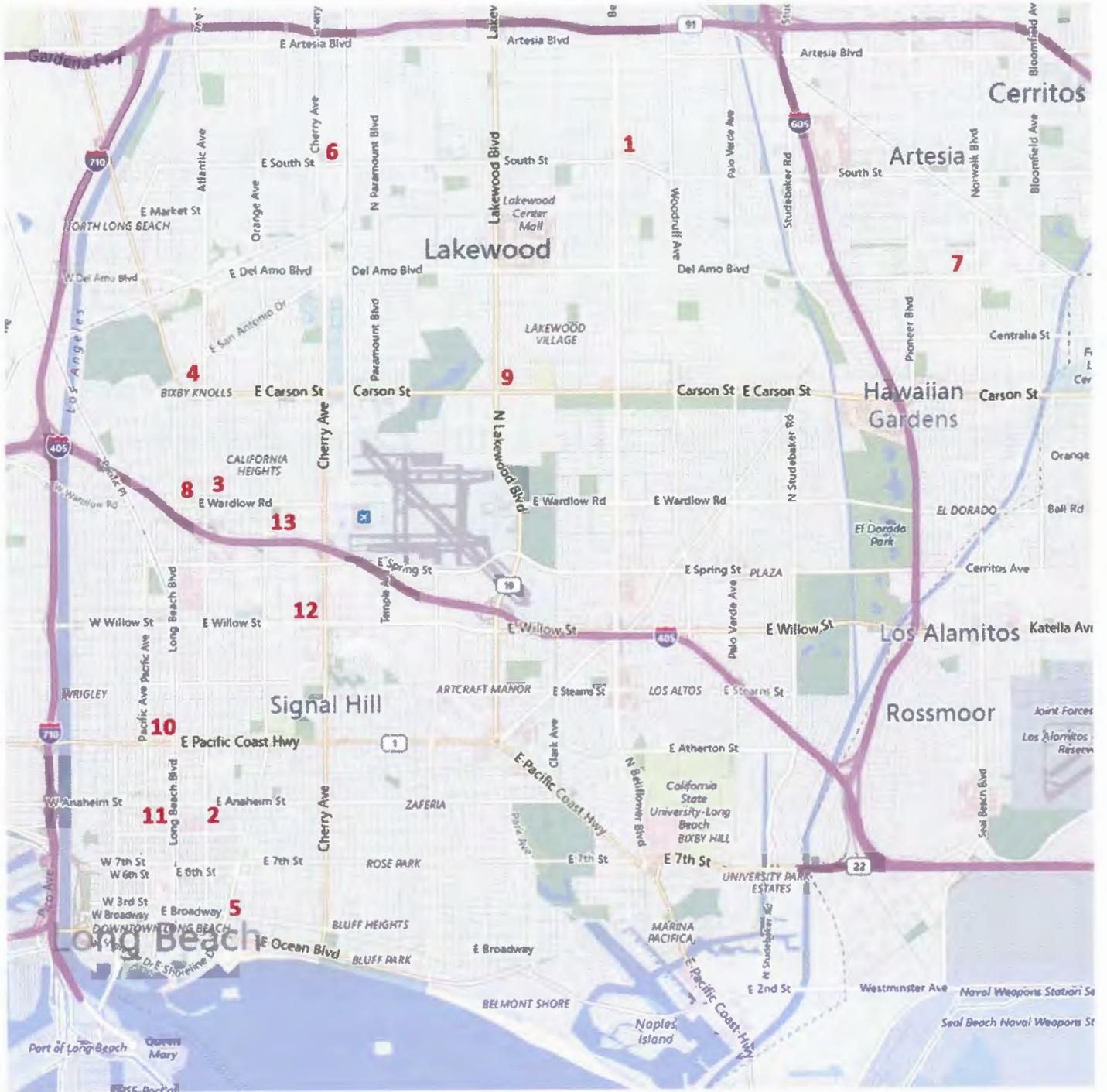
Georgia Case  
Local resident

## Site Search Overview

Star View engaged in an extensive search for a location for the BHUCC to serve the Long Beach community. The search began in the summer, of 2015, as we developed our proposal to the County for the program. Preferences for the site included it being a single-story building, size over 8,000 square feet, masonry construction, close to freeways, on a bus route, near hospitals, separation from residences, permitted use within the zoning or through a CUP, ease of access for police and paramedic vehicles, and centrally located within the greater Long Beach area.

In contacting the area's hospitals to obtain their support for our proposal, the ability to house the BHUCC on the campus of College Hospital was discussed with their leadership and though they expressed interest, they decided to utilize the space for other purposes.

Below is a map of the 13 properties that were identified as possibilities to house the BHUCC.



After research was done on each site, a decision was made whether or not to pursue the site. Following is a brief description of some of the reasons for making the decisions (numbers correspond to the map).

Property	Square footage	Reasons not suitable / suitable
1) 5834-5840 Adenmoor Ave - Lakewood, CA 90713	4,974	Too Small, too close to Orange County, Not central to LB
2) 1090 Atlantic Ave - Long Beach, CA 90813	8,280	Two Story Building, 4,100 per floor, would lose economies of scale for staffing,
3) 3501 Atlantic Ave - Long Beach, CA 90807	7,500	Within Bixby Knolls, smaller than needed
4) 4363 Atlantic Ave - Long Beach, CA 90807	8,000	Office space located on second floor, with parking on first floor beneath
5) 434 E Broadway - Long Beach, CA 90802	5,200	Too Small
6) 5861 Cherry Ave - Long Beach, CA 90805	5,685	Too Small, space available on the second and third floor
7) 12051 Del Amo Blvd - Cerritos, CA 90703	6,728	Too small, two story building, not centrally located (east of 605)
8) 3491 Elm Ave - Long Beach, CA 90807	4,500	Too small, insufficient parking
9) 4140 Norse Way - Long Beach, CA 90808	7,845	Far from Hospitals, north of the LB airport
10) 1957 Pacific Ave - Long Beach, CA 90806	11,396	Zoned retail, further from Hospitals, not sufficient parking 5/1000
11) 1204-1230 Pine Ave - Long Beach, CA 90813	9,000	Multi-story building, former school
12) 2651 Walnut Ave - Signal Hill, CA 90755	10,440	Good central location, no CUP needed
13) 1050 E Wardlow Rd - Long Beach, CA 90807	10,500	Insufficient parking, remodeled for offices

The building at 2651 Walnut Avenue in Signal Hill was the most viable option and was pursued. A design plan was developed and negotiations with the property owner conducted. The owner subsequently notified Star View that he had received a full price offer and elected to sell the building. The new owner intended to occupy the building.

A new search began and the four locations in the following table were considered.

Property	Square footage	Reasons not suitable
1) 2925 Pal Verde Avenue, Long Beach, CA 90815	8,376	Right across the street from a High School, very close to Orange County border
2) 2789 Long Beach Blvd., Long Beach, CA 90806	14,411	Insufficient parking. Had to tear down part of the building to make additional parking. Also backed up to a school
3) Space on the campus of College Hospital	ca 7,000	Space they identified in their proposal to the County for the UCC. No longer available, being used for an alternate purpose
4) 2708 Willow Street, Signal Hill, CA 90755	ca 12,000	Adjacent to condominiums which had a history of calling police for noise violations; partial wood construction requiring greater costs to meet fire codes, larger than needed

So, ultimately 18 sites have been considered for the BHUCC.

In comparison to the other options, 3200 Long Beach Boulevard was selected for the following reasons:

- ✓ BHUCC use consistent with current medical office use/zoning
- ✓ Masonry construction greatly reduces construction cost for locked building
- ✓ Owner is construction contractor who will bid to do the work and has considerable experience in Long Beach and does high quality work
- ✓ Close to 405 Freeway, giving rapid access for law enforcement
- ✓ Close to Memorial and College Hospitals
- ✓ Central in the area to be served: between South Bay area (to be served by another Urgent Care Center) and the County's border
- ✓ Ample parking
- ✓ Long Beach Blvd. is a bus route; there is a stop directly in front of facility
- ✓ The property is not directly adjacent to residences; residences are separated by streets; there are no residences on north side



OFFICE OF THE CITY PROSECUTOR  
Long Beach, California

DOUGLAS P. HAUBERT, *City Prosecutor*

333 West Ocean Boulevard  
City Hall, Second Floor  
Long Beach, California 90802  
Telephone: (562) 570-5600  
Fax: (562) 570-7140  
prosecutor@longbeach.gov

December 28, 2016

Mr. Kent Dunlap  
President and CEO  
Stars Behavioral Health Group  
1501 Hughes Way, Ste. 150  
Long Beach, CA 90810

Dear Mr. Dunlap,

Thank you for taking the time to provide to myself, Long Beach Police Department representatives, and Health Department officials your plans to develop a mental health urgent care center ("UCC") at 3200 Long Beach Boulevard, in Long Beach. Your plans are impressive and will help provide law enforcement with additional resources to keep our neighborhoods safe.

As you know, the City of Long Beach has been exploring ways to better serve those in the city with mental health needs. Currently, in some cases, local law enforcement officers find themselves driving long distances and waiting for over an hour to handle calls that could be better handled by local facilities like the UCC you are proposing.

While there are multiple resources currently available, your urgent care center fills a gap in our needs – a facility that assists police officers with a secure location that provides professional, clinically-appropriate care during all hours. If the UCC operates as proposed, our streets will be safer, more people in need of care will receive help, and patrol officers will be returned more expeditiously back to their duties.

Thank you again for the presentation, and please do not hesitate to contact me if my office can be of assistance in this or any other matter aimed at improving safety in the City of Long Beach.

Sincerely,

Doug Haubert  
Long Beach City Prosecutor



## COLLEGE MEDICAL CENTER

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2776 Pacific Avenue • Long Beach, California 90806  
562 / 997-2400 • [www.collegemedicalcenter.com](http://www.collegemedicalcenter.com)

January 18, 2017

To Whom It May Concern:

I am the Chief Executive Officer of College Medical Center located at 2776 Pacific Avenue in Long Beach, California. College Medical Center (CMC) is a full-service acute care hospital with a large behavioral health component. However, even with 137 inpatient psychiatric beds, there continues to be unmet need in the community for crisis behavioral health services, especially those for in the adolescent population. College Medical Center supports Star View's Behavioral Health Urgent Care Center (BHUCC) and its application for a Conditional Use Permit with the soon-to-be established BHUCC located at 3200 Long Beach Boulevard in Long Beach. The benefits to the community will include providing relief to hospital Emergency Departments, reductions in psychiatric hospitalizations, and will reduce the impact on the Long Beach Police Department and the Los Angeles County Sheriff officers who are transporting mental health patients for services.

I understand that the BHUCC will provide mental health consumers with a much needed service. The BHUCC will be open 24/7/365 and will allow for the patients to be stabilized when in crisis and will then be able to support the patients to transition to the community with ongoing supportive services, including temporary housing for homeless individuals.

In order to guarantee safety for the patients and the surrounding community, Star View will provide round-the-clock security to ensure that patients who are discharged from the facility leave the area and placed in appropriate settings within its catchment area.

All of us at College Medical Center request the approval of the Conditional Use Permit for the development of the BHUCC. We believe it will help to further address the critical behavioral needs of those individuals needing such services while at the same providing "safety net" care for residents within the greater Long Beach area.

Should you have further questions regarding this letter of support, please feel free to contact me directly at 562-9972402.

Respectfully,

Joseph Z. Avelino  
Chief Executive Officer  
College Medical Center



**Long Beach Unified School District**  
**Office of School Support Services**  
**1515 Hughes Way Long Beach, CA 90810**  
**(562) 997-8644 Fax: (562) 997-8649**

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January 12, 2017

Re: Behavioral Health Urgent Care Center

To Whom It May Concern:

I am writing to support more crisis and behavioral health services in the City of Long Beach. Specifically, we would like to express our support for Star View's Behavioral Health's Urgent Care Center (BHUCC). This long-time service provider is applying for a Conditional Use Permit with the City of Long Beach at 3200 Long Beach Blvd. in Long Beach. The benefits to the community will include providing relief to hospital emergency rooms, reductions in psychiatric hospitalizations, and will reduce the impact on Long Beach Police and LA County Sheriff officers who are transporting mental health consumers to services.

