

May 2, 2023

R-32

HONORABLE MAYOR AND CITY COUNCIL
City of Long Beach
California

RECOMMENDATION:

Receive and file a report from the Health and Human Services Department regarding the feasibility of establishing a more robust local infrastructure for mental health services. (Citywide)

DISCUSSION

On November 9, 2021, the City Council requested the City Manager to work with the Health and Human Services Department (Health Department) and local mental health providers to explore the feasibility of establishing a more robust infrastructure for mental health services, in collaboration and alignment with local mental health providers in Long Beach and the County of Los Angeles. On February 8, 2022, the City Council approved \$100,000 of General Fund one-time funds to lead the mental health study efforts. These funds were utilized to convene a Mental Health Advisory Group and retain a consultant with specific expertise in mental health funding mechanisms, data, service delivery, and referral pathways to conduct a feasibility study and move this effort forward.

The Health Department convened a Mental Health Advisory Group which consisted of a diverse cross-section of local hospitals, education systems, homeless services providers, non-profit organizations, mental health providers, and relevant Los Angeles County departments. This Mental Health Advisory Group convened six times since May 2022. The Advisory Group participated in identifying gaps and solutions, enhancing communication, and identifying potential resources. City staff also engaged in active conversations with the Los Angeles County Department of Mental Health regarding existing service provision and systemic challenges.

The Health Department also contracted with Capstone Consulting Group to:

1. Educate policymakers regarding behavioral health programs including options and constraints for pursuing enhanced residential treatment programming including:
 - a. Ensuring understanding of the multiple systems that comprise the behavioral health system in Los Angeles County including the specialty and non-specialty mental health systems and the substance abuse disorder continuum of services,
 - b. Promoting recognition of the various levels and types of intensive residential treatment programs available in California with an explanation of the programmatic, regulatory, and funding considerations that accompany each level of care, and

- c. Providing a knowledge base of funding streams and how those can be utilized to maintain and expand services.
2. Identify existing options and capacity for behavioral health treatment at the different levels.
3. Detail approaches to sharing information, including electronic data sharing, to improve access and coordination of care.
4. Generate alternatives for the expansion of capacity with a strategic action plan for the implementation of feasible alternatives.

As a result of these efforts, we are pleased to present the attached Developing a Robust Mental Health System in Long Beach Report (Report). The vision of the Report is that all community members have an open path to access and receive the mental health support they need to thrive. The Report highlights four focus areas designed to enhance the local mental health system:

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

Within these broader themes, there are strategies and proposed action steps to guide, focus and prioritize activities to enhance the local mental health system. These findings will serve as the foundation for systemic improvements in Long Beach related to mental health.

This matter was reviewed by Deputy City Attorney Monica Kilaita on March 27, 2023, and by Budget Analysis Officer Greg Sorenson on March 31, 2023.

TIMING CONSIDERATIONS

City Council action on this item is not time critical.

FISCAL IMPACT

The total cost to conduct the feasibility of establishing a more robust local Infrastructure for mental health services did not exceed \$100,000 and was allocated to the General Fund Group in the Health and Human Services Department, using Fiscal Year 2021 General Fund Group year-end funds available. This recommendation has no staffing impact beyond the normal budgeted scope of duties and is consistent with existing City Council priorities. There is no fiscal or local job impact associated with this recommendation. However, implementation of the strategies and proposed action steps could have a significant fiscal impact and outside funding would need to be provided to be able to move forward with many of the recommendations.

SUGGESTED ACTION:

Approve recommendation.

Respectfully submitted,

Handwritten signature of Kelly Colopy in blue ink.

KELLY COLOPY
DIRECTOR
HEALTH AND HUMAN SERVICES

APPROVED:

Handwritten signature of Thomas B. Modica in blue ink.

THOMAS B. MODICA
CITY MANAGER

Attachment



*Developing a Robust Mental Health System in **Long Beach***



April 2023



Table of Contents

Introduction	3
Our Approach	4
Executive Summary	9
Setting the Context	11
Focus Areas and Recommendations	20
Section 1: Mental Health Treatment Capacity	21
Section 2: Prevention	25
Section 3: Access to Treatment	27
Section 4: Focus Populations	33

Attachments **37**

Attachment A - Capstone Solutions Consulting Group
Presentation on the Behavioral Health System of Care **37**

Attachment B - Long Beach Mental Health Resource Guide **50**

Attachment C - Summary Results of a Provider
Survey in Long Beach **59**

Attachment D - Description of Data-Sharing Strategies **62**

Attachment E - Level of Care with Definitions **64**

Attachment F - List of Abbreviations **65**

Attachment G - Capstone Solutions Consulting Group
Presentation: Intensive Behavioral Health Services in Long Beach **66**

Attachment H - Mental Health Advisory Group Timeline
of Recommendations **78**

Acknowledgments **80**



Introduction

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

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

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

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

**Note: For the purposes of this report, we are defining crisis as an incident in which someone is experiencing intense feelings of personal distress, obvious changes in functioning, and/or catastrophic life events which may result in thoughts or actions that are dangerous to self and/or others.*



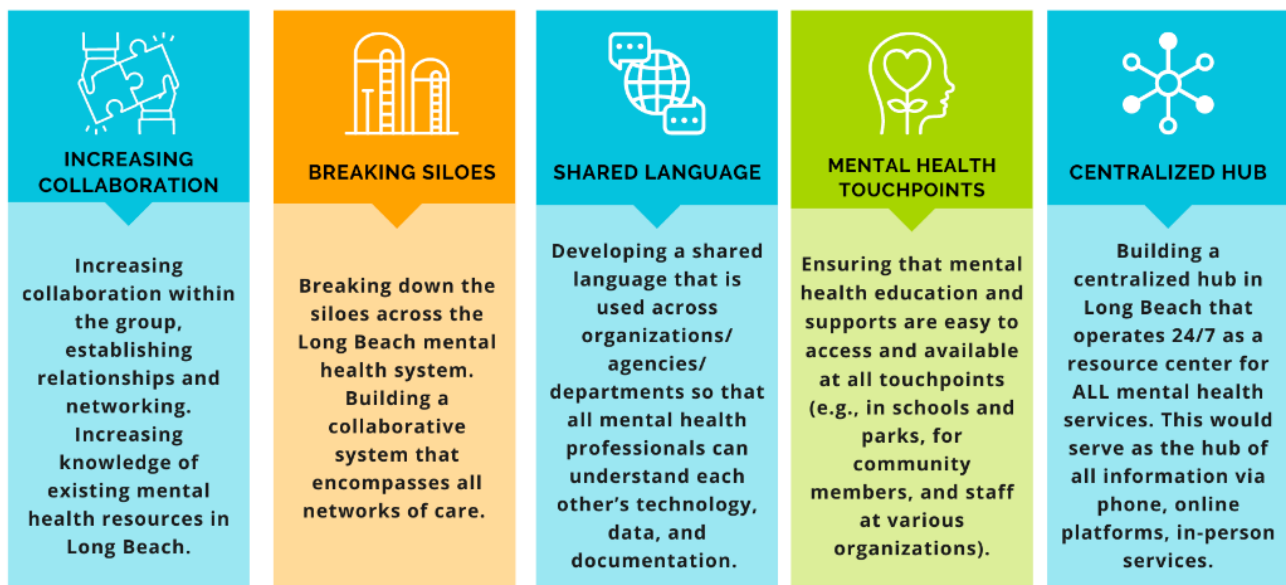


Our Approach

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

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

The following central themes emerged from the conversations held with the Mental Health Advisory Group:



Group members also anchored their work in the following vision statement and principles:

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

Principles

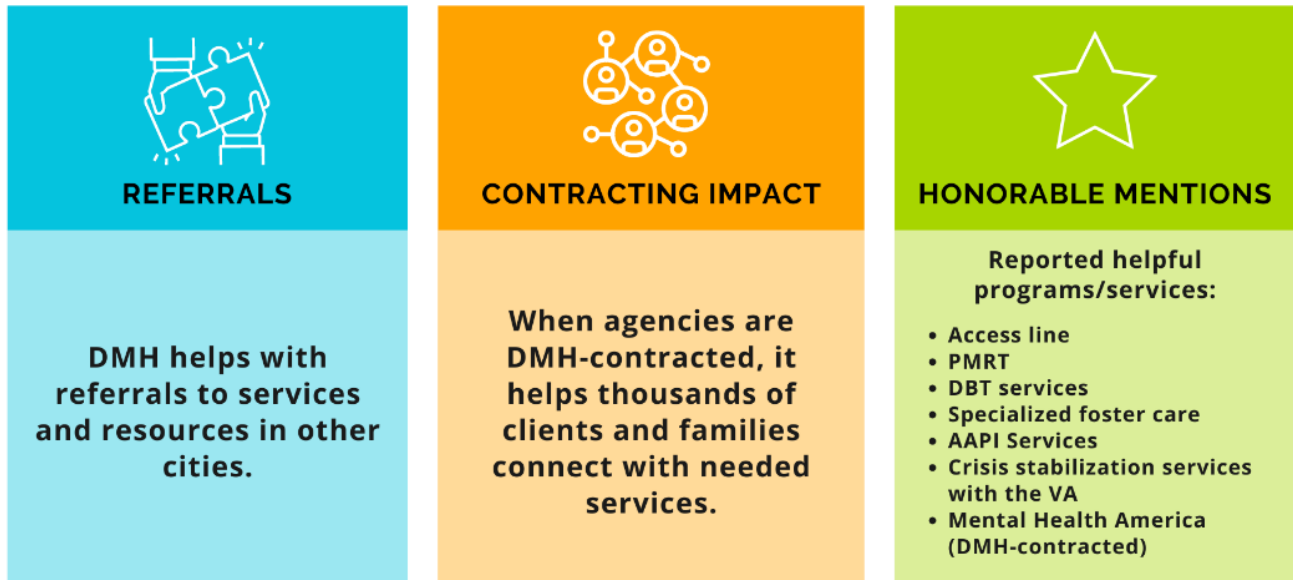
- The mental health workforce is sufficient to meet the need, healthy and supported by a foundation of sustainable funding, continuous professional development, and the implementation of trauma-informed and resiliency best practices.
- The mental health ecosystem is well-coordinated and responsive to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

Mental Health Advisory Group Feedback

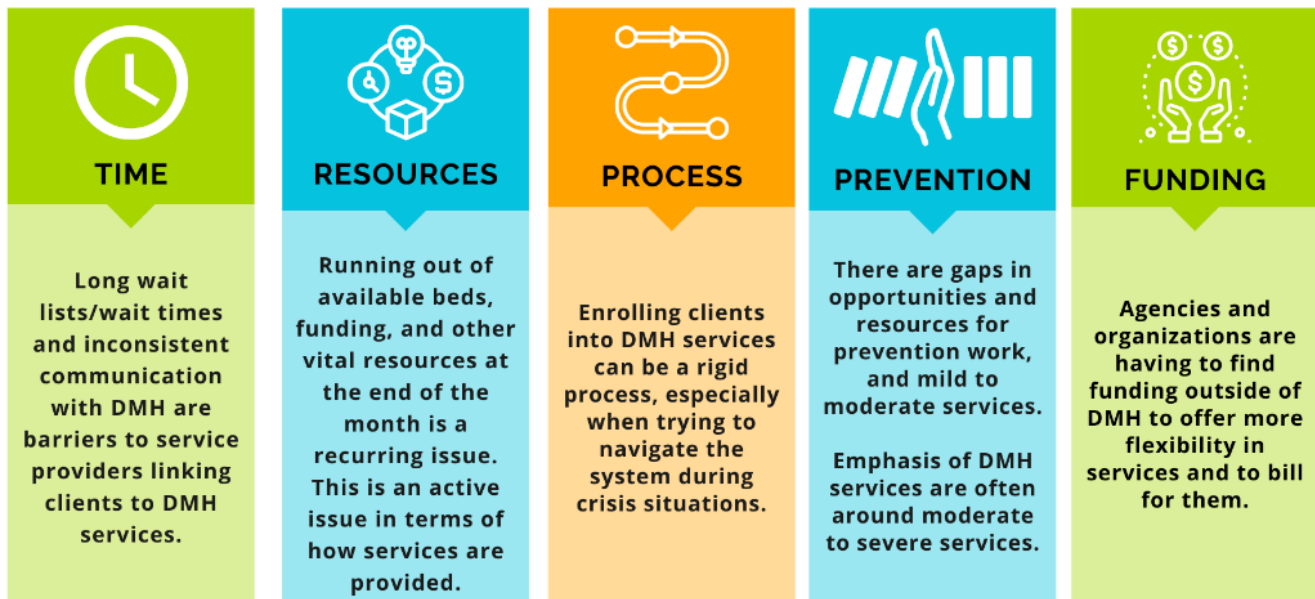
During the series of convenings, Mental Health Advisory Group members provided information that highlighted numerous dimensions of the mental health system in Long Beach. In the first convening, group members identified barriers and provided recommendations for solutions in five focus areas: time, resources,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



Identified Strengths & Successes



Identified Barriers & Opportunities for Growth



Additionally, the Mental Health Advisory Group identified actionable strategies that have been organized into an implementation plan by time frames: short-term (zero to six months), mid-term (six to 12 months), and long-term (12 to 24 months). The strategies are woven throughout this report and may be referenced in Attachment H.