This Urgent Care Center will provide mental health consumers with a much-needed service, allowing them to stabilize when in crisis and then supporting them to transition to the community with ongoing supportive services, including temporary housing for homeless consumers.

Star View intends to operate this facility 24/7, have round the clock security staff, and to be responsible to assuring that patients that are discharged leave the area and return to their home and community.

Please approve the Conditional Use Permit for the development of the BHUCC, an important service which will better meet the needs of mental health consumers and their families in the Greater Long Beach Area.

Thank you,

A handwritten signature in black ink that reads 'Tiffany Brown'. The signature is fluid and cursive, with the first name 'Tiffany' and last name 'Brown' clearly distinguishable.

Dr. Tiffany Brown  
Assistant Superintendent

January 9, 2017

Re: Support for a Behavioral Health Urgent Care Center in Greater Long Beach

To Whom It May Concern:

As President and CEO of Mental Health America of Los Angeles (MHA), I would like to express our organization's support for Star View Behavioral Health and a Behavioral Health Urgent Care Center (BHUCC) they have proposed in Long Beach. They are applying for a Conditional Use Permit with the City of Long Beach for the operation of this Urgent Care Center at 3200 Long Beach Blvd. in Long Beach. These services will benefit the community by providing relief to hospital emergency rooms which are often burdened treating people with mental illnesses. They will also result in reductions in psychiatric hospitalizations and reduced impact on Long Beach Police and LA County Sheriff officers who often spend large amounts of time transporting and waiting for mental health consumers in crisis.

We believe that the BHUCC will provide mental health consumers with a much needed service. The 24/7 facility will allow them to stabilize when in crisis and then will support them to transition to the community with ongoing supportive services, including temporary housing for homeless consumers.

Star View intends to have round-the-clock security staff and will be responsible to assure that patients who are discharged leave the area and return to their home and community.

Please approve the Conditional Use Permit for the development of the BHUCC. We believe it will help to meet the needs of mental health consumers and their families and that the Greater Long Beach Area will only benefit from these important services.

Sincerely,



David A. Pilon, Ph.D, C.P.R.P.  
President and CEO

**MHA Programs:**

MHA Village  
Antelope Valley Services  
Transition Age Youth Programs  
Homeless Assistance Programs

Advocacy  
Wellness and Discovery Centers  
Supportive Services for Veteran Families

**A United Way Partner**

Mental Health First Aid  
Workforce Development  
Training and Consulting  
Milestones of Recovery Scale (MORS)



PACIFIC ASIAN  
COUNSELING SERVICES

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Executive Director

Michi Okano, LCSW  
Clinical Director

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Richer San  
Yiu Man So  
Brian Swanson

December 22, 2016

Yvonne Lozano, LMFT  
Assistant Administrator  
Starview  
1501 Hughes Way, Suite #150  
Long Beach, CA 90810

Re: The need in the Long Beach area for a Behavioral Health Urgent Care Center

Dear Ms. Lozano,

We at Pacific Asian Counseling Services believe there is an unmet need in the greater Long Beach area for crisis behavioral health services, and we would like to express our support for Star View's Behavioral Health's Urgent Care Center (BHUCC). This long-time service provider is applying for a Conditional Use Permit with the City of Long Beach at 3200 Long Beach Blvd. in Long Beach. The benefits to the community will include providing relief to hospital emergency rooms, reductions in psychiatric hospitalizations, and will reduce the impact on Long Beach Police and LA County Sheriff officers who are transporting mental health consumers to services.

This Urgent Care Center will provide mental health consumers with a much-needed service, allowing them to stabilize when in crisis and then supporting them to transition to the community with ongoing supportive services, including temporary housing for homeless consumers.

Star View intends to operate this facility 24/7, have round the clock security staff, and to be responsible to assuring that patients that are discharged leave the area and return to their home and community.

We support Star View to obtain a Conditional Use Permit for the development of the BHUCC, an important service which will better meet the needs of mental health consumers and their families in the Greater Long Beach Area.

Thank you,

Mariko Kahn, LMFT  
Executive Director

# **NAMI** | Long Beach

National Alliance on Mental Illness

(562)435-2264 | P.O. Box 91206, Long Beach, CA 90809-1206

Jan 9, 2017

To: Sandy Villano  
Director of Family Advocacy  
Star View Children & Family Services  
649 E. Albertoni St. Ste 100  
Carson, CA 90746  
Office (310) 436-9300  
Cell (714) 721-4022  
svillano@starsinc.com

From: NAMI Long Beach President Jeff Watkins

## **Regarding : New Psychiatric Urgent Care Center in Long Beach**

On behalf of Nami Long Beach we would like to share our support for this long awaited new Star View UCC family services facility, our families are in desperate need of these vital Mental/Behavior Health Services.

Thank you to Star View for all that you provide our neighbors here. We will be very fortunate and grateful for this new facility in our community.

Kind regards,



Jeff Watkins

NAMI Long Beach President

562 370-6371  
Jhwatkins2013@gmail.com



September 9, 2015

Dear County of Los Angeles Department of Mental Health:

I am the Executive Director for a non-profit, community-based organization in Long Beach called Su Casa - Ending Domestic Violence. Our mission is to *empower individuals and families to live free from domestic abuse and build partnerships with communities to end domestic violence*. We are very interested in partnering and collaborating with Star View Community Services should they receive the contract to operate an Urgent Care Center in our region. It is my understanding that Star View Behavioral Health is currently in the process of submitting bids to develop and operate one or two Urgent Care Centers in the South Bay service area that includes Long Beach and Torrance.

Su Casa has been serving victims of domestic violence and their children for 35 years in an effort to break the intergenerational cycle of violence. The organization was founded in 1979 by Petra Medelez, a survivor, who out of her own home answered crisis calls and housed women and children. Since then, Su Casa has expanded services to include a 30-day emergency shelter, a 6-9 month transitional shelter, permanent housing, walk-in services, community education and awareness, and an administrative headquarters. We remain dedicated to our founder's vision of creating peaceful communities and we are deeply committed to the principle that every person has the right to live free from violence and the threat of violence.

The families we serve are literally running for their lives. We see the devastating effects of domestic violence, physically and emotionally. The need for an Urgent Care Center cannot be more "urgent," considering the severity and prevalence of domestic abuse. We believe that Star View has the experience, staff, and local knowledge of the surrounding community to effectively operate such a facility. Su Casa is pleased to endorse this application and we will partner with Star View should they be funded for this project.

This letter will serve as our intention to formally collaborate with Star View should they be awarded the resulting contract(s).

Sincerely,

A handwritten signature in dark blue ink that reads "Vicki Doolittle".

Vicki Doolittle, Executive Director

[vicki@sucasadv.org](mailto:vicki@sucasadv.org)

Long Beach Planning Commission  
4th Floor, 333 West Ocean Blvd.  
Long Beach, CA 90802

February 22, 2017

Dear Members of the Long Beach Planning Commission:

I am writing in support of the proposed development of the Behavioral Health Urgent Care Center at 3200 Long Beach Blvd.

Having worked for the City of Long Beach for 17 years, including serving as the Public Information Officer for the City Manager and Department Directors, I have had the opportunity to develop an in-depth knowledge of Long Beach and its neighborhoods.

As a 25-year resident of the Wrigley, I have watched its economic development, including the successful medical cluster that supports many small and large businesses on Long Beach Blvd.

As a woman who has lived with mental health challenges for 40 years, I have the experience of knowing the reality of mental health care in Long Beach.

Many think that most people with mental health issues are homeless or drug addicts. I would like to assure you that is not true. One in five Long Beach residents live with mental health issues - people who work, care for families, go to school and church - people like you and me. Not all need crisis care, but many do.

If your family member attempted suicide, wouldn't you want them to have access to emergency help from a mental health professional who can address the issue and help you understand what's next? There is a crying need for a place like the BHUCC that can provide rapid access to mental health evaluation and assessment, and crisis intervention 24/7.

There are other sound reasons to support this project. The location, which has been an empty lot for decades, is a logical continuation of the medical cluster. The proposed building will add tax value to the area. There are no local tax dollars needed to support the building or to provide services. There will be new jobs. I urge you to approve the BHUCC Development for the mental health of the residents of Long Beach.

Sincerely,



Kathy Parsons

[kathydparsons@gmail.com](mailto:kathydparsons@gmail.com)

2500 Oregon Ave., Long Beach, CA 90806



**Harbor View**  
Community Services Center  
**Genesis** HealthCare

850 E. Wardlow Road  
Long Beach, CA 90807  
Tel 562 981 9392  
Fax 562 981 2622

September 3, 2015

RE: Intent to Collaborate with Star View Behavioral Health

To whom it may concern:

Harbor View Community Services Center in Long Beach would like to express our intent to collaborate with Star View Behavioral Health related to their proposal to operate an Urgent Care Center (UCC) and to provide psychiatric health services in the South Bay service area (including Long Beach). We believe UCC's are an excellent idea and would certainly want to collaborate with them in utilizing and supporting the use of the UCC's that the County is proposing.

We are aware of Star View's work at their Adolescent Center in Torrance where they serve some of California's highest needs youth ages 12-17 who are experiencing an acute psychiatric crisis. We know they also provide community services, wraparound and many other programs in Los Angeles County. We believe Star View maintains a high standard of professionalism and competency.

Harbor View CSC is an outpatient program providing case management, medication support, individual and group outpatient services. We currently serve over 500 children and their families in contract with Los Angeles County Department of Mental Health (DMH), offering services to children with Medi-Cal in the South Bay area. Our specialized services help children and adolescents ages 5 to 21 who need psychological and behavioral interventions to function in a healthier manner at home, school and the community.

We are very aware of the needs in Los Angeles County related to collaboration between providers, whether it's the importance of a warm hand-off process at the referral stage or managing the discharge process with clients who need housing and recovery services. Therefore, we would support and collaborate with Star View Behavioral Health should they win the contract.

If I can provide any further information, please feel free to contact me.

Sincerely,

Dan Thorne, LMFT  
Director  
Harbor View CSC

**Community Medical Wellness Center**  
1360 E. Anaheim Street, Long Beach, CA 90813  
Tel: 562.591.0105  
Fax: 562.591.0109

September 25, 2015

Dear Los Angeles County Department of Mental Health:

I am with the Community Medical Wellness Center (CMWC) in Long Beach. We recently became a federally qualified health center and are interested in collaborating with organizations in the community to assure that our patients receive the care they need. CMWC provides a variety of health services; one of our specialties is serving the Cambodian community.

We are aware that Star View Behavioral Health is currently preparing an application to the Los Angeles County Department of Mental Health in response to a Request for Proposal for psychiatric Urgent Care Centers. CMWC recognizes a need in the community for these services and would like to collaborate with Star View in order to make these services available for the community.

It is our understanding that Star View Behavioral Health is a premier agency and one of the Department of Mental Health's larger contract providers. They are also part of a statewide organization called Stars Behavioral Health Group, and have experience operating psychiatric health facilities and crisis walk-in centers across the state. In LA County, they operate a Psychiatric Health Facility at Star View Adolescent Center in Torrance.

CMWC would like to collaborate with Star View Behavioral Health in order to make these vital and much needed services available to the community. Please consider this our intent to collaborate with them should they be awarded this contract.

Thank you,



Dr. Kittya Paigne, MD, CEO  
Community Medical Wellness Center



## children's institute, inc.

safe children, strong families, healthy communities

October 6, 2015

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Mary M. Emmons  
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Chief Executive Officer

### To Whom it May Concern:

Please consider this letter as our intent to collaborate with Star View Behavioral Health should they receive the contract for the Urgent Care Centers RFP in Service Area 8. We are familiar with our colleagues at Star View Behavioral Health, as they already operate Star View Adolescent Center in Torrance, Star View Community Services, and Wraparound services through TEAMMATES – all in Los Angeles County. Operation of these new Urgent Care Centers will require the kind of experience that Star View has exhibited through the years, especially their decades of experience running crisis centers, a psychiatric health facility, and the highest level locked residential treatment facility for adolescents age 12-17 in the state.

The Children's Institute, Inc. (CII) is a not-for-profit organization with two main campuses in Los Angeles, one in Torrance. CII provides a comprehensive array of mental health services to children from birth to age 21 with emotional and behavioral difficulties, providing evidence-based interventions which research has validated as successful for traumatized children. CII also provides Early Childhood Education (Head Start, Early Head Start, preschool), Youth Development Services (sports, recreational, educational, and arts support) as well as family support activities (Project Fatherhood, parenting classes, ESL). We also have centers and satellite sites in Long Beach and South Los Angeles, and in family homes, local schools, a mobile clinic and other community venues. CII's integrated Services Model is designed to serve the whole child, and entire family while enabling the child to recover from traumatic experiences, build the resiliency to break through the barriers of poverty and community violence, and build the skills to be ready for future success.

We know that Star View puts the same kind of focus on the use of evidence-based practices as we do, and we also both focus on providing a nurturing environment for individuals who have experienced trauma and other challenges and who need support. It is for these reasons our organization would welcome collaboration with Star View should they be given this contract.

If I can provide any further information, please feel free to contact me.

Respectfully,

Nina Revoyr  
Executive Vice President and COO  
Children's Institute, Inc.



## The Long Beach Immigrant Rights Coalition

Mailing: 5450 E. Atherton St. Long Beach, CA 90815  
Office: 525 E. 7<sup>th</sup> St, Suite 206, Long Beach, CA 90813  
(562) 204-6333 - <http://www.lbirc.org>

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September 30, 2015

Dear County of Los Angeles Department of Mental Health:

Please allow this letter to serve as evidence of the desire of our organization, The Long Beach Immigrant Rights Coalition, to collaborate with Star View Community Services. Our organization began in 2006 with the express intention of serving immigrants and referring them to local community services where they existed. Since that time, we ourselves have begun to fill in service gaps where they exist, including offering free English as a Second Language and Citizenship classes, legal clinics, youth and parent leadership training, trainings for immigrant parents to support their children's educational success, information about access to college, and education about immigration-related issues. Over the last few years, our network of relationships with other community organizations, churches, and community leaders has grown significantly as has our trust within and access to the Greater Long Beach area immigrant community. Our current activities embrace the three areas in our mission: service, education and advocacy.

We recently have come to learn about the unique role that Star View Community services plays and can play in improving health care access in our community. We are eager to collaborate more closely with them because through our exchanges we believe that we and they hold similar values with respect to underserved communities and that they make culturally appropriate treatment for diverse populations a priority. We have seen how important collaborations are between community organizations such as ours and health and mental health service organizations such as Star View and will closely collaborate with and support them should they be awarded the contract for an urgent care center in our area. Such an urgent care center is desperately needed in our community and Star View seems like an excellent choice for it given their long tenure in this community and the location of their headquarters here.

Please feel free to contact me with any questions.

Sincerely,

  
Norma Chinchilla, Phd  
Co-founder and Executive Director  
Long Beach Immigrant Rights Coalition



Corporate Office • 8929 S. Sepulveda Blvd., Suite 201, Los Angeles, CA 90045 • Phone: (310) 645-5227 • Fax: (310) 645-9840 • [www.cihssinc.org](http://www.cihssinc.org)

September 15, 2015

Dear Dr. Taji Huang, Ph.D.

My name is Colleen Anderson and I am the Executive Director of the California Institute of Health & Social Services, Inc. dba Alafia Mental Health Institute. I would like to thank you for taking the time to reach out to our organization and extending the opportunity to collaborate with Star View Behavioral Health, in reference to the Proposal for Psychiatric Urgent Care Centers for the LA County Department of Mental Health.

Alafia Mental Health Institute is very much interested in the opportunity to collaborate with Star View Behavioral Health, therefore please accept this correspondence as our "Letter of Intent". Moving forward please feel free to contact Jacqueline Anthony, Regional Clinical Director of Alafia Mental Health Institute at 323-293-8771.

Thank you for this opportunity and we look forward to working with Star View Behavioral Health.

Sincerely,

A handwritten signature in cursive script that reads "Colleen Anderson".

Colleen Anderson,  
Executive Director, CIHSS, Inc.



Child & Family Mental Health  
PROVIDING HELP AND HOPE SINCE 1946

September 4, 2015

**RE: Intent to Collaborate with Star View Behavioral Health**

Dear Los Angeles County Department of Mental Health:

I am the Chief Clinical Officer of The Guidance Center in Long Beach, and I'm writing to express our intent to collaborate with Star View Behavioral Health should they receive the contract to operate an Urgent Care Center (UCC) in Long Beach or the South Bay area. We believe UCCs are an excellent idea and believe there is a need for these kinds of facilities in our area. We also believe Star View maintains a high standard of professionalism and competency, and we are aware of their experience operating crisis facilities and serving some of the highest needs populations.

The Guidance Center provides comprehensive mental health treatment to our community's most disadvantaged children and their families struggling with mental illness and abuse. We have been serving the community for more than 60 years. We provide quality mental health care to more than 2,800 children and families in the communities of Long Beach, Compton, San Pedro, and Avalon.

We are very aware of the needs in Los Angeles County related to collaboration between providers, whether it's the importance of a warm hand-off process at the referral stage or managing the discharge process with clients who need housing and recovery services.

If I can provide any further information, please feel free to contact me.

Sincerely,

*Ed Waiskopf LMFT*  
Chief Clinical Officer  
THE GUIDANCE CENTER  
1301 Pine Avenue | Long Beach, CA 90813  
Phone 562.485.2270 | Fax 562.490.9759 | tgclb.org

Georgia Case

[georgiabcase@gmail.com](mailto:georgiabcase@gmail.com) / 562.276.3126

February 22, 2017

To: Planning Commission, Long Beach

I enthusiastically support the Star View Behavioral Health Urgent Care Center. This innovative mental healthcare complex will provide a safe environment for 24 hours of intervention, assessment and treatment which include crisis care, one on one counseling, linkage to community resources and transportation.

The Star View center is a unique opportunity to fill a much needed gap in crisis mental health services and is a model that does not currently exist in Long Beach. It will be the 7<sup>th</sup> mental health program developed in the State by Star View serving those individuals who have an illness that respects no income achievement, no educational level and no ethnicity, gender or age.

If this type of care center had existed four years ago, it would have saved my family so much pain, time and money. It would have helped us better understand what was happening to our family because we had no idea, no place to go and no mental health professional to talk to.

It would have saved us hours in an emergency room and days in shabby environments awaiting release. It would have kept me from having my child viewed as a criminal because the only legal way we could get help for my child was to call the police. It would have helped us get early intervention from specifically trained mental health professionals and walk away with reliable referrals and transport to other providers of care.

This kind of community care also relieves the great strains on police departments, fire and paramedics putting specifically trained professionals in place to support persons suffering from mental crises and challenges. This center offers state-of-the-art mental health services courtesy of a LA County Dept of Mental Health grant.

Our family's life trajectory would quite different if this type of service had been available when we needed access to mental health care at early onset as well providing acute care.

As a resident of Long Beach for 32 years, I have seen that Long Beach thrives as a healthy and prosperous community when we provide a higher level of care for those suffering from mental health challenges and their families. Please support the Star View Behavioral Health Urgent Care Center.

Sincerely,

  
Georgia Case



## Petition of Support for Behavioral Health Urgent Care Center

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I support Los Angeles County's plans for expanding these much needed services.

Name (Please print)	Address	Phone #	Signature
LEONARDO MARGALONZO	3229 WILSON AVE LB	818/578-3528	
MELAN FOU	3141 ELM AVE <sup>LB</sup>	562 989 0475	
ARCHER COMANT	3130 ELM AVE LB	562-641-4337	

Name Print	Address	Phone	Signature
Erica G. Barvera	3735 Long Beach CA Senasae 90808	310 8641267	<i>Erica</i>
Martha Uscomay	1816 Elizabeth Hi. South Gate CA 90280	323 327-2430	<i>Martha Uscomay</i>
Liz Rasmus	8813 Stamps rd	(5) 514-8120	<i>Liz Rasmus</i>
MATILDE GARAY	1211 OFE MAN AV	562 28013	<i>matilde Garay</i>
Maria Quintana	1123 BOLT AVE Wilmington CA 90744	310 894-3052	<i>Maria Quintana</i>
Jessica Gonzalez	715 E 7th St. L.B.	562 552-3707	<i>Jessica</i>
Abraham Jimenez	245 E 7th St. L.B.	562 552-3201	<i>Abraham Jimenez</i>
Angel's Ramirez	606 E Penni St	(562) 329-9144	<i>Angel's L. Ramirez</i>
Ramundo Lara	Bella Garden	(62) 806-2300	<i>Bella Garden or Ramundo</i>
Abel Mendez	2136 Gavota Ave Sp. 8 SH, CA	562-8527814	<i>Abel</i>
Elizabeth Bautista	2136 Gavota Ave SH	562-412-0057	<i>Elizabeth</i>
Ana Garcia	2265 N. Bellflower	562 985-0111	<i>Ana Garcia</i>
Enrique Ruiz	2265 N. Bellflower	562 253616	<i>Enrique</i>
Jorge Duenas	3521 W 63rd St	310 465 6623	<i>Jorge Duenas</i>
Maria Duenas	3521 W 63rd St	(310) 256-9861	<i>Maria Duenas</i>
Jose Perez	378 E. Louise LB	97805	<i>Jose Perez</i>
LAURA MARTINEZ	3437 PINE ST. L.B. CA		<i>Laura Martinez</i>
CARLOS LOPEZ	2204 LEMON Long CA		<i>Carlos Lopez</i>

Beach

*Signature*

Print Name

Address

Sign

Desiree Miera	22611 Condar Ave, Long Beach 90815	<i>Desiree Miera</i>
Angela Robles	1324 1/2 Linden Ave Long Beach 90808	Angela Robles
Raul Valadez	1502 E. Carson St SPC 43 Carson CA 90745	<i>Raul Valadez</i>
Angelica Torres	1130 Pioneer Ave. Wilmington CA 90744	<i>Angelica Torres</i>
Miguel Espinoza	1130 Pioneer Ave. Wilmington, CA 90744	<i>Miguel Espinoza</i>
Tania Velasco	3196 Pine Ave → Long Beach CA 90807	<i>Tania Velasco</i>
TRESU ESCOBAR	1130 N PIONEER AVE WILMINGTON CA 90744	<i>TRESU ESCOBAR</i>
Ramon Valdevinos	6227 May Flower Ave. CA 90201 Be 11	<i>Ramon Valdevinos</i>
Adriana Moreno	6227 May Flower Ave CA 90201 Be 11	<i>Adriana Moreno</i>
Silvia Perez	1148 Oranger Ave APT 1 Long Beach CA 90813	<i>Silvia Perez</i>
LORI DELANEY	1112 Palo Verde Ave, Long Beach, CA 90815	<i>Lori Delaney</i>
Joshua Godinez	4130 Botwin Blvd HTA Burrozo Tlaxcala CA 92592	<i>Joshua Godinez</i>
Sofia Godinez	↑ ↑	<i>Sofia Godinez</i>
Elizabeth Hernandez	1021 E 21st Street Long Beach CA 90806	<i>Elizabeth Hernandez</i>
Jonathan Escobar	1495 Gundry Ave Long Beach, CA 90813	<i>Jonathan Escobar</i>
Francisco Escobar	" " " Long Beach, CA 90813	<i>Francisco Escobar</i>
Rita Prieto	22106 Gulf Ave	<i>Rita Prieto</i>
Melodora Tulio	22106 Gulf Ave	<i>Melodora Tulio</i>