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

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

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

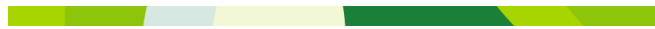
1. The mental health system is complex and difficult to understand.
2. In a time of limited mental health resources, we must ensure that we maximize the use of existing capacity.
3. Mental health services must be expanded in a strategic manner.
4. Technology can be utilized to support coordination efforts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

The stakeholder process and the consultant's work occurred simultaneously, which allowed for joint meetings and shared input in a bidirectional manner. The report that follows reflects the synergistic outcome of this collaborative effort.





Executive Summary



Mental health is fundamental to overall health and well-being. It is an essential component of any thriving city and, given the connection between the prevalence of mental health conditions and homelessness, public safety, educational attainment, and economic success, it is the right time to explore how mental health systems may be improved.

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

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

1. Convening an advisory group comprising representatives from Long Beach mental health service providers, homeless services agencies, business associations, County departments, local hospitals, and educational institutions to inform the recommendations.
2. Engaging a consulting group with expertise in mental health systems, Capstone Solutions Consulting Group, to provide technical information, make recommendations and take strategic action in specific areas to support the planning process.





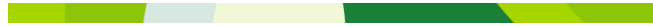
The current structure of funding whereby mental health and substance use funds are dispersed to counties is dictated by State law so it is not feasible to fully localize mental health services. However, the DHHS has identified and laid out four focus areas and strategies for localizing the mental health system within its scope of control and authority. These focus areas are mental health treatment capacity, prevention, access to treatment, and focus populations. Each focus area contains goals and strategies that have been informed by the Mental Health Advisory Group and Capstone Solutions Consulting Group. The strategies are organized into three timeframes: accomplished, short-term, and long-term. The feasibility of these strategies and actions depends on identifying the substantial funding and staffing resources necessary to carry out the efforts.

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





Setting the Context



National and State Context

Over the last several years, awareness around the importance of mental health and substance use disorders has come into clear focus with nearly universal relevance. While the COVID-19 virus itself may cause brain- and mental health-related conditions, including cognitive and attention deficits (brain fog), anxiety and depression, psychoses, seizures, and suicidal ideation, much attention is also being paid to social isolation and how it affects individuals, families, and communities. In 2021, the United States Surgeon General, Dr. Vivek Murthy, released the report “Protecting Youth Mental Health” in which he underscored the importance of supporting the mental health of youth and marginalized people. At the State level, Governor Newsom’s administration has been working to support the behavioral health (which includes mental health and substance use disorders) of Californians with the following investments:

- \$2.2 billion for the Behavioral Health Continuum Infrastructure Program.
- \$1.5 billion for Behavioral Health Bridge Housing.
- \$1.4 billion to expand and diversify the behavioral health workforce.
- \$4.7 billion Master Plan for Kids’ Mental Health, of which the Children and Youth Behavioral Health Initiative is the central component.
- \$1.4 billion to build out a Medi-Cal benefit for mobile crisis response, as well as \$38 million to expand the 988 Suicide and Crisis Line and the CalHOPE crisis call center.
- Over \$600 million to support community-based alternatives to state hospitalization for those who have committed felonies but are incompetent to stand trial.
- Over \$1 billion to address the opioid epidemic.
- \$7 billion to reform CalAIM to enhance care management for people with serious mental illness, a “no wrong door” approach to care, and more.
- \$1.6 billion proposed to implement the California Behavioral Health Community-Based Continuum Demonstration to strengthen services and supports for those who are at risk of homelessness, incarceration, and foster care placements.
- \$50 million for the California Veterans Health Initiative (CVHI) for veteran suicide prevention and mental health services.



On March 19, 2023, Governor Newsom released his most recent proposal to further improve how California treats mental health conditions, substance use disorders, and homelessness. The proposal includes introducing a 2024 ballot initiative to develop a bond to build state-of-the-art residential treatment facilities in communities throughout the state. The proposal also includes creating housing for homeless veterans and modernizing the Mental Health Services Act (MHSA) to require at least \$1 billion every year for behavioral health housing and care.

Local Context

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

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

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

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

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



Mental Health in Long Beach, 2018-2020



42%

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



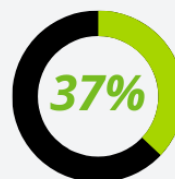
16%

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



9%

of Long Beach residents **are uninsured**, with the highest rates in 90805 and 90813



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



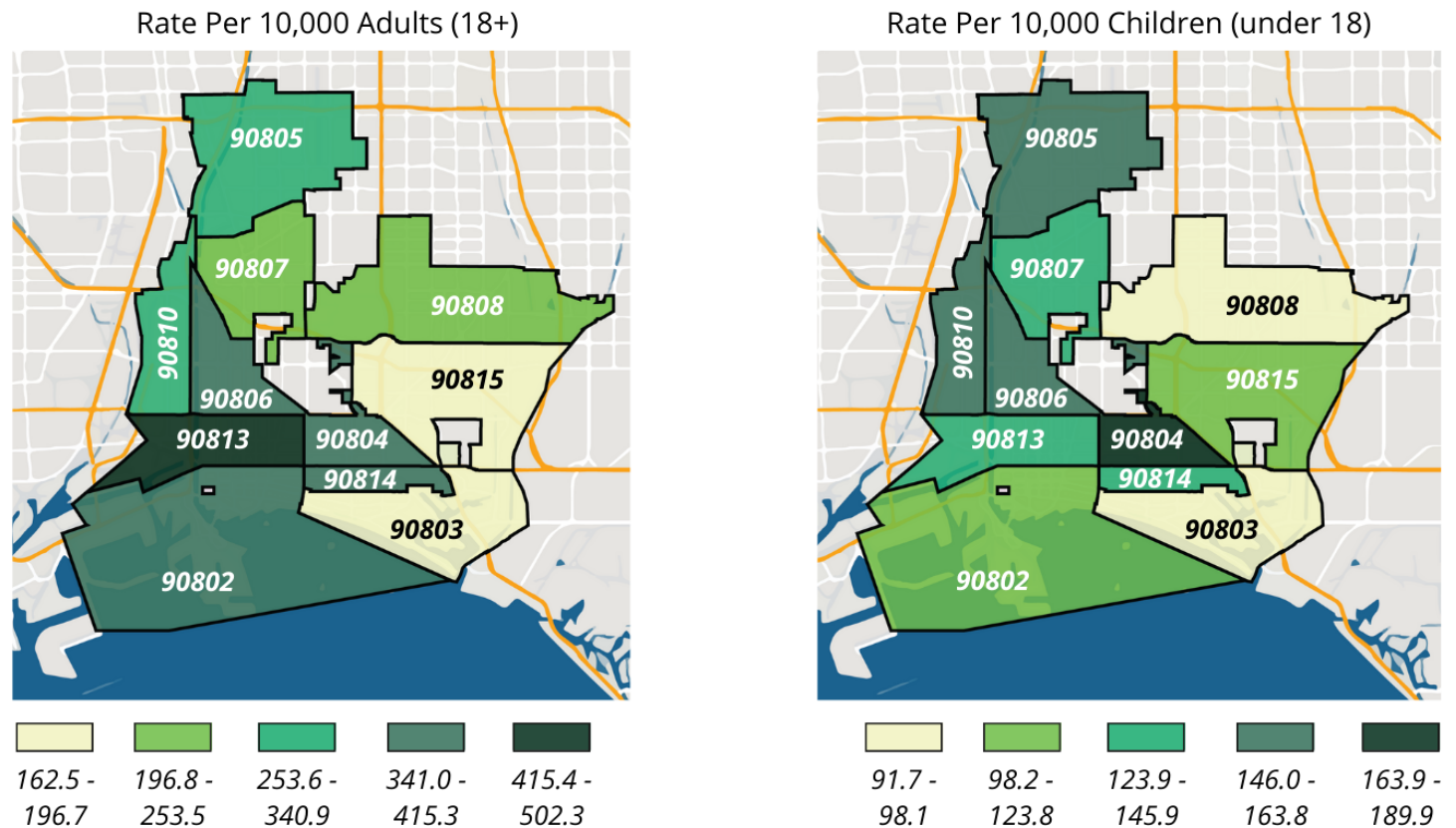
26% of youth ages 13-17 who said they needed emotional or mental health help **did not receive any counseling in the past year.**



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

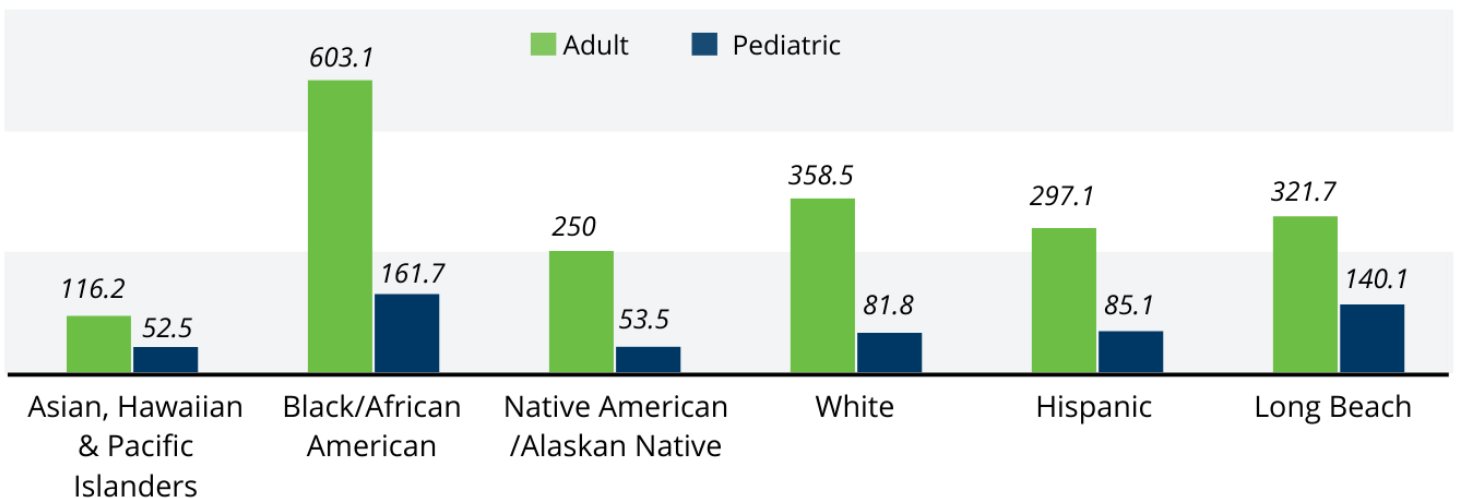
Those figures represent a dramatic increase from just five years ago. The Center's 2016 survey found that 14% of California's young adults said they had experienced thoughts of suicide at some point in their lives.

Emergency Room (ER) Visits by ZIP Code



Five ZIP Codes have higher ER visit rates for adults and children. These are **90804, 90805, 90806, 90813,** and **90815**. ZIP Code **90813** has the highest rate of adults visiting ER (502.3 visits/10,000 adults). On the other hand, **90804** has the highest rate of children visiting the ER (189.9 visits/10,000 children)

Emergency Room (ER) Visits by Race/Ethnicity



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

Behavioral Health Systems Serving Long Beach

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

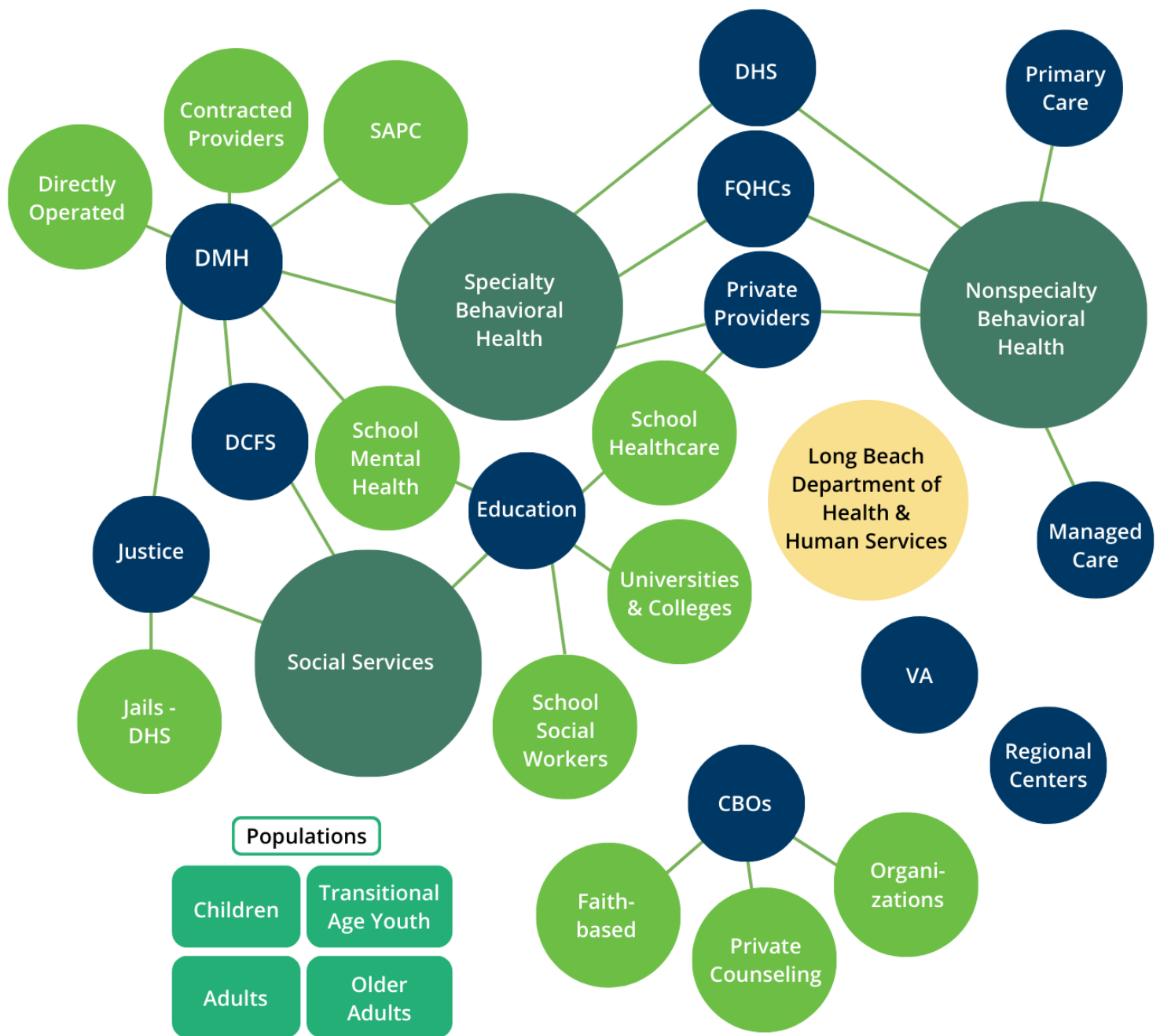
Mental Health

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

<i>Choice is dictated by client's</i>	<i>Systems of care are not integrated</i>	<i>Other systems that provide care for adults & children</i>
<ul style="list-style-type: none">• Financial & benefit status• Severity & type of illness• Medical necessity• Age	<ul style="list-style-type: none">• Medical systems• Mental health systems• Substance Use Disorder systems	<ul style="list-style-type: none">• Criminal Justice systems• Educational systems• Child welfare systems