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Name (Please print)	Address	Phone #	Signature
Sandra Mendoza	282 E Eleanor Ln	(562) 607-1754	
Ciantera Rose	(310) 686-6063 ↔	4100 E Broadway #6 Long Beach 90803	
Stephanie Velasco	(562) 508-5038	10017 Pimenta Lakewood 90712	
Ken Rasmus	562-225-2744	8813 Stampers Downey 90240	
Boyan nuñez	268 e. Louise st Long Beach Ca 90805	(562) 673-5644	



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Name (Please print)	Address	Phone #	Signature
Barbara Sanchez	14125 Anderson St	(323) 482-4525	Barbara
Noe Velazquez	1410 W. Plymouth St.	(562) 719-4037	
Nancy Zavala	2023 Lemon Ave LB	(562) 450-7149	
Maria Lopez	3177 Springdale <sup>LB CA 90810</sup> 173	(562) 726-7027	Maria Lopez
Daysi Torres	8028 Howe ST Paramount	(562) 912-0825	

Elisa Ra  
10606 55TH ST (562) 552-3206

Abel Mendez-Santillan  
2136 Gaviota Ave. Signal Hill, CA (562) 552-7814





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Name (Please print)	Address	Phone #	Signature
Aljandra Hernandez	1777 E. 92nd St. <sup>LA</sup> 90002	(562) 204-3523	<i>[Signature]</i>
Jose Hernandez	1777 E. 92nd St. 90002 Los Angeles	(562) 204-3528	<i>[Signature]</i>
Blanca Hernandez	1505 1/2 W 204th St Torrance CA 90501	424 223 3086	<i>[Signature]</i>
Jose L Hernandez	1505 1/2 W 204th St Torrance CA 90501	424 603 4996	<i>[Signature]</i>
Elva O. Ramos	234 E 47th St #43 Long Beach, CA 90805	(562) 428-068	<i>[Signature]</i>
Jose Ramos	234 E 47th St #43 Long Beach CA 90805	(562) 884-0423	<i>[Signature]</i>



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Name (Please print)	Address	Phone #	Signature
Keith Parker	2451 Ocana Ave	562-233-7785	<i>[Signature]</i>
DIANE HUNTINGTON	1260 ROLLWOOD <sup>SEAL BEACH</sup>	(562) 221-0224	<i>[Signature]</i>
Ruth Salsman	24002 Sandhurst	310 325-3779	Ruth Salsman
Frances Chu	8281 E Kinmount St <sup>HARBOR CITY LB</sup>	732-333-0007	<i>[Signature]</i>
KEN CALDWELL	16732 FELSON CIR.	562-777-5003	<i>[Signature]</i>



### Petition of Support for Behavioral Health Urgent Care Center

We, the citizens of the South Bay, are in support of the proposed Behavioral Health Urgent Care Center to be located at 3200 Long Beach Boulevard, Long Beach, California.

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Name (Please print)	Address	Phone #	Signature
JoAnn Kelley	834 Hillcrest St	310-322-5207	<i>JoAnn Kelley</i>
DORIS KELLEY	RT 5290A 00 40245	"	<i>Doris Kelley</i>
CHRISTINE LAWRENCE	26623 Norcomis Rd <sup>RPV</sup> 90275	310-377-1447	<i>Christine Lawrence</i>
JUDY TIZON	4708 HILLCREST RD	310-375-2174	<i>Judy Tizon</i>
MARGIE CAMBRA	409 VIA MALAYA <sup>TORRANCE</sup>	310-753-1814	<i>M Cam L</i>

NAME	ADDRESS	phone # SIC	Signature
LEE Spivey	1210W 160th St	(310) 515-4942	Lee Spivey
L. J. Sternquist	20921 Madrone	310 214-3630	L. J. Sternquist
Nancy Stansbury	1652 10th St <sup>th</sup> B	310 379-2359	Nancy Stansbury
Debra Harz	2618 N 4th St - W	310-683-9267	Debra Harz
DAVID OCKENBERG	240 THE VINEYARD UNIT 210, REDONDO	310-986 22-4053	David Ockenberg
<del>KATHLEEN</del>	522 Ave C Side B Redondo Beach CA 90277	(619) 434-021	Kathleen





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Name (Please print)	Address	Phone #	Signature
RAYMOND ALVARADO	931 Bloomwood Rd	(310) 738-0622	<i>Raymond Alvarado</i>
CHRISTINE MAZANEC	18421 HAAS AVE 90504	310 971 3764	<i>Christine Mazanec</i>
Harold Persson	18421 Haas Av	424-646-3383	<i>Harold Persson</i>
BRYAN COLUWE	2461 Santa Monica Blvd Santa Monica	415 300 2658	<i>Bryan Coluwe</i>
Barbara Felberg-Judson	2214 Mt. Shasta Dr S.P	-	<i>Barbara Felberg-Judson</i>

Name (Please print)	Address	Phone #	Signature
Linda Caldwell	10732 Felsen Circle RENTON WA	502 925-3303	Linda Caldwell
Judy Logue	3176 Locust Ave	562 2210318	Judy Logue
CAROLYN HONG	11612 185th ST.	562 860-8196	Carolyn Hong
Gardyn Hrusco	3140 E Harding	562-531 6178	Gardyn Hrusco
Rick Pulido	22106 Gulf Ave	310-5070748	Rick Pulido
Charence Johnson	15275 BIRCH ST	424-477-9315	Charence Johnson
Jennifer Lee	21601 Denker Ave	310 5196190	Jennifer Lee
Lonna Silk-Hoyte	1488 Park Ave LB	502 260 2622	Lonna Silk-Hoyte
Jim Bunch	22167 Vermont	310 519-0662	Jim Bunch

NAME	Phone	ADDRESS	SIGN
Mike Sharp	310 245 3806	522 Ave C <sup>RB</sup> 90277	MMR Mooresharp@aol.com
Mandy Handell	310-944-5377	522 Ave C <sup>RB</sup> 90277	mandaul951@gmail.com
Paul Stansbury	310-892-8016		
Daniella Pina	310-869-7920	4818 W. 133rd St	Daniella Pina
Hilda Stefan	310 956 5880	4818 W. 133rd St. Hawth	Hilda Stefan
<del>Debra De AD</del>		2692 W 27th St	<del>Debra De AD</del>
Deborah K. Allen		2692 W 27th St	Deborah K. Allen
James E. Enright	310-316-5774	5609 Andrews Ave Torrance CA 90503	James E. Enright
Mary Enright	"	"	Mary Enright
John Horner	310 864-9829	3855 Artesia Blvd. APT #243 Torrance CA 90503	John Horner
Janice Horner	310 864-9827	3455 Artesia Blvd #243 Torrance, CA 90504	Janice Horner
Richard Wyse	310 378 4427	26669 Whitehorn Dr RANCHO PALOS VERDES CA	Richard E Wyse
L. Wyse	310 378 4427	"	Linda Wyse
Kristen LeDuc	310-465-8965	20007 Redbank Ave. Torrance CA 90503	Kristen LeDuc
Lisa Bernis	(310) 221-1858	22003 S Vermont Ave Apt #11 Torrance, CA 90502	Lisa Bernis
W. Joseph	310 717-2886	2516 Via Tejon #316	W. Joseph
Chioma Ojedunmu	323 723 8818	10941 Chanera Ave, Inglewood, CA	Chioma Ojedunmu
ERNEST ALVARADO	(310) 833-2937	931 W. Deonwood Rd.	SAN PEDRO CA 90731

<b>Name</b>	<b>City</b>	<b>State</b>	<b>Postal Code</b>	<b>Country</b>	<b>Signed On</b>
Sylvia Mejia	Alhambra	California	91803	United States	1/13/2017
Tahira West	Aurora	Colorado	80010	United States	12/16/2016
in Hanna	Austin	Texas	78757	United States	12/16/2016
Nick Byrne	Bedford	New York	10506	United States	1/23/2017
Benita Cando	Bellflower	California	90706	United States	12/16/2016
Kamilah Siqueiros	Bellflower	California	90706	United States	1/12/2017
Renett Banagas	Bellflower	California	90706	United States	1/18/2017
Grenisha Parker	Bellflower	California	90706	United States	1/18/2017
Elizabeth Spiegl	Brooklyn	New York	11209	United States	1/12/2017
Amber Carroll	Campbell	California	95008	United States	12/16/2016
Osvaldo Acosta	Canyon Country	California	91351	United States	12/18/2016
Dominique Perez	Carson	California	90745	United States	1/12/2017
Annette Hignight	Carson	California	90745	United States	1/13/2017
Maria Maya	Carson	California	90745	United States	1/13/2017
Shawnice Reid	Cedar Hill	Texas	75104	United States	1/13/2017
Lamont Hewitt	Cerritos	California	90703	United States	1/12/2017
Raina Horgan	Chanhassen	Minnesota	55317	United States	1/13/2017
Thea king	Compton	California	90220	United States	1/12/2017
Magaly Acosta	Compton	California	90220	United States	1/12/2017
Heather Ames	Compton	California	90220	United States	1/12/2017
Joanna Cain	Compton	California	90222	United States	1/12/2017
Tekesia Jackson	Compton	California	90224	United States	1/13/2017
Daisy Mendoza	Compton	California	90221	United States	2/14/2017
ancy chaer	Costa Mesa	California	92626	United States	1/12/2017
Judith Hathaway	Cumming	Georgia	30040	United States	1/15/2017
Diana Romero	Downey	California	90241	United States	12/16/2016
Kusi Peralta	Downey	California	90242	United States	1/12/2017
Patrici castro	Downey	California	90241	United States	1/12/2017
Alexandra Vargas	Fresno	California	93711	United States	12/18/2016
Anne Gustafson	Gardena	California	90247	United States	1/12/2017
Nakuma Henderson	Gardena	California	90249	United States	1/16/2017
teal spivey	Gardena	California	90247	United States	2/2/2017
Terry Simcox	Gilroy	California	95020	United States	12/16/2016
rebecca weltman	Harbor City	California	90710	United States	1/12/2017
Ravina Darshan	Hawthorne	California	90250	United States	1/13/2017
Marisa Castello	Highland	California	92346	United States	12/16/2016
Will Tompkins	Huntington Beach	California	92648	United States	1/14/2017
Rachel Renaud	Huntington Beach	California	92646	United States	1/15/2017
Marcela Torres	Indianapolis	Indiana	46268	United States	12/17/2016
Stacy McCall	Inglewood	California	90301	United States	1/14/2017
Daryuen ORourke	La Crescenta	California	91214	United States	1/12/2017
Nivea Fernandez	La Mirada	California	90638	United States	12/17/2016
Eric Lara	La Puente	California	91744	United States	1/13/2017
Holly Grupe	Laguna Niguel	California	92677	United States	1/15/2017
Flvira Díaz	Lakewood	California	90715	United States	1/12/2017
Annifer Winter	Lakewood	California	90712	United States	1/12/2017
Amy Sutherland	Lakewood	California	90713	United States	1/14/2017
Teri Paulsen	Lakewood	California	90712	United States	1/14/2017

Cathy Williamson	Lakewood	California	90713	United States	1/19/2017
Kenia Olson	Lawndale	California	90260	United States	1/12/2017
Ana Balarezo	Lawndale	California	90260	United States	1/12/2017
esse Torres	Lawndale	California	90260	United States	1/17/2017
Jennifer chokemesil	Lawndale	California	90260	United States	2/14/2017
Virginia Hohn	Lomita	California	90717	United States	1/14/2017
Brooke Cisneros	London		92127-1279	United Kingdom	1/12/2017
Arianna Adams	Long Beach	California		United States	12/6/2016
Tara Morgan	Long Beach	California	90810	United States	12/16/2016
Bridgett Einstein	Long Beach	California	90814	United States	12/16/2016
Linda Luna-Donis	Long Beach	California	90815	United States	12/16/2016
Brian Goldman	Long Beach	California	90802	United States	12/17/2016
Ellen Hartwick	Long Beach	California	90808	United States	12/17/2016
Noele Maguire	Long Beach	California	90815	United States	12/17/2016
Theresa Santy	Long Beach	California	90808	United States	1/3/2017
Dale Young	Long Beach	California	90805	United States	1/12/2017
Gabriel Cohen	Long Beach	California	90815	United States	1/12/2017
Lopez Myrna	Long Beach	California	90807	United States	1/12/2017
Angelina Gonzales	Long Beach	California	90807	United States	1/12/2017
Mark Burns	Long Beach	California	90813	United States	1/12/2017
Andrew Preston	Long Beach	California	90802	United States	1/12/2017
Keith Parker	Long Beach	California	90815	United States	1/12/2017
Vanessa Cortez	Long Beach	California	90815	United States	1/12/2017
Joe Khawaja	Long Beach	California	90807	United States	1/12/2017
andy Lopez	Long Beach	California	90805	United States	1/12/2017
Laura Diaz-Winterset	Long Beach	California	90807	United States	1/12/2017
Julie Kashiwai	Long Beach	California	90807	United States	1/12/2017
Jessica Duarte	Long Beach	California	90805	United States	1/12/2017
Penny King-Licano	Long Beach	California	90808	United States	1/12/2017
Caroline Fricker	Long Beach	California	90810	United States	1/12/2017
Niki Hoffmann	Long Beach	California	90807	United States	1/12/2017
Erica Lara	Long Beach	California	90810	United States	1/12/2017
Saul Adams	Long Beach	California	90806	United States	1/13/2017
Jason Brown	Long Beach	California	90804	United States	1/13/2017
Jeffrey Schaum	Long Beach	California	90807	United States	1/13/2017
Candice Ledford	Long Beach	California	90808	United States	1/13/2017
Walter Tindal	Long Beach	California	90807	United States	1/13/2017
Ramona Drake	Long Beach	California	90815	United States	1/13/2017
Damon Lambert	Long Beach	California	90814	United States	1/13/2017
Krista Zaks	Long Beach	California	90807	United States	1/13/2017
Alvaro Rubalcaba	Long Beach	California	90805	United States	1/13/2017
Anna Stevens	Long Beach	California	90815	United States	1/13/2017
Martha Kate Gillon	Long Beach	California	90813	United States	1/14/2017
Dana Vecchione	Long Beach	California	90803	United States	1/14/2017
Rachel Levi	Long Beach	California	90803	United States	1/14/2017
Coral Huntsman	Long Beach	California	90803	United States	1/14/2017
rian Goldman	Long Beach	California	90802	United States	1/17/2017
Fred Magenheimer	Long Beach	California	90814	United States	1/17/2017
Ana Morales	Long Beach	California	90807	United States	1/17/2017

Linda Huizenga	Long Beach	California	90807	United States	1/18/2017
Jean La Jeunesse	Long Beach	California	90808	United States	1/19/2017
Jessica Rathbun	Long Beach	California	90807	United States	1/20/2017
ite Bergam	Long Beach	California	90803	United States	1/24/2017
Yahaira Howard	Long Beach	California	90807	United States	1/26/2017
Catherine Lockett	Long Beach	California	90810	United States	2/7/2017
Dianna Murua	Los Alamitos	California	90720	United States	1/12/2017
Deana Salas	Los Angeles	California	90026	United States	12/16/2016
Maria Reveles	Los Angeles	California	90033	United States	12/17/2016
Ana Viana	Los Angeles	California	90037	United States	1/12/2017
Tymesha Wells	Los Angeles	California	90003	United States	1/12/2017
Rocio Hernandez	Los Angeles	California	90001	United States	1/12/2017
Amber Gomez	Los Angeles	California	90007	United States	1/12/2017
Jen Mahoney	Los Angeles	California	90025	United States	1/12/2017
Alex Sanchez	Los Angeles	California	90022	United States	1/12/2017
Melissa Zaday	Los Angeles	California	91335	United States	1/12/2017
Rosy Richardson	Los Angeles	California	90015	United States	1/12/2017
Annmarie Reed Reed	Los Angeles	California	90015	United States	1/12/2017
DaVet Williams	Los Angeles	California	90059	United States	1/12/2017
Courtney Piscitelli	Los Angeles	California	90731	United States	1/12/2017
Olga Moreno	Los Angeles	California	90015	United States	1/12/2017
Armentria Hill	Los Angeles	California	90047	United States	1/13/2017
Odette Dahi	Los Angeles	California	90035	United States	1/13/2017
Cynthia McCormick	Los Angeles	California	90031	United States	1/13/2017
lexxa Friedenthal	Los Angeles	California	90042	United States	1/14/2017
aria Campos-Moran	Los Angeles	California	90063	United States	1/14/2017
Alma Ramirez	Los Angeles	California	90015	United States	1/18/2017
Gordon-Martinez	Los Angeles	California	90015	United States	1/18/2017
Steven Vann	Lynwood	California	90262	United States	1/14/2017
Michael Cormier	Malibu	California	90265	United States	1/17/2017
Paul Stanbury	Manhattan Beach	California	90266	United States	1/12/2017
Karla Devine	Manhattan Beach	California	90266	United States	1/12/2017
Glenn Tang	Naperville	Illinois	60540	United States	12/16/2016
Jennifer Bugarini	Newark	California	94560	United States	12/16/2016
Jill Shannon	Newport Beach	California	92663	United States	12/15/2016
Elizabeth Bhatt	Norwalk	California	90650	United States	1/12/2017
Christine Kim	Norwalk	California	90650	United States	1/12/2017
Karly Wiley	Oakland	California	94610	United States	12/16/2016
John Weller	Orinda	California	94563	United States	12/16/2016
Tania Dow	Palos Verdes Peninsula	California	90274	United States	1/14/2017
Jennifer Lozano	Paramount	California	90723	United States	1/12/2017
Heather Vargas	Paramount	California	90723	United States	1/12/2017
Alexandra Shaye	Pasadena	California	91101	United States	1/18/2017
Karyn Robinson	Piedmont	California	94610	United States	12/16/2016
jason dipirro	Playa del Rey	California	90293	United States	1/13/2017
Michelle Hatfield	Rancho Palos Verdes	California	90275	United States	12/17/2016
andra Baylor	Redondo Beach	California	90278	United States	1/13/2017
rachel rosen	Redondo Beach	California	90278	United States	1/14/2017
Mary Lynn Mosig	Redondo Beach	California	90277	United States	1/23/2017

Cory Trotter	Roseburg	Oregon	97471	United States	1/23/2017
Dave Hoiles	San Diego	California	92130	United States	12/16/2016
Valentine Valdovinos	San Gabriel	California	91775	United States	1/12/2017
Justin DeWester	San Jose	California	95129	United States	12/16/2016
Roni Dunlap	San Jose	California	95134	United States	12/16/2016
Hilary Martin	San Jose	California	95123	United States	12/16/2016
Adriana Gonzalez	San Jose	California	95111	United States	12/16/2016
Crystal Ball	San Jose	California	95131	United States	12/16/2016
Michele Uglesich	San Pedro	California	90731	United States	12/17/2016
Megan Singer	San Pedro	California	90731	United States	1/12/2017
Patricia Mc Coy	San Pedro	California	90732	United States	1/12/2017
Armando Jimenez	San Pedro	California	90732	United States	1/14/2017
penny good	san pedro	California	90731	United States	1/23/2017
Carl Pickel	Santa Ana	California	92705	United States	1/12/2017
Andrea De La Riva	Santa Ana	California	92707	United States	1/12/2017
Sheree Browning	Santa Clara	California	95051	United States	12/16/2016
Colin Preston	Santa Monica	California	90403	United States	1/13/2017
Victoria Otazo	Saugus	California	91350	United States	1/12/2017
Adriana Micciulla	Scottsdale	Arizona	85255	United States	12/16/2016
Chweelin Chiaratanasen	Seal Beach	California	90740	United States	1/17/2017
Alejandra Estrada	Signal Hill	California	90755	United States	12/16/2016
Elizabeth mata	South Gate	California	90280	United States	12/17/2016
Gabriela Aguayo	South Gate	California	90280	United States	1/12/2017
Silvia Ascencio	Sunland-Tujunga	California	91040	United States	1/12/2017
Monika McPherson	Templeton	California	93465	United States	12/16/2016
Chrissy Hagins	Torrance	California	90501	United States	1/12/2017
Heidy Gonzalez	Torrance	California	90503	United States	1/12/2017
Patricia Hernandez	Torrance	California	90504	United States	1/12/2017
Joanne Shoho	Torrance	California	90501	United States	1/12/2017
Mary Moulton	Torrance	California	90503	United States	1/12/2017
PABLO PADILLA	Torrance	California	90503	United States	1/12/2017
Eloisa Tapia	Torrance	California	90501	United States	1/12/2017
Brenda Wilson	Torrance	California	90503	United States	1/13/2017
kimberly paulsen	Torrance	California	90501	United States	1/13/2017
Hannia Fernandez	Torrance	California	90505	United States	1/13/2017
Etna Preston	Torrance	California	90501	United States	1/13/2017
Dawn Beigel	Torrance	California	90505	United States	1/17/2017
Jennifer Jones	Torrance	California	90504	United States	2/13/2017
Cindy Serrano	Venice	California	90291	United States	1/14/2017
Erika Vito	Westminster	California	92683	United States	12/16/2016
Christinr Vo	Westminster	California	92683	United States	1/14/2017
Rosalia Bernal	Whittier	California	90601	United States	1/12/2017
Katie Thompson	Whittier	California	90604	United States	1/13/2017

**Additional Narrative  
Support for Star View  
BHUCC CUP  
3200 Long Beach**

1. Please provide a complete, detailed written operations plan for each of the three tenant components. Among other things, these operations plans must deal particularly with the issue of:
  - a. patient release, and how this will be accomplished in a manner that ensures
    - i. released patients are able to travel or be transported where they need to go, and
    - ii. will prevent released patients loitering outside the facility with no further assistance.

*The Behavioral Health Urgent Care Center (BHUCC) for which we are seeking the CUP features a voluntary, street-side entrance to a Crisis Walk-In Center (CWIC), and a parking lot entrance to two locked units, one for Adults, and one for Adolescents.*

*The CWIC will be the primary entrance for voluntary clients entering the building during the day-time business hours of 8 a.m. – 8 p.m., seven days a week. Voluntary clients will enter the CWIC by way of Long Beach Boulevard. They will most typically arrive via car, brought in by family, friends, or another mental health or social services agency of which they are a client. Some clients will come by themselves via bus or by personal car. A smaller number will walk to the facility. Our parking lot is in the rear of the building. Entering the CWIC will require walking around the building to the front on Long Beach Blvd. The hours of the CWIC and directions to the entrance will be clearly marked.*

*Client expected stay is 2 to 4 hours for these voluntary walk –in visits. Adult (18 and over) or adolescent (13-17) clients requiring a longer crisis stabilization period, and/or who meet 5150 criteria (danger to self or others), will be walked through the building to either the Adult or the Adolescent areas. These two areas are secure, with locked doors under staff control.*

*For after-hours voluntary admissions (outside the hours the CWIC is open) and all involuntary (i.e. 5150) police and/or ambulance admissions, the rear **Adult Secured** or **Adolescent Secured** doors would be utilized. Clients (or law enforcement or ambulance staff) will ring the intercom and be brought into the intake rooms. Barring any presenting medical condition which would prohibit their admission to the unit, they will first be screened (including use of a metal detector wand) for potentially dangerous contraband or weapons and admitted onto the unit (clients entering the CWIC will be required to pass through a metal detector). Prohibited medical conditions include untreated wounds, severe inebriation, colostomy bag, external oxygen, unstable medical conditions or an inability to ambulate. Contraband is defined as objects that can be used to harm self/others. This includes anything made of glass or breakable hard plastics, shoelaces, razors and blades, nail clippers or files, needles, potentially sharp jewelry, metal utensils, cords, belts, or excess linen, etc. Weapons, alcohol and illicit drugs are also not permitted in the facility, or on the premises. Prescribed medications and/or over the counter medications are stored for the person by nursing staff in a secure medically supervised location.*