The following illustration of the behavioral health ecosystem in Long Beach provides a more complete picture of the complexity of the ecosystem. There are many players and while some are connected to multiple systems, many are not.



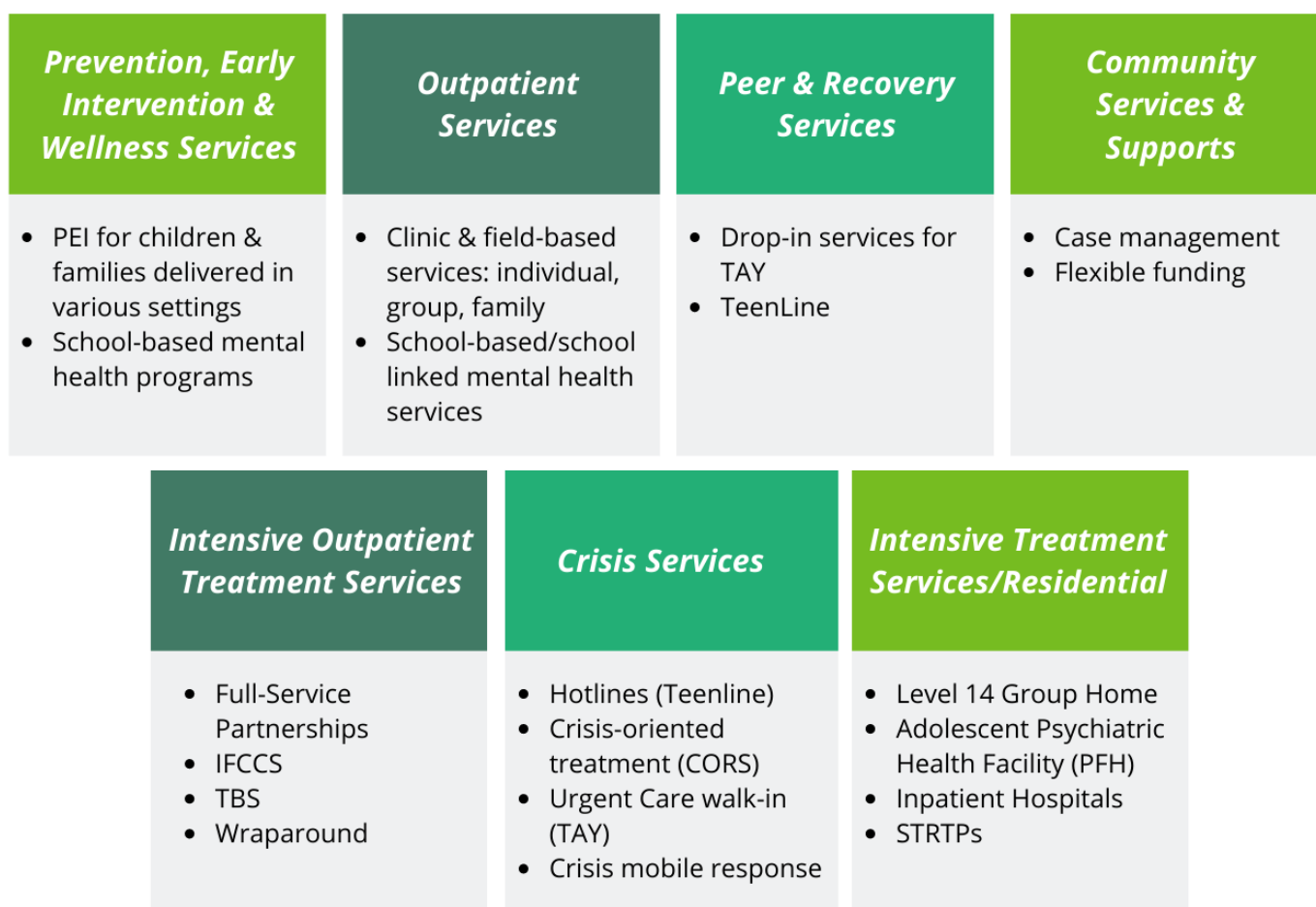
The above illustration also demonstrates that the DHHS is not well-connected to the various systems for the purposes of mental health treatment. While the DHHS has begun offering mental health outreach and connection to services within its clinical settings and homeless services, it does not receive funding from any mental health payor source (e.g., DMH, Medi-Cal Managed Care Organizations or Private Payors) for providing these services.



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

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

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



In Long Beach, service providers contracted through the DMH or Long Beach Unified School District (LBUSD) provide needed services to children who are Medi-Cal eligible. In addition, agencies can also contract with the LBUSD to provide services for children who have mental health conditions that interfere with the child's educational attainment. To receive these services, the student needs an Individual Education Plan (IEP) that identifies their needs and connects them to contracted providers regardless of insurance. Children who are not Medi-Cal eligible, do not have an IEP, and do not have conditions that would warrant intensive outpatient services, must seek services through private insurance providers. This process can be lengthy and does not have a central entry point for families seeking services for their children.



Students enrolled in the local higher education system in Long Beach have access to on-campus supportive services. On-campus supports are not only limited in number but limited in the number of available sessions and this means long waiting lists. The recommendations the Advisory Group and consultants identified to enhance the children-serving mental health system align with those of the adult-serving system and, as such, ultimately work to improve access, build workforce capacity, enhance treatment, and invest in prevention.

Substance Use Disorders

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

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

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

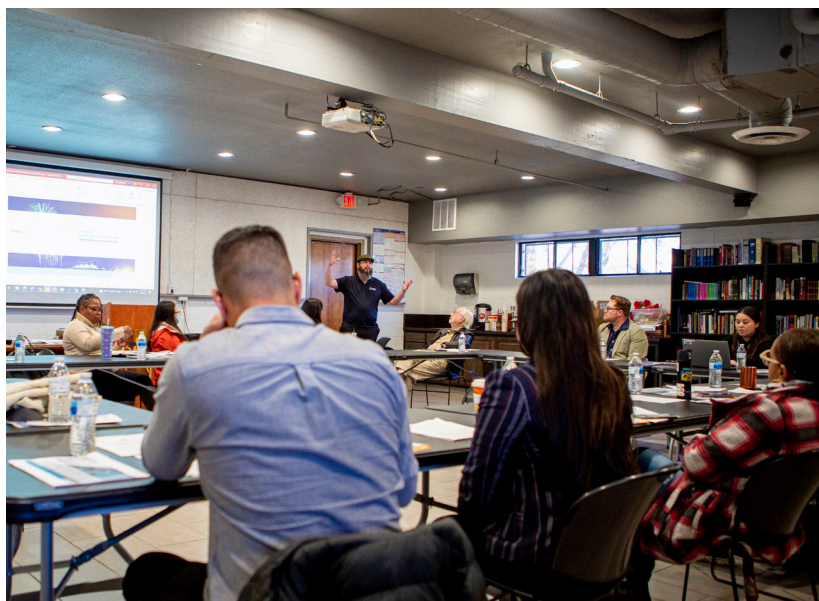
Overall, within the system, there are service gaps, and not all levels of care are represented among the SUD providers. In addition, some providers provide levels of care only for specific populations (e.g., women and children, youth). Most SUD providers in Long Beach are funded by the SAPC. There are fewer private providers.



How Mental Health and Substance Use Services are Funded

Mental health funding is nearly as complex as the system itself. California receives funds from the federal Substance Abuse & Mental Health Services Administration (SAMSHA), Center for Mental Health Services (CMHS) to provide mental health services to children with serious emotional disturbances and adults with serious mental health conditions. The state administers these funds and allocates them annually to the 58 county mental health plans. In addition, California voters passed the Mental Health Services Act (MHSA) in 2004, which is funded by a one percent income tax on personal income in excess of \$1 million per year. The total estimated MHSA funds available at the State level for 2022-23 is approximately \$1.4 billion. These funds are also distributed to counties for prevention and early intervention services, community services and supports, innovations, workforce education and training, and capital facilities and technology. In addition, the state provides general fund dollars to the Counties to provide services which also serves as a match to draw down federal dollars. LA County provides funding to DMH for specific initiatives such as homelessness and alternatives to incarceration. The DMH receives both federal and MHSA funding, which it allocates and manages through direct services, contracting out for services, and by making grants to support communities across the county, including the City of Long Beach.

At an individual or family level, a person who has private insurance would not generally access services through the DMH as their insurance may provide coverage for a wide array of services; however, coverage levels may not cover the total cost of services. Individuals with Medi-Cal must work through their managed care organization to access services such as outpatient services and medical care. However, if they need more intensive treatment options, they access treatment through the DMH. The DMH contracts with service providers across the county, including providers in Long Beach. For treatment of substance use, individuals with Medi-Cal must access services through organizations funded through the SAPC, which serves as the managed care provider for all Medi-Cal services for substance use treatment. (Detailed information on funding for different systems can be found in Appendix A)

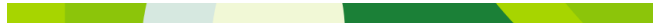


The DMH currently funds 21 providers across the continuum of services within Long Beach. There are also many service providers in Long Beach who take private insurance or Medi-Cal through the managed care system. In 2017, Star View Behavioral Health opened a DMH-funded Behavioral Health Urgent Care Center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





Focus Areas & Recommendations



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

The recommendations are organized into four sections:

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

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

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

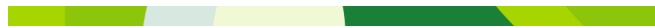
In Long Beach, all community members have an open path to access and receive the mental health support they need to thrive.

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





Section 1: Mental Health Treatment Capacity



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

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

Organizations that want to add funding for Medi-Cal reimbursable services must apply for contracts through the DMH, the Los Angeles County Department of Public Health (DPH), or through managed care companies, which can take six months or longer and are generally awarded through competitive bid processes. Once contracts are granted, agencies must find space, attend to the administrative systems that will support new programs, and recruit and train staff. Contracting with County or State programs for the reimbursement of services involves lengthy processes for organizations interested in expansion. Once contracts are granted, expansion then relies upon the time it takes to recruit, hire, and train new staff to implement and administrate these programs.



In January 2023, Capstone Solutions Consulting Group administered a survey to the Mental Health Advisory Group members (see Attachment C). The survey captured organizational capacity and interest in delivering additional behavioral health services. More than 40 agencies that were engaged in the stakeholder process were invited to participate in the survey and 23 responded. Findings demonstrated that, in Long Beach:

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

Goal 1 **Build Workforce Capacity**

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

Accomplished:

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

Short-Term Strategies:

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



Long-Term Strategies:

- Encourage the expansion of technology use by mental health service providers to enhance the scope and quality of services. Increase and improve training in new software to facilitate tele-mental health and other services.
- Update hiring practices and approaches to provide more employment opportunities for those with lived experience and focus recruitment on those from marginalized communities that experience poor mental health outcomes.
- Encourage organizations to establish benefit packages for employees that include student loan repayment or tuition reimbursement, similar to those offered by the nursing profession.
- Create employment opportunities that allow for salary increases commensurate with professional growth.
- Partner with the LBUSD, Long Beach Community College, California State University Long Beach, and Workforce Development to develop and support educational and experiential pathways to behavioral health fields.
- Support further development of the workforce pipeline by helping train community mental health providers as preceptors, which allows for more placements from local university programs.



Goal 2 **Increase Funding**

Ongoing, sustainable funding to support service coordination and access to prevention and treatment across the continuum of need is key to expanding options. Neither the DHHS nor the City of Long Beach receives a direct allocation of mental health funds; the City relies on DMH-funded services offered by community and faith-based organizations. Building a locally coordinated system requires that sustainable funding be identified for the DHHS. Additional funding to support local providers and new programs is also essential to building service capacity.

Accomplished:

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

Short-Term Strategies:

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

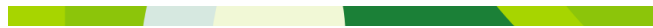
Long-Term Strategies:

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





Section 2: Prevention



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



As outlined in a recent DMH presentation, prevention services are focused on reducing risk factors and other stressors that could lead to serious mental health conditions. The DMH does so by building protective factors such as social connections, concrete supports in times of need, knowledge of parent and child development, and social and emotional competence. DMH prevention resources focus on 1) individuals not currently receiving mental health services, 2) individuals or large groups of individuals who may be or are at risk, or 3) promoting preventative mental health services among priority subpopulations. Priority populations include individuals exposed to trauma, individuals experiencing the onset of serious psychiatric conditions, individuals experiencing extreme stressors, and underserved cultural populations.





Goal 1

Increase Access to Mental Health Prevention in the City

Accomplished:

- Launched the city-wide “Mental Health Matters” awareness campaign designed to normalize and destigmatize mental health conditions and improve access and connection to mental health supports in Long Beach.

Short-Term Strategies:

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

Long-Term Strategies:

- Prioritize reducing community exposure to risk factors that lead to mental health conditions and increase opportunities for social and emotional well-being in communities with higher rates of poor mental health outcomes.

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MENTAL HEALTH MATTERS.

I AM NOT ALONE.





Section 3: Access to Treatment



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

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



Goal 1

Increase Knowledge About the System

Accomplished:

- Updated the Mental Health Resource Guide on the DHHS website, which includes newly identified mental health agencies that are providing services in Long Beach. *See Attachment B for the Resource Guide.*



Short-Term Strategies:

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

Long-Term Strategies:

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

Goal 2 **Simplify Access Through Coordinated Efforts**

Accomplished:

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

Short-Term Strategies:

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



Long-Term Strategies:

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

Goal 3 **Increase Services**

Accomplished:

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



Outpatient Care

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

Short-Term Strategies:

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

Long-Term Strategies:

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

Crisis Response

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



The CCR team can provide:

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

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

Accomplished:

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

Short-Term Strategies:

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

Long-Term Strategies:

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

Intensive Care

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

- Admission criteria, referral, and placement processes for intensive care programs are not well understood.
- There are insufficient DMH Intensive Care Division (ICD) resources in Long Beach and the broader Service Area 8 (SA 8) for individuals with intensive care needs.



Most intensive care services programs are located outside of Long Beach so individuals and families in need must travel to them.

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

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

Short-Term Strategies:

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

Long-Term Strategies:

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





Section 4: Focus Populations

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

People Experiencing Homelessness

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

During the 2022 Point-In-Time Homeless Count, more than 1,200 people experiencing homelessness indicated they had a severe mental health condition, which represents nearly 40 percent of the City's homeless population.



Steps the City is taking to increase access to mental health services for people experiencing homelessness include:

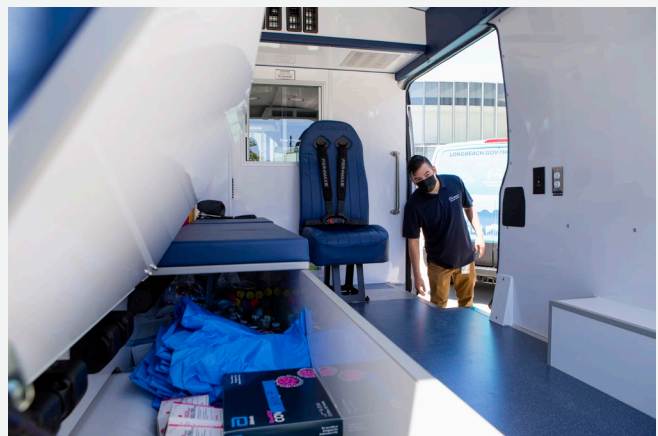
- Expanding mental health hours at the Multi-Service Center (MSC), including utilizing hours from mental health clinicians through the Black Health Equity Fund.
- Increasing access to physical and mental health services for people experiencing unsheltered homelessness by expanding the REACH program to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

Short-Term Strategies:

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

Long-Term Strategies:

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



Transition-Age Youth (TAY)

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

Accomplishments:

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

Short-Term Strategies:

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

Long-Term Strategies:

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





Conclusion

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

The DHHS expresses its gratitude to everyone who has contributed to this process so far and looks forward to working together to address this critical challenge.



Attachment A:

Capstone Solutions Consulting Group Presentation on the Behavioral Health System Serving Long Beach



Behavioral Health Services in LA County

Presented to the Long Beach Health Department by:

Robin Kay, PhD

Cassandra Fatouros, MBA, LCSW

Mary Marx, LCSW



So where do we start?



How do you get there?



Planning the trip means using algorithms



Mental decision trees that consider the relevant factors:

- Cost and who pays
- Time the trip will take
- Travel schedule
- Confidence that the chosen mode of travel will reach your destination

Embarking on the journey to seek behavioral health care is hard because...

The route is governed by:

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

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



Today's Goals

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

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

Uninsured	9%
Employer Coverage	46%
Medi-Cal	27%
Medicare	8%
Non-group	10%
Military or VA	<1%



Data as of 2020, retrieved from: <https://datausa.io/profile/geo/long-beach-ca#:text=Between%202019%20and%202020%2C%20the%20various%20types%20of%20health%20insurance>

The Mental Health Ecosystem Map of Long Beach



Definitions



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



Simple Funding

Federal	State	Local
<ul style="list-style-type: none"> • Medicare • Federally Qualified Health Clinics 	<ul style="list-style-type: none"> • Mental Health Services Act (MHSA) 	<ul style="list-style-type: none"> • County General Funds • County Alternatives to Incarceration • Homeless Services

Complex Blended Funding Examples

Specialty Behavioral Health = County + Federal	CalAIM = State + Federal	Local + Federal
<ul style="list-style-type: none"> Specialty BH DMH SAPC 	<ul style="list-style-type: none"> Mental Health Services Act (MHSA) for eligible Medi-Cal beneficiaries 	<ul style="list-style-type: none"> Expanded Medi-Cal Program

So how does DMH funding work? Some examples:



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

CGF only
↓
Indigent
Hospitals
Locked Residential

CGF + Federal
↓
Outpatient

MHSA FUNDING
(+ FEDERAL FUNDING)

	% MHSA
Community Services and Supports	45%
Prevention & Early Intervention	20%
Innovations	5%
Workforce Education and Training	10%
Capital Facilities and Technology	10%
Planning	10%

MHSA FUNDING ONLY
Services to indigent clients
Non-Medi-Cal reimbursable
services & supports

MHSA Program Examples

MHSA Component	Intended populations	Program Category(ies)	Examples	Intended Age Groups
CSS	Individuals already affected by mental illness	FSP Outpatient Care Alternative Crisis Housing	Wraparound Programs Wellness & Clinics UCCs, enriched res	All All TAY, Adults
PEI	Individuals having a first episode of mental illness or at risk	Prevention Early Intervention	MH First Aid School-based interventions	All Children, TAY
INN	Defined by the particular innovative approach	Help@Hand	Using technology to expand access to MH services	All
WET	Those entering or in the mental health workforce	-	Public-Mental Health Partnership Navigation Skills MH Recovery Specialist	Adults and TAY

2022-2023 MHSA Budget

MHSA Component	Estimated Available \$ (In millions)	Estimated \$ to be Spent (In millions)
Community Services & Supports	866.3	498.2
Prevention & Early Intervention	324.2	160.9
Innovations	193.7	14.8
Workforce Education & Training	24.3	20.2
Capital Facilities & Technology	30.6	10.7

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

Source: DMH Annual Update https://file.lacounty.gov/SDSInter/dmh/1129105_AdoptedMHSAAnnualUpdateFY2022-23.pdf

Behavioral Health in California: Not Just One System

Choice is dictated by client's	Systems of care are not integrated	Other systems that provide care for adults and children
<ul style="list-style-type: none"> Financial and benefit status Severity and type of illness Medical necessity* Age 	<ul style="list-style-type: none"> Medical systems Mental Health systems Substance Use Disorder systems 	<ul style="list-style-type: none"> Criminal Justice systems Educational systems Child Welfare systems

Medical Necessity vs. Medically Necessary

Medical Necessity

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

Medically Necessary

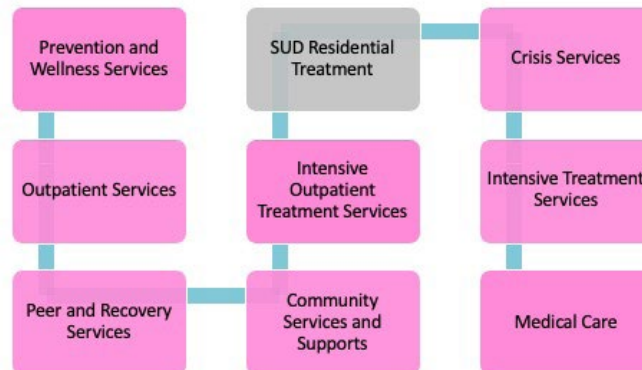
- Pertains to the generally accepted standards of medical (behavioral health) care.

* Retrieved from Medicare.gov

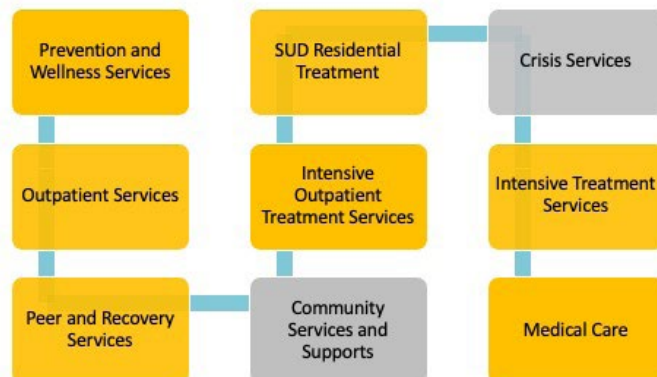
So.... Who does what?



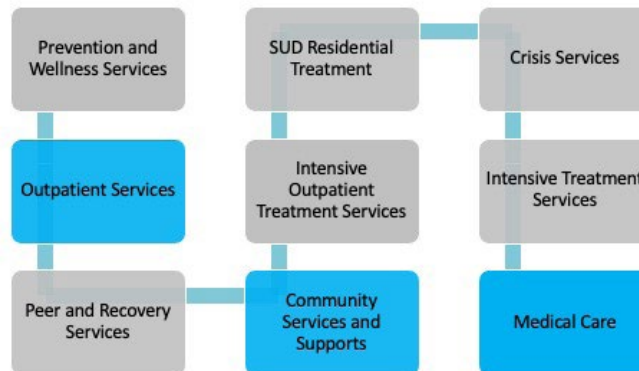
Medi-Cal Specialty System (aka DMH)



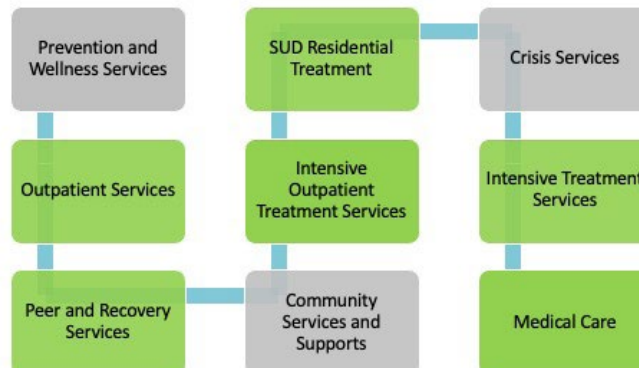
Medi-Cal Substance Use Disorder System



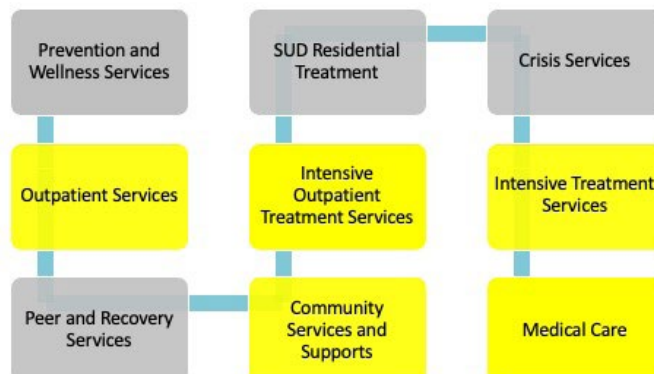
Medi-Cal Nonspecialty BH System (aka Managed Care)



Private or CBOs



Medicare

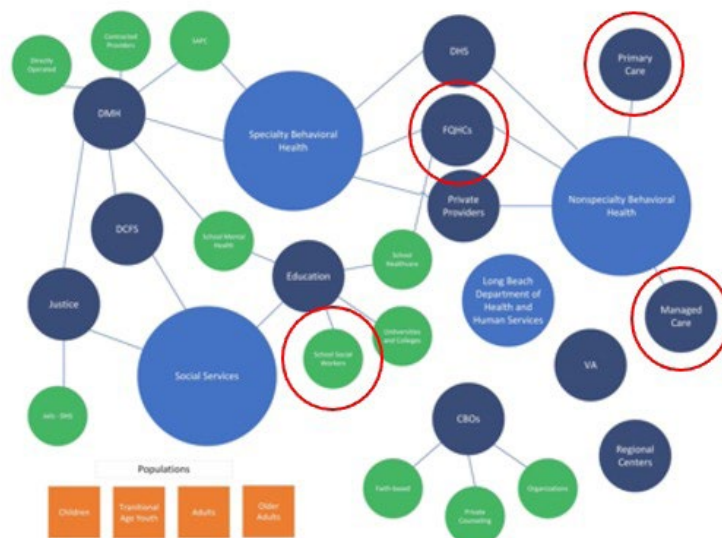


Brenda and LaTasha



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

Where does Brenda start?