*The adult unit will have a main client area and a separate smaller client area which we refer to as a Privacy Room. This will provide staff with the ability to separate clients to enhance care and safety. For example, if an adult were extremely agitated, they could be brought directly into the Privacy Room which will provide greater security and safety for the client as well as other clients on the unit who may be experiencing less distress.*

*Whether adult or adolescent, once in their respective unit, the client will be assessed by a nurse, therapist, and a psychiatrist (in person or via telemedicine depending on the hour of the day or night). At least two Security Specialists will be on duty at all times, as discussed below. Additional staffing includes a program manager, peer staff with "lived experience", case management staff and administrative support staff. The program administrator's office will be located on the Adolescent side and will have access to the cameras throughout the building. Additionally, the Administrator will be on-call 24/7 for any emergency situation during which staff may require additional guidance.*

*The BHUCC is an "outpatient" clinic where clients can stay for up to 23 hours and 59 minutes. The majority of clients will be treated and released well in advance of this 23/59 time frame with an average length of stay expected to be 4-6 hours. If a client requires additional time to stabilize and/or hospitalization, the case management staff will work closely with LA County Department of Mental Health to arrange for safe transfer and transportation via ambulance.*

### **Client Release**

*The majority of clients will successfully stabilize and will be discharged and released. Assuring clients have a means to get to their home or community is an important responsibility of the BHUCC. This is part of ensuring the client is safe and does not relapse into crisis and also a responsibility to the community. Most clients will be transported by family, friends, or another agency. Some will leave via bus or their own transportation. Those clients without other transportation options will be transported by one of the two vans we make available for client transport. Unless a client happens to live close by, we do not expect clients will leave on foot. For those clients who are leaving by bus, the closest bus stops are right out the front door and across the street. Discharging clients will be monitored to make sure they follow through with the planned means of leaving the area. They will be informed that they are not allowed to remain on the grounds. Should a client refuse to leave the parking lot, for example, staff will encourage the client to leave and also contact law enforcement if needed. Cameras at the facility will include exterior cameras of the parking lot and perimeter of the building, and our safety and security staff will patrol the perimeter of the property.*

*Not to be underestimated are the importance of the value clients will have in the BHUCC as a resource and the resulting cooperation they will give in minimizing any negative impact on the community. We will inform clients that their lingering in the area will have a negative impact on our relations with the neighbors and therefore jeopardize the BHUCC. In our experience, most clients will understand that their actions can affect the availability of the BHUCC to themselves and to other peer consumers in the future.*

*For clients who are homeless, we will transport to shelter or other temporary housing. We will work closely with those agencies providing shelter and housing services. In addition to housing or shelter, we will link clients to other needed services including for food, clothing, and ongoing mental health and substance abuse treatment. We will provide a "warm hand-off" for those clients, making sure they connect with those resources and not merely giving them a number to call.*

*During the night, clients who have stabilized will be encouraged to stay until the morning for a daytime release unless they have a friend or relative picking them up. We appreciate the county allows non-billable codes for those awaiting placement, when it is in the client's best interest to stay on for a bit beyond 23/59 due to non-psychiatric circumstances.*

2. The current site and floor plans provide limited security information, and do not appear to be security-focused. Please provide:
  - a. a detailed security plan (both on plans and in writing), and
  - b. be aware that site and project security is a major concern, both for the City and for nearby residents and businesses.

*Safety and security for the clients, staff, and overall neighborhood is a primary concern for our agency. We believe the BHUCC will increase security for the area. The immediate area will benefit from the current vacated building transitioning to a facility that is operated 24/7 with lighted building and parking lot, and security staff. The BHUCC will be a deterrent for individuals who should not be in the area. We are addressing security concerns via an intentional floor plan design, a security system, staff selection, staffing and training, close collaboration with law enforcement, strong relations with other agencies serving the mentally ill population, and policy and procedure enforcement. Each of these will be addressed below.*

*Security starts with the BHUCC being a locked facility. The adult and adolescent units which will serve involuntary clients will be separated from the outside by at least two sets of locked doors. Several issues surrounding the floor plan as it relates to safety have been addressed in the above paragraphs. Involuntary clients will be brought in by law enforcement or ambulance in the back entrances. This will allow for both confidentiality/privacy as well as security. Clients will be brought into the locked intake area, screened for contraband and "wanded" with a metal detector. Their personal belongings will be held in a locker for them until discharge.*

*The facility will have a security system that will include locked doors on a "job" system which tracks staff coming and going and a camera system covering the entrances, parking lot, and interior spaces. Security Specialists will monitor the camera system. The parking lot will be lighted.*

*During the day, voluntary clients entering the building will pass through a metal detector prior to walking into the CWIC. A minimum of two Security Specialist staff will be present at all times 24/7, facility-wide. These staff will be responsible for the safety screening at intake, monitoring cameras throughout the facility and on the parking lot, walking the perimeter of the grounds, and responding as needed to any security issues. They will respond to individuals lingering in the parking lot or other areas around the facility.*

*Our security camera coverage is as follows:*

*Parking lot: Cameras for security of the premises. Multiple cameras with night vision, zoom, and panning capabilities. These would not view beyond the property, i.e. not to neighboring properties. Recording would be for 72 hours.*

*Adult and Minor Secured Entrances: Cameras for the purpose of security staff seeing who is requesting to enter. No recording.*

*CWIC entrance: Camera for security of the premises. Night vision capability. 72 hour recording.*

*Quiet Rooms: Cameras to comply with requirement to monitor clients in the quiet rooms. No recording.*

*Other interior areas: Client accessible areas, medication rooms, staff kitchens. Multiple cameras for staff and client safety. Please see camera per plan in Attachment #1.*

*As part of our commitment to staff training and safety, our Agency has been training all staff who work in a 24-hour operation in Pro-ACT, Professional Assault Crisis Training. This is a 16 hour training designed primarily to verbally deescalate an agitated individual. For more than four decades, professionals throughout the world have been training and using Pro-ACT to improve safety and enhance treatment outcomes. Based on principles drawn from evidence-based practice and tested in a wide variety of healthcare, behavioral health, residential and education settings, Pro-ACT is a training program for organization and agencies seeking to reduce or eliminate the use of restraint and is a well-known component of all SBHG facility- and residentially-based programs. Company-wide, we have multiple certified Pro-Act trainers and excellent data on de-escalation and avoidance of high risk behavioral incidents that require restrictive interventions. We have 28 years of experience in serving clients in acute psychiatric crisis, including those exhibiting danger to themselves and others.*

*However, if a client is unable to calm themselves and becomes physically assaultive or self-injurious, both the adult and adolescent units have quiet rooms where they could be secluded or briefly restrained if other interventions failed. Please see our policy and procedure for the management of dangerous behavior utilized in our other programs. **Attachment # 2***

*Additionally, state regulations for crisis stabilization programs require a minimum of 1 licensed nurse or registered mental health intern for every four clients. Additional staff will also be present above these ratios at all times. Total staffing will be about 45.*

*Lastly, regarding security in the neighborhood, these clients are currently in the community – untreated! Getting individuals the mental health screening, assessment, referrals and treatment they need is our aim and the important purpose of having these settings in a community. Overall, in due course, local crisis capabilities like this will enhance the safety and security of the neighborhood and the greater Long Beach area.*

3. Plans appear to show main entrances to each tenant space off Long Beach Blvd. This is on the opposite side of the building from the parking lot, and may cause confusion to visitors and patients.
  - a. Please explain and show how this will function, or if there is a better scheme for main, non-secured entry, please explore it for inclusion in your resubmittal.

*The current medical building has its entrances on Long Beach Blvd, as is the design of the building. In addition to the entrance to the BHUCC component of the CWIC, our agency Star View Community Services intends to open a clinic office in the remaining 1/3 of the building. (This counseling office use is not part of the CUP.) The entrance to this office will also be on Long Beach Blvd. and it will likely have more foot traffic than the BHUCC.*

*We will have signage on the corner of the building facing the parking lot to direct clients and visitors to these entrances:*



*To recap from the earlier section, the main Long Beach Boulevard entrance is:*

- *Open during daytime hours only*
- *Protected by security officer(s)*
- *Very accessible to the City bus stop*

*Ambulance and Law Enforcement will be trained to bring involuntary and after hours clients to the rear of the building via the parking lot entrance. There will be no need for sirens or flashing lights.*

4. Please ensure that no patient spaces subject to HIPAA are adjacent to the storefront windows on Long Beach Blvd. or other potentially problematic areas.

*We will make sure of this. Part of our agency's ongoing compliance training program includes being trained in HIPAA during new hire orientation and a mandated annual retraining of all staff. Staff are trained in keeping all Protected Health Information (PHI) confidential, whether on paper or electronic media. We pay particular attention to making sure staff cannot leave computer screens on with client information – these have automatic shut-down; and we train staff to orient screens away from external view.*

*We will make sure the windows will be tinted or otherwise sufficiently opaque.*

Supplemental Materials for the  
Star View  
Behavioral Health Urgent Care Center  
Conditional Use Permit

**1) What is the difference between the proposed facility and the Stars facility at 100 E. Wardlow Rd. in Long Beach? You will need to be able to explain the difference in terms of services offered and clients served, and the need for the new facility.**

A good way to conceptualize the two different programs is to think of the BHUCC as an urgent care center for those experiencing a mental health problem (much like a medical urgent care center people go to instead of going to the hospital.) As a comparison, the 100 E. Wardlow office could be thought of as more like a doctor's office where people go for regular visits (or in this case, counseling).

Both locations will be outpatient clinics, contracted with and certified by the LA County Department of Mental Health. From our counseling office, we have provided community services for youth 4 to 21 and their parents for the last 20 years. Unlike the BHUCC, the majority of the counseling center's clients are seen by staff in their homes or schools. Clients and their families do come to the counseling center for some services, including when they need to see our psychiatrist. Clients whose cases are managed out of this office may receive weekly therapy services in the home or schools for three months to over a year. None of the clients seen are on 5150s (involuntary commitments) or brought to the office by law enforcement. The office is open Monday through Friday from 8 to 5.

Throughout the period of time we have been at this location, there have been no complaints of noise or concerns about the clients seen at the office. Recently, upon the request of the Del Mar Association, we have added additional exterior lighting to help further reduce crime in the area.

The proposed BHUCC site is for adolescents 13-17, adults 18-64, and older adults 65 and up. These services are for short-term crisis stabilization. Clients may not stay for longer than 23 hours and 59 minutes. These clients are treated as an alternative to the local emergency rooms. There will be separate entrances at the rear of the building for adult and youth involuntary patients (often brought by police or paramedics). The main entrance on Long Beach Blvd. will be for voluntary patient (most patients will be voluntary) to a Crisis Walk-In Center (CWIC) section. The CWIC is available for crisis stabilization services for clients from 8 am until 8 pm. Voluntary patients will enter through the rear entrances after hours.

Regarding the need in the community, this facility is unique and responds to a huge gap in Long Beach to take the burden off police and hospitals and provide much more appropriate care for individuals. Currently, those with unmet mental health needs are turning to the local emergency rooms, and Long Beach Police and LA County Sheriff officers are spending valuable time transporting them there.

**2) On page 9, you briefly mention increased neighborhood safety and refer to a separate supplement to the CUP application. You should refer to this explicitly (SPR Case No. 1611-18) and describe all of the physical improvements to the site in your packet.**

- 24/7 operations will eliminate improper use of the facility (e.g. big rig truck drivers using the parking lot for sleeping) and deter graffiti.
- The new lighting (per plan) will provide a better lit parking lot to help enhance safety.
- The perimeter block walls on Elm Ave. and 32nd St. will help deter the homeless from loitering in the parking lots.
- New exterior camera systems will deter illegal activities along the perimeter of the building and parking lot and serve as a deterrence.
- The presence of police dropping off clients for treatment will serve as a deterrence to criminal behavior in the area.
- The physical improvements to the building and property will also serve to improve the image of the area and serve as a deterrence.
- The BHUCC will have security staff 24/7 who will monitor the perimeter and respond to unknown individuals on the property, as needed.