Community Based Organizations

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

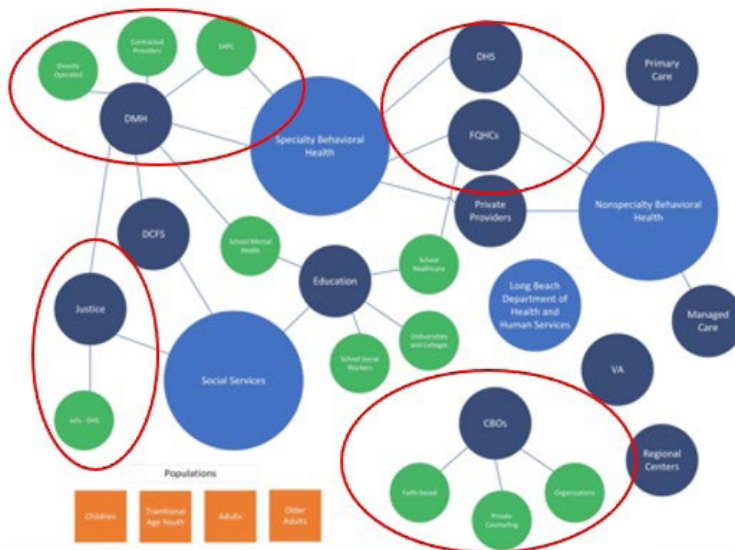


- Jeff was just released from jail, is unhoused and diagnosed with a serious mental illness and co-occurring SUD
- "I need a place to stay.... Where do I even begin?"

What does Jeff start?



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



No Wrong Door... or too many doors?



There is hope....



What do we know about the BH system:

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

Possible future opportunities?



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

Let's get started!

In Conclusion



Questions

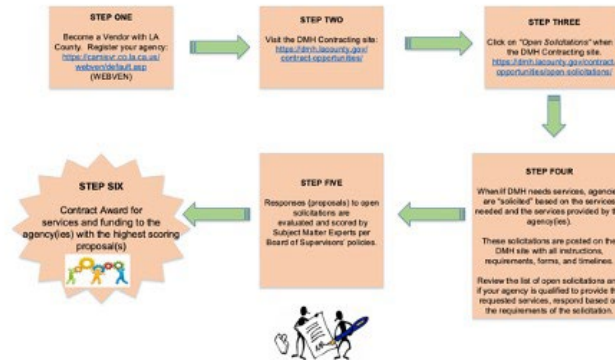


Discussion



Next Steps

Resources – Becoming a DMH Provider



Retrieved from DMH: <https://dmh.lacounty.gov/cr/cn/how-cn/>

Resources – Becoming a SAPC Provider

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

Retrieved from SAPC: <http://publichealth.lacounty.gov/sapc/providers/how-to-become-a-provider.htm>

Resources – Apply for SAMHSA grants

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

Retrieved from SAMHSA <https://www.samhsa.gov/grants/apply>

Attachment B:

City of Long Beach Mental Health Resource Guide



Mental Health Resource Guide

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

DMH ACCESS Line Phone Number: (800) 854-7771

Crisis Text Line: Text "LA" to 741741

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

Translations: Resource guide will also be available in Spanish.

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

Updated April 2023

National/County Hotlines		
Name	Contact Info	Description
988 Suicide and Crisis Lifeline	Dial or Text: 988, Chat at 988lifeline.org 24-hours a day, 7-days a week	A nationwide network of local crisis centers that provides free and confidential support to individuals with mental health worries or dealing with a mental health crisis.
California Youth Crisis Line	Dial or Text: (800) 843-5200 24-hours a day, 7-days a week	The California Youth Crisis Line (CYCL) operates 24 hours a day, seven days a week as the statewide emergency response system for youth (ages 12-24) and families in crisis. Professionally trained staff and volunteer counselors respond to 17,000 calls annually with crisis intervention counseling and resource referrals to service providers in the caller's local community. Access to more than 5,500 free or low-cost resources for youth and families across California.
Crisis Text Line	Text LA to 741-741 24 hours a day, 7 days a week	Connect with a trained crisis counselor to receive free, 24/7 crisis support via text message.
Friendship Line - Institute on Aging	(800) 971-0016 (800) 670-1360 24-hours a day, 7-days a week	The Friendship Line is for Older Adults and Adults Living with Disabilities and acts as both a crisis intervention center and a "warm" line for routine, even daily, phone calls that provide emotional support, medication reminders and well-being check-ins.
National Alliance on Mental Illness	(800) 950-NAMI (6264) or info@nami.org Monday through Friday, 10 am–6 pm, ET.	The NAMI HelpLine is a free, nationwide peer-support service providing information, resource referrals, and support to people living with mental health conditions, their family members and caregivers, mental health providers, and the public.
National Domestic Violence Hotline	Call 1(800) 799-SAFE (7233) 24 hours a day, 7 days a week	Connect with a trained staff member from a sexual assault service provider in your area that offers access to a range of free services.

National/County Hotlines		
Name	Contact Info	Description
National Sexual Assault Hotline - RAINN (Rape, Abuse & Incest National Network)	(800) 656-4673 24 hours a day, 7 days a week	The National Sexual Assault Hotline helps caller access confidential services including confidential support from a trained staff member, support finding a local health facility that is trained to care for survivors of sexual assault and offers services like sexual assault forensic exams, someone to help you talk through what happened, local resources that can assist with your next steps toward healing and recovery, referrals for long term support in your area, information about the laws in your community, basic information about medical concerns.
Postpartum Support International	(800) 944-4773 OR TEXT: English: (503) 894-9453 Español: (971) 420-0294	The PSI Helpline is a toll-free telephone number anyone can call to get basic information, support, and resources. The Helpline messages are returned every day of the week.
Sage LGBTQ Elder Hotline	(877) 360-LGBT(5428) 24-hours a day, 7-days a week	Connects LGBTQ+ older people who want to talk with friendly responders who are ready to listen. If you are an LGBTQ+ elder or care for one, call the free SAGE Hotline. Provides crisis response, support without judgement, and information about resources.
Substance Abuse and Mental Health Services Administration (SAMHSA)	(800) 662-HELP (4357) TTY: (800) 487-4889 24 hours a day, 7 days a week	SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.
SAMHSA Disaster Distress Hotline	(800) 985-5990 24 hours a day, 7 days a week	The Substance Abuse and Mental Health Services Administration's (SAMHSA) Disaster Distress Helpline provides crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters.

National/County Hotlines		
Name	Contact Info	Description
Trans Lifeline	(877) 565-8860 24-hours a day, 7-days a week	Provides trans peer support for our community. Run by and for trans people. Non-profit organization offering direct emotional and financial support to trans people in crisis.
Trevor Project Lifeline	(800) 788-7386 Text: "START" to 678-678 Chat at: https://www.thetrevorproject.org/get-help-now/ 24 hours a day, 7 days a week Dial 988, then press 1	The Trevor Lifeline provides support to LGBTQ youths and allies in crisis, having suicidal thoughts, or in need of a safe and judgment-free place to talk.
Veterans Crisis Line	Or text: 838255 Chat at: https://www.veteranscrisisline.net/get-help-now/chat/ 24-hours a day, 7-days a week	The Veterans Crisis Line serves Veterans, service members, National Guard and Reserve members, and those who support them. Access free, confidential support 24/7, 365 days a year.

Los Angeles County Hotlines		
Name	Contact Info	Description
Interval House	24-hour crisis hotline (562) 594-4555 (hotline)	<ul style="list-style-type: none"> Emergency Response Teams Community Service Centers Housing Programs Emergency Shelters Transitional Housing Permanent Housing Counseling Legal Assistance "Second Generation" Teen Dating Violence Prevention Children's Program Elder Abuse
Los Angeles County Substance Abuse Service Helpline	(844) 804-7500	Operated by the Los Angeles County Department of Public Health, this hotline provides screening, resources, and service referrals regarding substance use disorders.
Los Angeles County Department of Mental Health	(800) 854-7771	<p>The DMH Help Line serves as the primary entry point for mental health services with the Los Angeles County Department of Mental Health. Services provided by our staff include:</p> <ul style="list-style-type: none"> Mental health screening and assessment Referral to a service provider Crisis counseling Mobilizing field response teams Linkages to other resources

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
Alzheimer's Los Angeles	Phone: (844) HELP-ALZ or (844) 435-7259	Support Groups are FREE, led by a trained group facilitator. Services are confidential and are held throughout Los Angeles County. Organization also offers one on one support services to caregivers and educational workshops.	English, Spanish. Translation services are available	No Referral needed	Individual Group	Free	No
APLA Long Beach Health Center - Behavioral Health Clinic	Phone: (562) 247-7740 Address: 1043 Elm Ave., Ste. 302 Long Beach, CA 90813 (on the campus of St. Mary Medical Center)	Provides outpatient services for behavioral health, substance use, and medication-assisted treatment.	English, Spanish	No referral needed	Individual Group	Medi-Cal, Medicare, Private Insurance, Sliding scale, *FQHC	No

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
Bayfront Youth and Family Services	Phone: (562) 595-8111 Krystal Mallory (562) 595-4525 Ext. 233 Address: 900 East Wardlow Rd. Long Beach, CA 90807	Provides clinical and therapeutic services for children and their families. They are able to provide mental health services targeting elevated anxiety and stress due to COVID-19 while also providing outpatient services.	English, Spanish	No referral needed	Individual, Family, Group	Free Medi-Cal recipients only	Yes
Benevolence Health Centers	Phone: (562) 437-1888 Address: 934 Atlantic Ave. Long Beach, CA 90813	Provides Mental health support and case management with outpatient services. They are currently Offering both in-person and telehealth mental health services	English, Spanish, Khmer	No referral needed	Individual	Medi-Cal, Medicare, *FQHC	Yes

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
Cambodian Association of America	Address: 2501 Atlantic Ave., Long Beach, CA 90806 Phone: (562) 424-6105 Address: 2390 Pacific Ave., Long Beach, CA 90806 Phone: (562) 988-1863	Offers outpatient program for substance use, individual sessions, drug testing, group sessions, services for case management, therapy, domestic violence prevention, parenting classes, Medi-Cal access, and other government programs	English, Spanish, Khmer	Atlantic Ave. Location - No referral needed Pacific Ave. Location - Call for more details	Group	Free for Medi-Cal recipients	No
C.A.R.E.	To schedule an intake, call the main number: (562) 624-4999 C.A.R.E. Program: (562) 624-4900	Provides outpatient services for social services, health education, housing assistance, and mental health. Applicants Must be HIV+ and over 18.	English, Spanish	Some insurances require a referral	Individual, Group, Family	Medi-Cal, some HMO and PPO plans	Can make referrals

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
The Children's Bureau	Address: 850 E. Wardlow Rd. Long Beach, CA 90807 Phone: (800) 520-2445 (562) 981-9392 Fax: (562) 981-2622	Offers outpatient mental health services for children and adolescents (0-21 years old) and their families, including therapy and medication support.	N/A	No referral needed	Individual, Family	Medi-Cal	Yes
The Children's Institute	Address: 1500 Hughes Way, Ste. C100 Long Beach, CA 90810 Phone: (213) 385-5100	Offers resources for behavioral health and wellness, early childhood education, strengthening families, community innovations, community schools, project fatherhood, healthy homes, prenatal support. Services for early childhood (0-5), school aged children (6-12), teenagers, as well as parents and caregivers.	English, Spanish	No referral needed	Individual, Family	Medi-Cal	Yes
ChildNet	Address: 3545 Long Beach Blvd., Long Beach, CA 90807 Phone: (562) 490-7600	Offers outpatient counseling services for children up to the age of 18.	English, Spanish	No referral needed. Phone intake available.	Individual, Family, WRAP	Medi-Cal	No

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
College Medical Center	Address: 2776 Pacific Ave., Long Beach, CA 90806 Phone: (562) 997-2511	Offers general inpatient services for adults.	English, Spanish, Interpreter services available	No referral needed	Individual, Group	Accepts major health insurance plans	Yes
Community Medical Wellness Centers USA	Address: 1360 E. Anaheim St., Ste. 101 Long Beach, CA 90813 Phone: (562) 270-0324	Provides behavioral health, case management, psychiatry, substance abuse treatment in an outpatient setting. Can deliver services via telehealth if needed.	English, Spanish, Khmer	No referral needed	Individual, Group, *FQHC	Medi-Cal, Medicare	Yes
Crittenton Family and Child Services	Address: 4300 Long Beach Blvd. Long Beach, CA 90807 Phone: (562) 427-2006	Offers outpatient counseling services for children and adults.	English, Spanish, Interpreter services available	Referral needed	Individual, Family	Medi-Cal	Yes

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
Didi Hirsch	Address: 323 N. Prairie Ave. Inglewood, CA 90310 Phone: (310) 677-7808	Offers outpatient mental health services. All appointments are over the phone.	English, Spanish, Armenian	No referral needed	Individual, Couples, Family, Group	Medi-Cal, Medicare	Yes
Dimondale Adolescent	Address: 1461 N. Anaheim Pl, #4, Long Beach, CA 90804 Phone: 310-791-3064, Ext. 400	Accepting patients that are children/youth (12 - 18). Can provide Short-Term Residential Therapeutic Program (STRTP), crisis intervention, medication support services, mental health services, and targeted case management.	English, Spanish	No referral needed	Individual, Group	N/A	Yes
For the Child - Cedar House	Address: 4565 California Ave. Long Beach, CA 90807 Phone: (562) 422-8472 Fax: (562) 422-1102	Provides counseling services for children and their caregivers as well as trauma specialized treatment for children in an outpatient setting. Counseling for children is available up until age of 18. Services are provided by telephone, telehealth (Zoom), and in person as needed.	English, Spanish	No referral needed	N/A	Medi-Cal Some capacity for uninsured	Yes

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
For the Child -Sarah Center	Address: 4001 Long Beach Blvd. Long Beach, CA 90807 Phone: (562) 427-7671 Fax: (562) 595-4704	Offers counseling services for children and their caregivers and psychiatric services for children in an outpatient setting.	English, Spanish	Referral needed	Individual, Family	N/A	N/A
Genesis County Wide Older Adults Program	Address: 510 S. Vermont St. Los Angeles, CA 90020 Phone: (213) 351-7284	A Mobile Health Unit that visits seniors 60+ and offers case management, medication services, and therapy.	English, Spanish, Russian, Tagalog	Referral needed	Individual, Family	Medi-Cal with HMO plan, Medicare, out of pocket	Yes
Heritage Clinic	Address: 3939 Atlantic Ave., Ste. 103, Long Beach, CA 90807 Phone: (562) 264-6001	Provides older adult services for clients 55+. This includes mental health services, case management, and medication support in an outpatient setting. All services are currently available via Telehealth and telephone	English, Spanish	No referral needed	Individual	Medi-Cal, Medicare	Yes

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
Independence at Home	Address: 3800 Kilroy Airport Way, Ste. 100, Long Beach, CA 90806 Phone: (866) 421-1964	Offers services for patients 55+ and their caregivers through short-term therapy, mental health services, and therapy/counseling in an outpatient setting.	English, Spanish, Vietnamese, Korean	Call for details	Individual, Group	Free for SCAN members	No
Jewish Family and Children's Service Long Beach & West Orange County	Address: 3801 E. Willow St. Long Beach, CA 90815 Phone: (562) 427-7916	Provides counseling services for adults and children, domestic violence support groups for women, and caregiver's support. Telehealth appointments are offered.	English, Spanish	No referral needed	Individual, Couple, Family, Group	Sliding Fee Medical from Health Net	No
La Casa	Address: 6060 S Paramount Blvd., Long Beach, CA 90805 Phone: (562) 634-9534 Email: mcavalheiro@telecarecorp.com	Telecare's Spectrum of Services includes community-based, acute, crisis, residential, and longer-term recovery programs. Their programs help consumers work toward wellness and recovery by using their own hopes and dreams as a guide. All programs are designed with Telecare's Recovery-Centered Clinical System (RCCS) as their foundation. The RCCS encompasses evidence-based practices and unique approaches developed over the company's history.	English, Spanish	Referrals through DMH; need to be on conservatorship	Group	Medi-Care, Medi-Cal, uninsured, and most private insurances	Yes

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
Los Angeles County, Dept of Mental Health	Long Beach Office Service Area (SA) 8 Administration 1975 N Long Beach Blvd, Long Beach, CA 90806	Refers to other mental health facilities in LA County. Adult service intake and admin (562) 599-9280 Asian Pacific program service/intake (562) 599-9401 Access Center (800) 854-7771 Dial 1: PRMT Emergency Triage Dial 2: Emotional Support Dial 3: Veteran Line	Multiple languages	No referral needed	Individual, Group & Family	Medi-Cal, most insurances, payment based on sliding scale - income	Yes, if needed
Long Beach Asian Pacific Islander Family Mental Health Center	Address: 4510 E. PCH, Ste. 600 Long Beach, CA 90804 Phone: (562) 346-1100 Fax: (562) 961-7604	Offers general Services for adults and children through outpatient services. Also offers telehealth.	English, multiple Asian languages	No referral needed	Individual, Group, Family	Medi-Cal, Medicare	Yes

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
Long Beach Center for Psychotherapy	Address: 5855 E. Naples Plaza Long Beach, CA 90803 Phone: (562) 987-3535 (562) 619-7724	Offers counseling services for adults and children through outpatient services.	English, Spanish	No referral needed	Individual, Family	Most private PPO insurances accepted, Medicare, Cash pay	No
Long Beach Mental Health	Address: 2600 Redondo Ave, 3rd Floor Long, CA Beach 90806 Phone: (562) 256-2900	Offers general services for adults through outpatient services. Can provide home visits if necessary.	English, Spanish, Interpreter services available	No referral needed	Individual, Group	Medi-Cal, sliding scale fee based on income	Yes
Long Beach Trauma Recovery Center	Address: 1045 Atlantic Ave. Suite 801 Long Beach CA 90813 Phone: (562) 985-1366 Email: LBTRC@csulb.edu	Offers general services for trauma-exposed children and adults through outpatient services.	English, Spanish	Referral needed	Individual, Group	Free	No

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
Memorial Counseling Associates (MCA)	Address: 4525 E. Atherton Street Second Floor Long Beach, CA 90815 Phone: (562) 961-0155	Offers outpatient services with a team of psychiatrists, psychologists, nurse practitioners, marriage and family therapists, and licensed clinical social workers.	English, Spanish, Egypt, Hindi	Referral may be needed	Individual, Group, Family	Most private insurances accepted, Medicare and Medi-Cal w/ HMO plan, cash pay	Yes
Mental Health America-Village ISA	Address: 1955 Long Beach Blvd. Long Beach, CA 90806 Phone: (562) 437-6717	Provides homeless services and case management for adults 18+ through Outpatient services.	English	No referral needed	Individual	Free services	Yes
Mental Health America of Los Angeles	Address: 200 Pine Avenue Suite 400 Long Beach, CA 90802-2310 Phone: (562)-285-1330 Email: info@mhala.org	Offers general services for adults and children, and services for Postpartum Depression through outpatient services.	English, Spanish	Referral to MSW based on diagnosis	Individual, Family	Medi-Cal, most insurances, cash pay	No

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
Moms & Babies Support Group at Miller Children's Hospital	Transitions In Motherhood 4301 Atlantic Ave. Suite 6 Long Beach, CA 90806 Tara Farajian, LCSW (562) 650-0474	Hosts support group meetings for new moms through zoom called Nurturing the New You, Prenatal and Postpartum Services, and therapy service in an outpatient setting. Also provides individual counseling for participants.	Support Group: English Therapy: 1-2 Spanish speakers	No referral needed Please call before, leave message for inquiries/needs	Zoom (Online) Support Group Tuesday 10am-12pm	Support Group: Free Therapy: Insurance/Sliding Scale	No
National Alliance for Mental Illness (NAMI) - Greater Los Angeles County		NAMI GLAC promotes wellness for individuals and families affected by mental illness. It offers programs for families as well as those living with a mental health condition and support groups. Fill out this link to be placed: https://bit.ly/LBsupportWHIT	English, Spanish, Chinese, Japanese, Armenian	No referral required	Group	Free	No
New Hope Grief Support Community	Address: 3505 Long Beach Blvd., Ste. 2C Long Beach, CA 90807 Address: (562) 429-0075, Ext. 2	Offers grief support for children and adults through outpatient services. Also has school-based grief support and training. Family at Camp. The groups last for 8 weeks, and they are now offering in-person groups and groups via	English	No referral needed. Can register weekly by phone or online.	Group	\$100 for registration and materials. Scholarships available for those who are unable to pay	No

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
Olive Crest	Address: 4510 E. Pacific Coast Hwy., Ste. 450 Long Beach, CA 90804 Phone: (562) 216-8841 Email: jennifer-mitzner@olivecrest.org	Serves children and youth (6 - 17) with co-occurring substance use disorders and focuses on homelessness/housing, race/ethnicity, trauma, and underrepresented populations by providing wraparound services.	English, Spanish	By Referral Only through DCSF and probation	Individual	Medi-Cal	Therapist will schedule appointment with psychiatrist
Pacific Asian Counseling Services	Address: 3530 Atlantic Ave., Ste. 210 Long Beach, CA 90807 Phone: (562) 424-1886	Provides adults with Individual, family, and group counseling, case management, rehab services, medication services, outreach and education, parent education, home visitation, and prevention and early intervention programs.	English, Spanish, Japanese, Korean, Khmer, Tagalog, Samoan, Vietnamese	No referral needed	Individual, Couples, Family, Parenting	Medi-Cal	Yes
Pacific Resources Psych Solutions	Address: 4300 Long Beach Blvd., Ste. 340 Long Beach, CA 90807 Phone:	Offers counseling services for adults through outpatient services.	English	No referral needed	Individual	Most insurances accepted, including Medi-Cal w/HMO plan & Medicare,	No

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
Project Return - Hacienda of Hope	Address: 2241 W Williams St., Ste. A Long Beach, CA 90810 Phone: (562) 388-8183	Hacienda of Hope is a safe alternative to emergency hospitalization for individuals living with mental health challenges who are experiencing a stressful life event or crisis. This short-term respite home offers the space where peer-guests are able to stay short periods of time (usually a few days) to work on their personal growth and wellness in a safe space free of charge.	English, Spanish	No referral needed	Individual, Group	Free	No
Rainbow Services	Phone: 24-hour hotline (310) 547-9343 Resource Center Line (310) 548-5450	Provides shelter and support to anyone impacted by domestic violence, empowering them to move beyond trauma, towards safety & stability.	English, Spanish	No referral needed; Intake if available space in shelter; call and make an appointment for outpatient services	Individual, Group	No insurance needed; Free	No

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
Shields for Families MST	Address: 121 W Victoria St., Long Beach, CA 90805 Phone: (323) 242-5000	Provides adults, children 0-5, and children 6 and over from underrepresented populations with general outpatient care services, Prevention & Early Intervention (PEI), community outreach services, crisis intervention, medication support services, mental health services, and targeted case management.	English, Spanish	Referral needed			
SSG - Cambodian Association of America	Address: 2501 Atlantic Ave., Long Beach, CA 90806 Email: ssg@ssg.org	Provides services for gender identity, homeless/housing, race/ethnicity, community outreach services, mental health services, and targeted case management in an outpatient program for substance use disorders, counseling, and drug testing.	English, Spanish, Khmer	No referral needed	Individual, Group	Medi-Cal	Yes

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
Star View Community Service	Address: 4500 E. PCH, Ste. 100, Long Beach, CA 90804 Phone: Intake (562) 344-1140 (888) 535-3288 (Intake) Administrative (562) 427-6818 School-Based (562) 548-6500	Provides mental health services for children, adults, and families through outpatient services.	English, Spanish, Khmer	No referral needed	Individual PCIT- Parent Child Interaction Therapy	Medi-Cal	Yes
Starview Behavioral Health Urgent Care Center	Address: 3210 Long Beach Blvd. Long Beach, CA 90807 Phone: (562) 548-6565	Agency is open 24/7/365 as an alternative to the emergency room for crisis stabilization and referrals.	English, Spanish, Translation available for any	No referral needed	Individual, Crisis counseling, Crisis Management	All insurance accepted Will see individuals regardless of ability	Yes

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
Tarzana Treatment Centers	Address: 5190 Atlantic Ave. Long Beach, CA 90805 Phone: (562) 428-4111	Offers general services for adults that include cost-effective substance abuse and mental health treatment through outpatient services	English, Spanish	No referral needed	Individual, Group	Most insurances accepted, including Medi-Cal, Medicare, and cash pay	Yes
TCC Family Health	Phone: (844) 822-4646	Provides mental health care for all ages for 6-8 weeks and will refer out after that time if needed.	English, Spanish, Multiple languages	No outside referral	Short-term Individual	Medi-Cal	Yes
Telecare IMD Step-Down	Address: 4335 Atlantic Ave., Long Beach, CA 90807 Phone: (562) 216-4900 Email: mcavalheiro@telecarecorp.com	Provides enriched residential care, community outreach services, crisis intervention, mental health services, and targeted case management.	N/A	N/A	N/A	N/A	Yes

Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
The LGBTQ Center Long Beach	Address: 2017 East 4th Street Long Beach, CA 90814 Phone: (562) 434-4455 Email: centerinfo@centerlb.org	Offers counseling services for adults, youth, and families through outpatient services. They also have programs for children/youth/families, older adults, and legal services. The Center also offers STI and HIV testing.	English, Spanish	No referral needed	Individual, Group, Family	Fees based on sliding scale income. No Insurance.	No
The Guidance Center	Address: 1301 Pine Ave. Long Beach, CA 90813 Phone: (562) 595- 1159	Provides intensive mental health treatment for children 18 and under through outpatient services.	English, Spanish	No referral needed	Individual	Medi-Cal	Yes
The Relationship Counseling Center	Address: 1232 E. Wardlow Rd. Long Beach, CA 90807 Phone: (562) 293-1737	Therapy services specializing in couples.	English	No referral needed	Individual, Couples	\$150/hr	N/A