**3) The door-to-door outreach map appears to show no outreach to the neighborhood to the east. You should conduct outreach here, and, if possible, complete it prior to the upcoming community meeting. After you do this outreach, a revised map would be great to include.**

In our application regarding the community outreach, we included our intention to go door-to-door the week of February 27<sup>th</sup> to March 3<sup>rd</sup> and follow up with two additional community meetings on March 6<sup>th</sup> and March 8<sup>th</sup>. We have subsequently concluded our door-to-door visits, and they include the neighborhood to the east. In fact, we went twice to visit the closest homes directly across the street on Elm and 32<sup>nd</sup>. In total, we have visited 201 residences within the 750-foot radius, and of those, we have spoken directly with 60 people. Of those, 13 were strongly supportive and two were opposed. (Please see the attached map.) In addition, we have held a total of three community meetings for neighbors and have met with 10 community entities (City departments, organizations, and businesses). We have received 16 letters of support, and more than 300 people have signed a petition in favor of the BHUCC.

**4) When clients are encouraged to stay the night at the facility under non-medical billing, where are they accommodated?**

Clients who have completed stabilization and are ready for discharge (but must wait until morning) will remain on the units where they can be observed by staff. Interior lighting will be dimmed in the evening.

- 5) There is major concern about discharging patients late at night without transportation. It is likely going to become a condition of approval that, after certain hours (10:00 or 11:00 pm to 6:00 or 7:00 am), clients must be discharged to someone who will drive them to their destination, or be shuttled to their destination in the facility's van. Discharging a patient who will leave the facility on foot or wait at a bus stop is potentially very problematic.**

The concern above is addressed in the questions we answer on our website at [www.starsinc.com/bhucc](http://www.starsinc.com/bhucc) and below:

**Q: Will patients be released in the middle of the night?**

A: For their safety, patients stay overnight inside the facility and aren't released until daylight hours, unless they are being transferred to another facility or transported by friends or family to a residence.

**Q: How will you make sure patients don't stay in the area?**

A: All patients will have a discharge plan that will include their going to a safe place, ideally with others to check in on them. We are responsible to assure transportation is provided for all patients to where they reside. For homeless patients, we will be working proactively with the agencies that collaborate as the Long Beach Area Coalition for Homeless to line up and give priority to BHUCC patients for temporary housing resources. Patients are transported by our staff via our van, are picked up by a friend or family member or another agency that will be caring for them, or are supported to go on the bus. Any patient who wants to leave the facility and not follow the plan for transportation will be assessed to determine if they meet criteria for remaining in the BHUCC on an involuntary basis.

**Q: Can clients be discharged to use the bus?**

A: A bus stop is located outside the front doors of the proposed facility, and there are two lines that can easily be accessed from the facility. Clients who arrived by bus, if safe as determined by our staff, will be allowed to leave the facility by bus. No patients will be discharged with a plan to take the bus at times when the bus is not running. Our staff will have bus schedules; clients may wait in our walk-in center until close to the time for their bus (planned hours are until 8 p.m. in the evening).

Regarding clients leaving on foot, this will occur only if a client's residence is in short walking distance of the site, and they leave during day or early evening hours.

**Q: Will you have transportation available if a client has none?**

A: The program will have two vans available to transport patients being discharged if alternate transportation is not readily available.

### Question 3: Supplementary Update Information

Following is additional information in response to question # 3, a recap of the two community meetings held the week of March 6:

#### Wrigley Association: March 6, Veteran's Park Community Center

We presented at their association meeting which was attended by approximately 15-20 residents. Concerns were raised and addressed. There was little opposition voiced.

#### Del Mar Heights: March 8, Rod and Gun Club

We organized this meeting for the residents in the Del mar Heights neighborhood (those closest to the proposed facility), given they do not have an organized association. Councilman Uranga's office also notified residents in the Del Mar neighborhood. The meeting was well attended by approximately 30-35 community members. The group was very vocal about concerns.

In the 3 community meetings and through our other discussions with residents in the door to door outreach we have heard 3 main areas of concern.

1. *The program will bring more homeless to the area.*

Residents reported that there has been an increase in homeless in the area. They were concerned that the BHUCC would attract more, especially because individuals could "walk in" or come to the BHUCC on a voluntary basis. Residents voiced concern that the BHUCC would be like the Salvation Army, which they view as having increased the homeless population in the area.

Our response has been:

- The BHUCC is not a homeless program. We will have clients who are homeless but we estimate they will be a low percentage of total clients. Our similar program in San Bernardino County experiences about 10% of its clients being homeless.
- Whether voluntary ("walk in") or involuntary, clients need to meet the medical criteria of being in a mental health crisis. The BHUCC is not a medication clinic or drop in center.

2. *The BHUCC cannot prevent its clients leaving the facility and going into the neighborhood.*

This raises two concerns for residents:

- a. Clients leaving the BHUCC will stay in the community as homeless individuals
- b. Clients are a threat for dangerous behaviors because they have a mental illness

Our response has been:

- As above, we estimate the vast majority of BHUCC clients will have homes or places to reside upon discharge. A low percentage will be homeless.

- The BHUCC will not “discharge to the street.” As stated throughout our application, all discharges will be planned to include transition to a residence and transportation to get there.
- For homeless individuals, we intend to work closely with the agencies that comprise the Long Beach Area Coalition for the Homeless to assure that shelter and temporary housing options and other supports are readily available and BHUCC clients are given priority for them.
- Any BHUCC client wishing to leave prior to when the clinical team thinks they should be discharged will be assessed for dangerousness. Any client meeting criteria for involuntary treatment due to dangerousness will be placed on a 72 hour hold (5150) and prevented from leaving the BHUCC.
- We embrace the recovery model for individuals living with mental health challenges. In the recovery model, consumers are empowered by being responsible for their own recovery, just like anyone living with a chronic health condition should actively manage their health, doing the things that keep them healthy. We have had great success in our programs by having our clients regard the program as *their program*, an important resource to help them manage their recovery and, also, to support the recovery of their peers. We make it clear that to support the resource continuing to be available, we must be good neighbors and avoid any adverse effect on our neighbors. We have seen significant effectiveness of this in our other programs in having clients follow program rules and come and go appropriately.

3. *The BHUCC is needed but we have too many similar programs already in our neighborhood. Can't it be located elsewhere?*

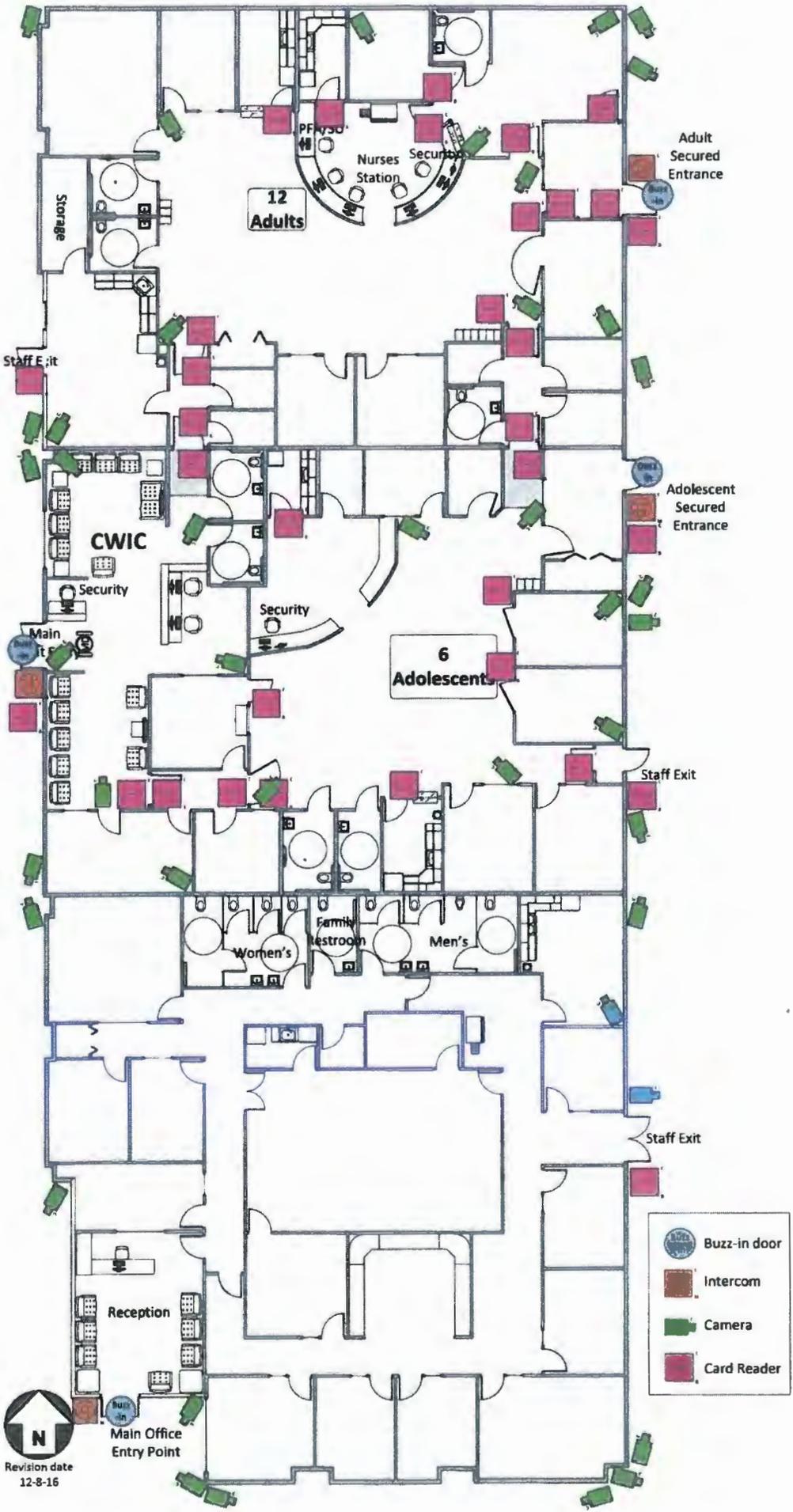
In discussing this, residents seem to be referring to large organizations like Salvation Army and MHA, which they see as attracting homeless individuals, and also to group homes and sober living homes, whose residents they see as disruptive to their neighborhood.

Our response has been:

- The BHUCC is neither a program for the homeless nor a residential facility.
- 13 locations were considered. After careful consideration, most were not feasible for various reasons. For many various reasons, the proposed location was determined to be the best site for the BHUCC.
- As stated, because the BHUCC clients will not stay in the neighborhood after treatment, the BHUCC will not have the same effect on the neighborhood of programs designed to serve the homeless or sober living or other residential programs.

# Attachment # 1

## Camera Lay Out




  
 Revision date  
 12-8-16

-  Buzz-in door
-  Intercom
-  Camera
-  Card Reader

**Attachment # 2**

**Management of**

**Dangerous Behavior**

**Policy**

## PGM 1.33 Management of Dangerous Behavior – Community Services

**Effective Date**  
September 5, 2013

**Revision Date**  
October 1, 2013

<input checked="" type="checkbox"/> Oasis CS HC	<input checked="" type="checkbox"/> STARS CS	<input checked="" type="checkbox"/> SVCS
<input type="checkbox"/> Oasis CS OCS	<input checked="" type="checkbox"/> STARS HS	<input checked="" type="checkbox"/> SVCS TEAMMATES
<input type="checkbox"/> Oasis PHF	<input type="checkbox"/> SVAC CTF	<input checked="" type="checkbox"/> Valley Star CS
<input type="checkbox"/> SBHG	<input type="checkbox"/> SVAC CTF MH	<input checked="" type="checkbox"/> Valley Star CRT
<input checked="" type="checkbox"/> Starlight CS	<input type="checkbox"/> SVAC PHF	<input checked="" type="checkbox"/> Valley Star HS
<input checked="" type="checkbox"/> Starlight TEAMMATES	<input type="checkbox"/> SVAC SBHS	

**PURPOSE:** To outline guidelines for a systematic process by which staff seeks to prevent and respond to dangerous or assaultive client behavior in order to ensure the safety of all persons involved while upholding client rights according to applicable laws and regulations. The policies, procedures and practices of managing high risk or dangerous behavior are developed with the expertise of SBHG clinical and behavior management consultants.