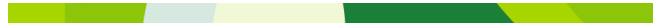
Local/Regional Mental Health Resources							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
The Wellness Center	Address: 830 Atlantic Ave. Long Beach, CA 90813 Phone: Wellness@mhala.org	Provides counseling services for adults through outpatient services. Offers skill building psychotherapy, medication services, physical health and wellness guidance. Individualized support from an advocate or therapist, employment, educational, and vocational support groups, workshops and classes, and linkages to community services.	English, Spanish	Referral needed	Individual, Therapy	Medi-Cal	Yes
Women Shelter of Long Beach	Phone: (562) 437-7233 Domestic Violence Resource Center: (562) 437-7233	Offers free and confidential services including case management, DV support classes, and safe housing for people experiencing domestic violence.	English, Spanish	N/A	Call for information	Free	No

Faith-Based Services							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
Christ Second Baptist Church - A Healing Oasis	Address: 1471 Martin Luther King Jr. Ave., Long Beach, CA 90813 Phone: (562) 599-3421 Ruby Richards (714) 580-7103	Offers counseling services that are open to all community members.	English	No referral needed	Individual, Couples, Family	Free	No
First Providence Missionary Baptist Church- Long Beach Church Collective	Address: 801 East Hill St, Long Beach, CA 90806 Phone: (562) 426-5840 Email: Firstprovidencembcblb@gmail.com	Offers individual, couples, family, trauma counseling, and spiritual guidance counseling. Open to community 1:30-5:30pm, Monday-Friday with Saturday appointments also available.	English, Spanish, Interpreter services available.	No referral needed	Individual, Group	Free, Donation-Based	No
Long Beach Islamic Center	Address: 955 East 27th St., Signal Hill, CA 90755 Phone: (562) 754-1670 Email: Info@islamiccenter.com	Provides individual or couples counseling.	English, Arabic	No referral needed. Call to make an appt. with Imam/Clergy	Individual, Couples	Free	No

Faith-Based Services							
Name	Address and Contact Information	Description of Services	Languages Spoken	Referral Process	Type of Counseling	Forms of Payment	Meds. Offered
Willow Street Church of God (part of the Long Beach Ministers Alliance)	Address: 1455 W. Willow Street, Long Beach, CA 90810 Phone: (562) 507-5787 Email: gsanders@therocktoday.com	Long Beach Ministerial Alliance has 20-25 congregants who can provide mental health services and private practices. Church can refer to providers.	English, Spanish	Church-goers may refer family members or friends outside of church.	Individual	Often subsidized Alliance will partner with provider to subsidize based on need.	No

Attachment C:

Summary Results of a Survey of Providers in Long Beach

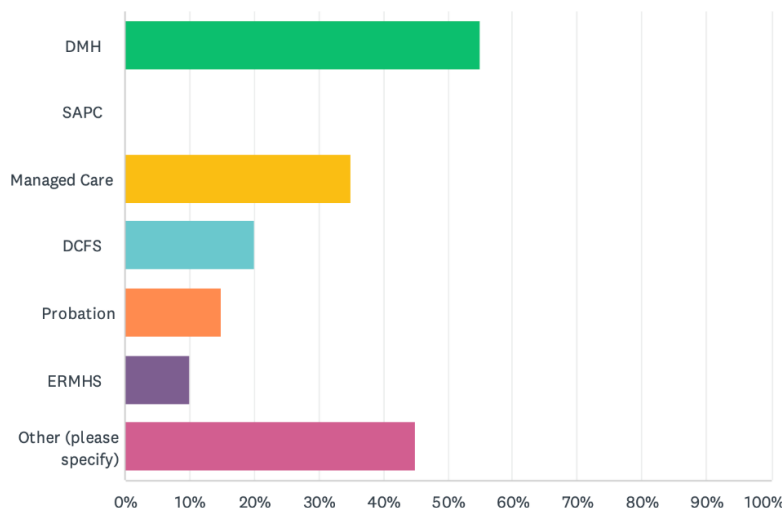


In January 2023, Capstone Solutions Consulting Group administered a survey of current organizational capacity and interest in delivering additional behavioral health services. The survey was sent to more than 40 agencies that were engaged in the Mental Health Advisory Group stakeholder process; 23 responded. Key survey results and their implications are highlighted below.

Contracting

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

Answered: 20 Skipped: 3

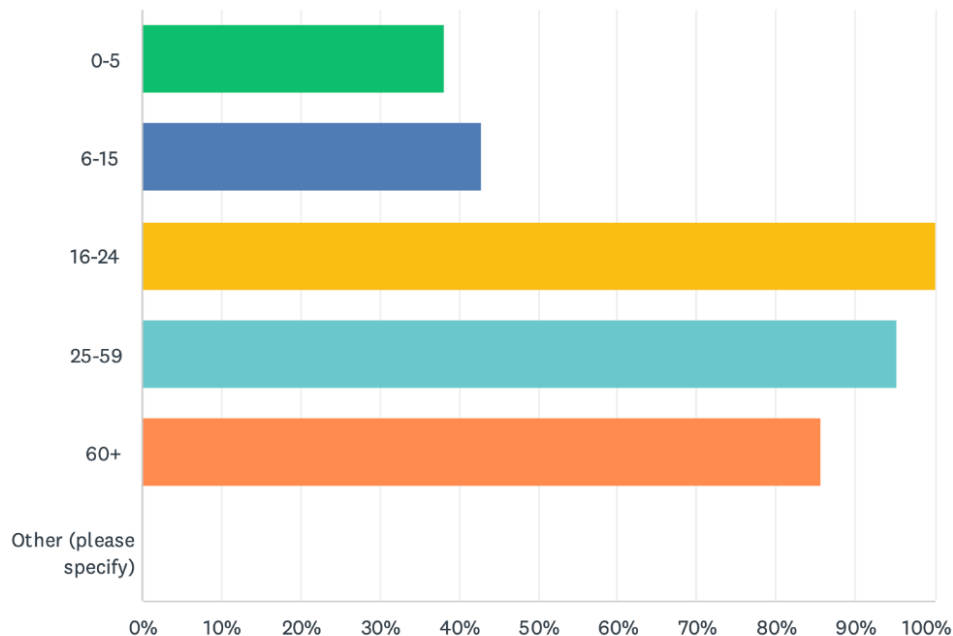


- Notably, none of the respondents have contracts with the County Department of Public Health for treatment of substance use disorders. This suggests that there is room for opportunity in the development of these services or the engagement of existing treatment providers.
- Seven of the respondents – or 35% of the agencies – indicated that they have contracts with managed care companies for the delivery of behavioral health services. This information is generally not captured and could be beneficial when referring clients to services. It also suggests a possible growth opportunity for the additional responding organizations.

Age Groups Served

Q5 Age groups you serve. Check all that apply.

Answered: 21 Skipped: 2



The services that exist throughout the age distribution for Long Beach are reflected above. Notably, 85 percent of agencies report serving adults over 60 years of age. There are a greater number of services for individuals in this age group than in other areas in Los Angeles County and it will be a strength as the population ages.

Waiting Lists and Capacity to Serve Additional Clients

Of 19 agencies answering this question:

- 6 reported having a waiting list (32%)
- 13 reported having no waiting list (68%)

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

When asked a similar question in a different way, providers were queried about whether they typically have a waiting list later in the fiscal year.

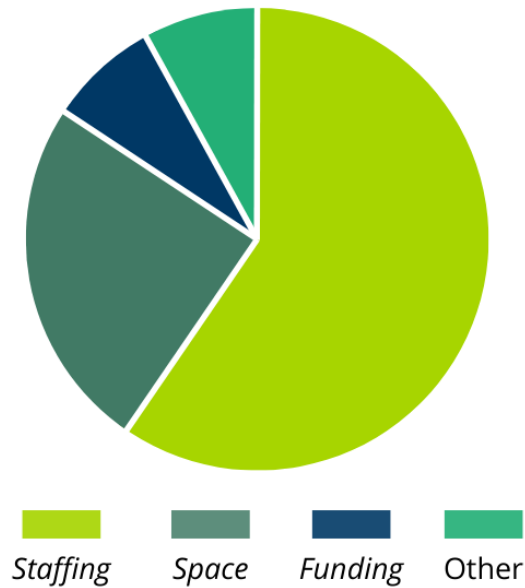
- 25% of agencies indicated that as funding ran short toward the end of the year, they typically have a waiting list
- 75% of agencies indicated that this does not typically occur.

Finally, when asked whether they could serve additional clients:

- 47% of agencies indicated they have the capacity to see additional clients
- 53% of agencies indicated that they do not have the capacity to see additional clients

Constraints related to growth

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



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

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

In addition, many respondents indicated that they currently do, or would be interested in, hiring peers, family partners, and/or partnering with faith-based organizations. They would appreciate the support for these efforts from the DHHS, including training and mentoring. This would be an area in which collaboration with the local universities/schools of Social Work might benefit both the residents and organizations in Long Beach.

Attachment D:

Descriptions of Data Sharing Strategies



Efforts to modernize and transform data sharing are underway at the County, State, and federal levels. In 2021, Governor Newsom signed AB133 into law which requires data sharing between entities within the health care and mental health systems by 2026. The bill also requires the California Health and Human Services Agency to establish a data exchange framework that includes a single data-sharing agreement and a common set of policies and procedures that will govern the exchange of health information in California. While various modernization efforts are underway, there are current practices that enable the sharing of client information for the purpose of coordinating care and improving patient outcomes.

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

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

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

Shared data systems:

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

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

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

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

Urgent access to treatment information:

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

Sharing of information among treating professionals:

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

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

Attachment E:

Level of Care with Definitions

LEVELS OF CARE TABLE

LEVEL OF CARE	DESCRIPTION	Licensing/Certification
State Hospital	State Hospitals treat individuals in psychiatric crisis that cannot function in a lower level of care due to the severity of their symptoms. They have the ability to place clients in seclusions and restraints and give intramuscular medications.	Licensed by California Department of Public Health (CDPH); Letterman-Petris-Short (LPS) designated.
Acute Inpatient	Acute facilities stabilize individuals in psychiatric crisis. The objectives are to stabilize symptoms through medication intervention, social rehabilitation skills, and facilitate community reintegration through discharge planning with linkage to community mental health services. These facilities include County, Short Doyle (SD) and Fee for Service/Medi-Cal contracted settings (FFS).	Licensed, regulated, and inspected and/or certified including CDPH Licensing and Certification Program and CMS where applicable for accepting Medicare and Medi-Cal. Must be LPS designated.
Urgent Care Center/Crisis Stabilization Unit (CSU)	Psychiatric Urgent Care Centers (UCCs) are Crisis Stabilization Units (CSUs) that provide rapid access to mental health and substance use evaluation and assessment, crisis intervention and medication support, 24 hours per day, 7 days per week (24/7). They also provide case management services for individuals experiencing a crisis. Services, including integrated services for co-occurring substance use disorders, are focused on stabilization and linkage to recovery-oriented, community-based resources. The UCCs are freestanding CSUs.	UCCs are Medi-Cal certified and LPS designated.
Psychiatric Health Facility (PHF)	Psychiatric Health Facilities (PHFs) provide 24-hour inpatient care for individuals in psychiatric crisis. Care includes, but is not limited to, the following basic services: psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services for those persons whose physical health needs can be met in an affiliated hospital or in outpatient settings.	Licensed by the State Department of Health Care Services (DHCS) and LPS designated.
Institutions for Mental Disease (IMD)	IMDs are long term care psychiatric facilities that provide care for individuals who no longer meet the criteria for acute care but are not clinically ready to live successfully community housing options. This level of care is for individuals who require additional intensity of services and supports or specialized populations such as hearing impaired or forensic population.	
	<ul style="list-style-type: none"> Mental Health Rehabilitation Centers (MHRCs) are a 24-hour program which provides intensive support and rehabilitative services designed to assist persons, 18 years or older, with mental disorders who would have been placed in a state hospital or another mental health facility to develop skills to become self-sufficient and capable of increasing levels of independence and functioning. Skilled Nursing Facility-Special Treatment Programs (SNF-STP) are licensed by CDPH as a Skilled Nursing Facility (SNF) that has opted to have a mental health program approved by the Department of Health Care Services. STPs provide mental health services for patients who have a diagnosed chronic psychiatric impairment and whose adaptive functioning is moderately impaired. 	<p>Licensed by DHCS as a MHRC and can be LPS designated.</p> <p>Licensed by CDPH as a SNF-STP; and certified by DHCS.</p>
Enriched Residential Services (ERS)	These supportive residential programs serve individuals ready for discharge from IMDs and acute inpatient units. These programs provide intensive support required to successfully transition individuals from higher levels of care to community-based services. They offer housing, specialized programming and capacity to handle emergencies 24/7.	Licensed by Community Care Licensing (CCL), meets the definition of a Adult Residential Facility and certified by DHCS with an off-site mental health outpatient program.
Crisis Residential Treatment Programs (CRTPs)	CRTPs are therapeutic or rehabilitative services provided in a non-institutional residential setting that provides a structured program as an alternative to hospitalization for individuals experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. These programs include a range of activities and services that support individuals in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The CRTPs operate 24 hours a day, seven days a week. Program activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention.	Licensed by CCL as a Social Rehabilitation Program and certified by DHCS as a crisis residential treatment program.
Full Service Partnership (FSP)	FSPs provide a comprehensive community-based treatment to persons with severe and persistent mental illnesses. These programs provide treatment, rehabilitation, and support services.	Certified by DHCS as a mental health outpatient program.

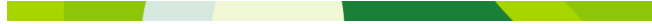
Attachment F:

List of Abbreviations

Abbreviation	Definition
CalAIM	California Advancing and Innovating Medi-Cal
California DHCS	California Department of Health Care Services
CBHDA	California Behavioral Health Directors' Association
CMHC	Community Mental Health Center
CRTP	Crisis Residential Treatment Program
DCFS	Department of Children and Family Services (County)
DMH	Department of Mental Health (County)
DPH-SAPC	Department of Public Health – Substance Abuse, Prevention and Control (County)
ED	Emergency Department
ERS	Enriched Residential Services
HER	Electronic Health Record
FQHCs	Federally Qualified Health Centers
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act
DMC-ODS	Drug Medi-Cal Organized Delivery System
DMH-ICD	Department of Mental Health-Intensive Care Division
LANES	Los Angeles Network for Enhanced Services
LBDHHS	Long Beach Department of Health and Human Services
MAT	Medication Assisted Treatment
MCPs	Managed Care Plans
MHRC	Mental Health Rehabilitation Facility
MHSA	Mental Health Services Act
MHSA-CSS	Mental Health Services Act - Community Services and Supports
PHF	Psychiatric Health Facility
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	Substance Use Disorder
UCC	Urgent Care Center (Mental Health)

Attachment G:

Capstone Solutions Consulting Group Presentation: Intensive Behavioral Health Services in Long Beach



Intensive Behavioral Health Services in Los Angeles County

Presented to the Long Beach Health Department by:

Robin Kay, PhD

Cassandra Fatouros, MBA, LCSW

Mary Marx, LCSW



Introduction to Intensive Services

Specialty Mental Health

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

Substance Use Disorder Treatment

- SUD Continuum of Care
- Intensive SUD Treatment Programs
- Evaluation for Admission



Specialty Mental Health

Specialty Mental Health: Medical Necessity Criteria

Specialty Mental Health: Medically Necessary Services

- Individuals 21 years or older:
 - Reasonable and necessary to protect life
 - Prevent significant illness or significant disability
 - Alleviate severe pain
- Individuals under 21 years of age:
 - Correct or ameliorate a mental illness or condition discovered by screening
 - Sustain, support, improve or make more tolerable a mental health condition

Services provided to a beneficiary must be clinically appropriate and medically necessary

Medical Necessity: Specialty Mental Health for Adults

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

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

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

AND

2. The beneficiary's condition as described in paragraph (1) is due to **either of the following**:
 - a. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders³ and the International Statistical Classification of Diseases and Related Health Problems.
 - b. A suspected mental disorder that has not yet been diagnosed.

DHCS Criteria for beneficiary access; Behavioral Health Information Notice No.: 21-073 Page 3
December 10, 2021

Medical Necessity Specialty Mental Health for Children

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

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

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

DHCS Criteria for beneficiary access; Behavioral Health Information Notice No.: 21-073 Page 4
December 10, 2021

Medical Necessity Specialty Mental Health for Children

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

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

AND

- b) The beneficiary's condition as described in subparagraph (2) above is due to **one of the following**:
 - A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders⁶ and the International Statistical Classification of Diseases and Related Health Problems.
 - A suspected mental health disorder that has not yet been diagnosed.
 - Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

DHCS Criteria for beneficiary access; Behavioral Health Information Notice No.: 21-073 Page 5, December 10, 2021

Continuum of Specialty Mental Health Programs for Children

Mental Health Programs for Children

Prevention, Early Intervention and Wellness Services	Outpatient Services	Peer & Recovery Services	Community Services and Supports	Intensive Outpatient Treatment Services	Crisis Services	Intensive Treatment Services/Residential
<ul style="list-style-type: none"> •PEI for children and families delivered in various settings •School-based mental health programs 	<ul style="list-style-type: none"> •Clinic and field-based services: individual, group, family •School-based/school linked mental health services 	<ul style="list-style-type: none"> •Drop-in services for TAY •TeenLine 	<ul style="list-style-type: none"> •Case management •Flexible funding 	<ul style="list-style-type: none"> •Full-Service Partnerships •IFCCS •TBS •Wraparound 	<ul style="list-style-type: none"> •Hotlines (Teenline) •Crisis-oriented treatment (CORS) •Urgent Care walk-in (TAY) •Crisis mobile response 	<ul style="list-style-type: none"> •Level 14 Group Home •Adolescent Psychiatric Health Facility (PFH) •Inpatient Hospitals •STRTPs

Continuum of Specialty Mental Health Programs for Adults

Outpatient Mental Health Programs for Adults

Prevention, Early Intervention and Wellness Services	Outpatient Services	Peer & Recovery Services	Community Services and Supports	Intensive Outpatient Treatment Services	Crisis Services	Intensive Treatment Services
•PEI time-limited evidence-based practices delivered in clinics, field settings, live and via tele-mental health.	•Clinic and field-based services: individual, group, family	•Wellness Centers •Self-help and recovery services	•Case management •Flexible funding	•Full-Service Partnerships	•988 Call Center •Urgent Care Centers •Crisis Mobile Response (Law Enforcement Teams, PMRT) •Crisis-oriented treatment (CORS) •Crisis Residential Facilities	•See next slide

Intensive Treatment Services for Adults

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

STATE HOSPITAL

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

Example: Metropolitan State Hospital



ACUTE INPATIENT SERVICES

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

Examples: Gateways Hospital
Kedren Hospital, Exodus Recovery PHF



SPECIALIZED/GENERAL SUB-ACUTE FACILITIES (IMDs)



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

Example: La Casa MHRC

CRISIS RESIDENTIAL TREATMENT PROGRAMS (CRTP)

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

Examples:

LaCada CRTP

Didi Hirsch Excelsior House



ENRICHED RESIDENTIAL SERVICES



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

Example: Gateways Percy Village

Mental Health Urgent Care Centers

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



Intensive Treatment Services: Prior Authorization

- Requiring Prior DMH Authorization
 - Specialized Subacute Facilities
 - General Subacute Facilities
 - Psychiatric Health Facilities (PHFs)
 - Crisis Residential Treatment Programs
 - Enriched Residential Services
- Not Requiring Prior DMH Authorization
 - Acute Inpatient Services
 - Urgent Care Facilities

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

Referral Process for Intensive Treatment Programs

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

Substance Use Disorder Treatment Services

Substance Use Disorders Client Eligibility Criteria: Youth & Young Adults

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

1. Diagnostic and Statistical Manual or Mental Disorder (DSM) diagnosis

- For Youth (ages 12-17) and Young Adults (ages 18-20) Meet criteria for at least one diagnosis from the current DSM for Substance-related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non- Substance-Related Disorders.

OR

- Meet Early and Periodic Screening, Diagnostic and Treatment (EPSDT) criteria to ameliorate or correct a substance misuse related condition (see *Definition of Early Intervention Services for Individuals up to Age 21* section for additional details).

2. American Society of Addiction Medicine (ASAM) treatment criteria for services

- DMC-ODS providers must ensure that patients meet the ASAM treatment criteria for services after completion of the initial assessment period

Retrieved from: <http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/SAPCProviderManual7.0.pdf>

Substance Use Disorders Client Eligibility Criteria: Adults (ages 21+)

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

1. Diagnostic and Statistical Manual or Mental Disorder (DSM) diagnosis

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

2. American Society of Addiction Medicine (ASAM) treatment criteria for services

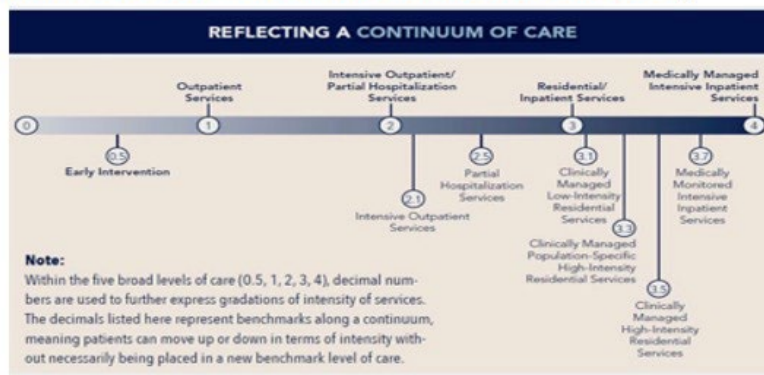
- DMC-ODS providers must ensure that patients meet the ASAM treatment criteria for services after completion of the initial assessment period

Retrieved from: <http://publichealth.lacounty.gov/saac/NetworkProviders/Private/SAP/ProviderManual7.0.pdf>

Substance Use Disorders Service Array



Substance Use Disorders Service Array



Retrieved from <https://www.asam.org/asam-criteria/about>

SUD Continuum and Levels of Care in LA County

Outpatient Benefits	Early Intervention Services	Outpatient	Intensive Outpatient
ASAM Level of Care	0.5	1.0	2.1
Description	Appropriate for youth (ages 12-17) and young adults (ages 18-20) not meeting DSM criteria for SUD; focus on psychoeducation and other services as part of EPSDT benefits	Appropriate for patients who are stable; not at risk for acute intoxication / withdrawal, biomedical or MH conditions	Appropriate for patients who are at minimal risk for acute intoxication / withdrawal, biomedical or MH conditions; need close monitoring and support services several times per week in clinic / outpatient setting

Retrieved from: <https://publichealth.lacounty.gov/saps/NetworkProviders/Private/SAPProviderManual7.0.pdf>

SUD Continuum and Levels of Care in LA County

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

Retrieved from: <https://publichealth.lacounty.gov/saps/NetworkProviders/Private/SAPProviderManual7.0.pdf>

SUD Continuum and Levels of Care in LA County

Withdrawal Management Benefits	Ambulatory (Outpatient) Withdrawal Management <i>without</i> extended on-site monitoring	Ambulatory (Outpatient) Withdrawal Management with extended on-site monitoring	Clinically Managed Residential Withdrawal Management	Medically Managed Inpatient Withdrawal Management	Medically Managed Intensive Inpatient Withdrawal Management
ASAM Level of Care	1-WM	2-WM	3.2-WM	3.7-WM	4-WM
Description	Mild withdrawal symptoms; persons who require either daily or less than daily supervision in an outpatient setting (clinic or physician's office)	Moderate withdrawal who require daytime withdrawal management and support. Daily assessments in an outpatient setting (e.g., day hospital).	Moderate withdrawal who need 24-hour support to complete withdrawal management and to increase the likelihood of continuing treatment or recovery.	Severe withdrawal that requires 24-hour inpatient care and medical monitoring with nursing care and physician visits.	Severe, unstable withdrawal that requires 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability.

Retrieved from: <https://publichealth.lacounty.gov/saps/NetworkProviders/Private/SAPProviderManual7.0.pdf>

Intensive levels of SUD Services: Hospital and detoxification

Treatment Programs - BHS



Acute Care Hospitals



Moderate withdrawal vs. severe withdrawal needs

- Introduction to treatment and/or 12 steps in treatment programs
- In acute setting, critical to connect to treatment programs post-acute phase

Partial Hospitalization & Residential

Tarzana Treatment Center



Programs

PHP:

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

Residential:

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

Residential: Private Pay



New Found Life

In-network provider with multiple levels of care, for step-down, including sober living, post residential
Partners for detox levels of care

Characteristics of Ideal Programs

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

Example: Health Right 360

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



Substance Use Disorders Eligible Providers

- Medical Necessity must be verified by a LPHA via a face-to-face review or by telephone with the individual who did the assessment (i.e. Certified Addiction Counselor)
- LPHAs include:

Physicians	Nurse Practitioner	Physician Assistant	Registered Nurse	Registered Pharmacist
Licensed Clinical Psychologist	Licensed Clinical Social Worker	Licensed Professional Clinical Counselor	Licensed Marriage & Family Therapist	Licensed-Eligible LPHA: Working under the supervision of a licensed clinician

Attachment H:

Mental Health Advisory Group Timeline of Recommendations

ACTIONABLE SOLUTIONS – AREAS OF FOCUS

Timeline:

0-6 MONTHS (SHORT-TERM)

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

6-12 MONTHS (MIDTERM)

- **Ease of Access**
 - Revise assessments to capture information on trauma. Develop a system-wide training about generational/historic trauma.
- **Workforce Development/Capacity**
 - Ongoing continuing education budget for staff (funding dependent).
 - Partner with local universities and cover costs as a group. This will help address the issue with funding as the cost will be reduced.
- **Coordination**
 - Create a resource directory with key contacts/numbers to expedite referrals or address concerns.
 - Develop educational materials that provide information about eligibility and how to make referrals; offer training to staff.
 - Explore information sharing used by Health Neighborhoods to provide feedback regarding referred clients.
 - Identify a small pool of funding/way to get bus tokens to providers in order to support clients that have no transportation. (DMH clinics have/used to have bus tokens)
- **Data/Data Sharing**
 - Advocate for a reasonable/achievable mandate that all Mental Health providers contracted by county/City collect certain metrics so that we can have a common data set.
 - Use research students from local graduate schools as interns for data analysis.

12-24 MONTHS (LONG-TERM)

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

12-24 MONTHS (LONG-TERM)

- **Funding**
 - Provide free mental health support/care provided by employers and the government.
 - **Coordination**
 - Collaborate with Managed Care to remove administrative barriers to common pediatric and/or adult referral barriers (ABA therapy, Mental health).
 - **Data/Data Sharing**
 - Learn from the build out of a real-time technology platform (through the county's CCR work) and try to scale.
 - Money to hire appropriately trained staff to look at internal data/trends in the local agencies who are serving.
-

Acknowledgements

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