Physical restraints and seclusion, as defined in regulations, are not permitted in community outpatient services.

### **PROCEDURE:**

#### **A. Philosophy**

Program staff and management endeavor to develop clinical programs that encourage and support the highest level of client partnership in behavioral self-management. This takes many forms including staff and client training in positive client involvement, program structure and activities to encourage client voice, choice and power, and a philosophical commitment to minimizing the occurrence of all restrictive behavioral practices. However, the leadership and staff of our Community Services Program recognize that assaultive, self-injurious, run-away, or otherwise dangerous behavior can sometimes accompany mental health problems. Our approach to preventing and responding to this behavior focuses on ensuring the safety of both clients and employees, and incorporates the important Management of Dangerous Behavior (MDB) principles described below. It is important to note that dangerous and assaultive or self-injurious behavior is often hard to predict in all instances, and may display itself in a different sequence or manifestation than listed in this policy. Staff judgment is needed to determine the appropriate level and sequence for individual clients and when to change or omit an intervention if clients are non-responsive. Leadership and staff also recognize the importance of celebrating the success of the clients they serve both individually and collectively and incorporate this into setting goals of safe behavior for the individual client.

In summary, the SBHG Community Service Programs promote an environment that is safe, therapeutic and positive; which engages clients in their healing through positive

engagement, genuine relationships and the recognition of the importance of their active involvement in their treatment. Successful treatment will result from this inter-relationship of clients who are recognized as “partners” in the treatment process and staff who are well trained in the needs and issues of their clients and committed to their safety and healing.

**MDB Principles:**

1. Self-injurious, assaultive, or otherwise dangerous behavior is generally precipitated by external warning signs which can be recognized.
2. Recognition of these warning signs and early intervention into behavior is critical to reducing/eliminating dangerous behavior.
3. Clients can learn to recognize their own internal warning signs, and can assist in developing and implementing intervention strategies.
4. Behavioral interventions must be individualized, systematic and comprehensive.
5. Clients shall have an opportunity upon enrollment and throughout treatment to communicate their needs and preferences with regards to intervention strategies.
6. Interventions which integrate the use of behavior management, psychotherapy, psycho-education, skill training and medication produce the most effective results.
7. Employees will utilize a progressive system and process of least restrictive interventions in responding to dangerous behavior.
8. The goal of all interventions is to prevent further escalation and ensure a safe environment for the client involved, other clients, and staff.
9. The use of systematic and planned intervention strategies minimizes the risk of injury to both clients and staff.
10. Repeated incidents of assaultive, self-injurious or other dangerous behavior will result in a review and modification of the individualized treatment plan subject to the discretion of the treatment team.
11. When the safety of a client or others cannot be assured at a given level of care, transfer to a more appropriate level of care must be considered.

**B. Definitions**

**Dangerous Behavior Screening**

A screening that occurs during intake and as needed thereafter in order to identify client behaviors that pose safety risks, the triggers that evoke dangerous behavior, and intervention strategies preferred by the client,

### Trigger

A “trigger” is an internal process and/or external event that activate(s) an escalation in dangerous behavior. “Triggers” are often highly specific and individual, resulting from unique client history, perceptions and experiences. Part of the goal of treatment is to assist clients to understand their “triggers” as part of gaining self-control over risky and dangerous behavior.

### Time Out (Voluntary)

“Time out” refers to a brief “cooling down” or “cooling off” period of time which a client requests, or to which they voluntarily agree. A “time out” may occur in a designated room, client’s room, or any other environment which affords the client the opportunity to achieve calm and freedom from destructive behavior. Clients may leave or discontinue a “time out” at any time. A “time out” is not a “hands-on” physical intervention or seclusion.

### Physical Intervention

“Physical interventions” is a general term for any “hands-on” procedure or response “Physical interventions” are behavioral interventions with the intention of actively restricting a client’s freedom of movement in order to prevent harm to self or others. The phrase “restrictive physical intervention” refers to the sub-class of physical interventions where the need and intention is to restrict the client’s freedom of movement.

Physical interventions shall only be used when a client’s behavior is clearly unsafe and dangerous and when failure to intervene **may result in a serious injury** to the client, staff or other person present. Physical interventions **may not** be used for obnoxious or oppositional behavior.

### Debriefing

Debriefing is a process of reviewing what happened during an incident that culminated in a restrictive intervention Debriefing usually occurs separately with involved staff and patients with the goal of learning from the experience so that restrictive physical interventions can be avoided and/or proceed safely in the future.

## **C. Non-Restrictive Physical Interventions (not classified as a physical restraint)**

### Physical Prompt

A “Physical Prompt” is a brief physical intervention for the purpose of helping a client gain quick control over their behavior or circumstance and is not a “restrictive intervention. A Physical Prompt may involve **briefly** touching a person without undue force in order to calm or comfort; physical contact intended to gently assist a person in performing tasks; guiding or assisting a person from one area to another;

or, quickly separating a person from a dangerous situation. Examples would be: (a) where a client is encouraged to take a voluntary time out to cool off, the guiding by “accompanying” the client or a physical gesture of assistance or leading demonstrated by a loosely held arm around the client’s shoulder; (b) in a pending assault, the separation or repositioning of clients to gain distance which may involve grabbing clothing and spinning a patient out of harm’s way; (c) if a client were to inadvertently step in the way of a moving car, the pulling away or pushing out of harm’s way.

#### **D. Trainings for Managing Dangerous Behavior in the Community**

##### **Community Safety Interventions (CSI)**

All community service employees receive a total of (4) hours of Community Safety Interventions training; (2) hours of Universal Safety Principles including escape and evasion and (2) hours of Field Safety Interventions with Vignettes and Guided Discussions.

##### **Basic Pro-ACT**

“Pro-ACT” is an acronym for Professional Assault Crisis Training®, a nationally recognized and certified training program for professionals who work with individuals whose behaviors sometimes manifest in assaultive and dangerous behavior. This Policy defines “Basic Pro-Act” as a 16-hour Course that must be led by a Certified Pro-Act Instructor and introduces advanced techniques and interventions when managing dangerous behavior. This Policy defines “Pro-Act Plus” as a 20-hour Course that consists of the Basic Pro-Act 16 hour curriculum plus 4 hours of prescribed physical interventions for managing dangerous behaviors. Pro-Act Plus will only be trained in SBHG inpatient programs. Only selected community service programs will be approved to be trained in Basic Pro-ACT principles. A request for Basic Pro-ACT from a community services program must be approved by the SBHG Director of Clinical Training and SBHG Senior Director of Clinical Services.

##### **Ongoing**

Staff receives additional training on an ongoing and as needed basis as training issues related to the management of dangerous or assaultive behavior are identified through supervision and the agency continuous quality improvement process.

#### **E. Intervention Ladder – Progressive Process of Intervention**

1. Community Service staff will utilize a progressive process of responding to escalating client’s behavior. The determination of an intervention to be used will be based upon the client’s assessed needs and the immediacy of the situation at hand. Employees are expected to begin the intervention process at the lowest and least restrictive level which will ensure safety, and progress to higher-level interventions only when a less restrictive intervention has been attempted and danger to a client or others persists.

2. The progressive list of interventions is listed below. Note that staff judgment is needed to determine the appropriate level and sequence for individual clients and when to change or omit an intervention if clients are non-responsive:

a. Verbal intervention/re-direction such as:

- i. Verbal prompting/encouragement to discontinue behavior;
- ii. Encourage identification and verbal expression of feelings;
- iii. Suggestion of alternative activity;
- iv. Offer choice of alternative behavior/activity/environment;
- v. Offer of individual time with staff;
- vi. Use of cues and prompts as established in treatment planning;
- vii. Change of physical environment;
- viii. Removal of stimuli or reinforcement;
- ix. Use of behavioral rewards and consequences;
- x. Use of relaxation techniques;
- xi. Communicating the need to maintain a safe environment for everyone;
- xii. Voluntary time-out or physical prompt to calm and support a client, and/or guide them away from negative stimuli

#### **F. Treatment Planning**

Incidents and patterns of behavior resulting in a community safety interventions or Basic Pro-ACT techniques are reviewed and addressed in the client's treatment plan.

#### **G. Restrictive Physical Interventions**

In the event of an **emergency situation** that clearly exposes the client, other clients, family members and/or staff to a potentially severely dangerous or life-threatening situation and when Community Safety Interventions and/or Basic Pro Act interventions were not successful, short-term limited hands on can be applied for the purposes of Protective Separation and Protective Control and also for self-defense.

Restrictive physical interventions are any staff-to- client physical contact in which the client unwillingly participates. Restrictive interventions may involve stabilizing a client against a wall, on the floor, or where they stand. A restrictive intervention may occur at any location in the community. Should the implementation of a restrictive intervention be needed, staff must use the least restrictive technique and immediately report this intervention to their supervisor.

##### **Protective Separation**

Protective Separation means the brief use of a manual hold to separate a client who is assaulting another person.

##### **Protective Control**

Protective Control means the brief use of a manual hold to separate a client who is self-harming or at imminent risk of self-harm (e.g. running into traffic).

## **Self Defense**

Self Defense are physical interventions designed to allow a staff to protect themselves and evade an assaultive client.

In the event that a restrictive physical intervention is applied to a community based client a staff and client debriefing shall occur within 24 hours of the application of the restrictive physical intervention.

## **H. Debriefing**

### **Staff Debriefing**

- a. Following every instance of a physical restraint (within 24 hours), the staff involved and their supervisor will meet to debrief the incident. Ideally, the debriefing will include all persons involved in the incident.
- b. The purpose of this debriefing is to identify aspects of the incident which could be improved upon, and evaluate the staff's performance in responding to dangerous or assaultive behavior. During the debriefing staff are encouraged to process their own feelings regarding the incident. They will also evaluate the staff's performance in implementing the least-restrictive intervention, with an emphasis on how the intervention might have been accomplished without the use of restrictive physical interventions.
- c. A Pro-ACT debriefing form will be completed following each incident of physical restraint. The staff involved in the incident is responsible for the completion of this form which is attached to, submitted, and filed along with the respective incident report.

### **Client Debriefing**

A debriefing with the client is done as soon as possible but no later than 24 hours following every incident of physical to insure that the client is again calm and able to think clearly. If the patient requests, a family member, domestic partner, significant other or authorized representative can be present at the debriefing.

The purpose of debriefing with the client is to increase the client's awareness of their behavior, triggers, and alternatives, and to facilitate treatment planning through the development and of enhancement of client-specific intervention strategies.

The debriefing with the client is completed by the staff member involved in the incident, ideally the debriefing is done by the staff member with the strongest therapeutic relationship with that client. The staff's supervisor will provide back-up to ensure debriefings occur within 24 hours.

The client may refuse to participate in a debriefing with staff, and such refusal shall be documented in the client record on the debriefing form.

The purpose of the debriefing is to assist the client in:

- i. Processing his/her feelings regarding the incident;
- ii. Identifying triggers to the escalating behavior;
- iii. Identifying skills and alternative behaviors which can be used in the future

The original client debriefing form should be included in the client's file

**I. Notification to SBHG Director of Quality Assurance**

If physical restraint is applied to any community based client the above procedures must be followed. In addition the supervisor or Administrator will complete a Critical Event Investigation form within 24 hours and notify the SBHG Director of Quality Assurance to review the incident.