GATEWAYS HOSPITAL

AND MENTAL HEALTH CENTER

Community Health Needs Assessment
2016

Gateways Hospital 2016 Community Health Needs Assessment

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Preface: Gateways Hospital 2016 Community Health Needs Assessment

In accordance with California Senate Bill 697, Community Benefits Legislation, and the federal Affordable Care Act, Gateways Hospital & Mental Health Center, a private nonprofit hospital, submits this Community Health Needs Assessment (CHNA) for 2016.

State and federal guidelines require that all nonprofit hospitals conduct a CHNA every three years.

California Senate Bill 697 requires a nonprofit hospital to: 1) reaffirm its mission statement to ensure that the policies integrate and reflect the public interest in meeting its responsibilities as a nonprofit organization, and 2) adopt and file a community benefits plan (CBP)[1] documenting its activities to address the needs identified and prioritized in the CHNA.

Federal law requires that the CHNA report be produced every three years along with an implementation plan that is reported on annually as part of the IRS Form 990 submission package. The CHNA must be made widely available to the public[2] and must include the following.

1. A definition of the community served by the hospital facility and a description of how the community was determined;
2. A description of the process and methods used to conduct the CHNA;
3. A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;
4. A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs;
5. A description of the resources potentially available to address the significant health needs identified through the CHNA; and
6. An evaluation of the impact of any actions that were taken since the hospital facility finished conducting its immediately preceding CHNA to address the significant health needs identified in the hospital facility's prior CHNA(s).
7. An implementation strategy detailing the methods used to address community health needs identified in the CHNA.

The present document addresses the state-required CHNA and items 1-5 above of the federal requirements, which together encompass the needs assessment components of the state and federal requirements. The needs assessment must be made widely available to the public by Jan. 1, 2017 to comply with state guidelines. Federal guidelines, which include the implementation plan and evaluation of impacts, dictate that the needs assessment and resultant implementation

[1] See the Office of Statewide Health Planning and Development, https://www.oshpd.ca.gov/HID/CommunityBenefit/, for the most recently filed CBPs.
[2] See www.gatewayshospital.org to access digital copies of the 2016 CHNA/implementation strategy and the 2016 community benefits plan. Hard copies are available upon request.

strategy be made widely available to the public by the close of the fiscal year in which it is due. Gateways' fiscal year ends June 30, 2017, and the implementation strategy components (items 6-7 above) will be available to the public by that date. The implementation plan is currently in development based on the findings in this needs assessment.

The plan has been adopted by the Gateways Board of Directors, which is the authorized body of the facility.

Gateways Hospital & Mental Health Center

Gateways Hospital & Mental Health Center (Gateways) was established in 1953 as an independent nonprofit, non-sectarian institution affiliated with the Jewish Federation Council of Los Angeles. Gateways has been a provider of acute behavioral health services in the communities of Silver Lake, Echo Park, and Boyle Heights since 1953, 1961, and 2005, respectively. Many of the hospital's patients are low income and mentally disabled, and a large number are homeless. As an acute psychiatric facility with involuntary patients, Gateways Hospital staff include psychiatrists, internists, registered nurses, licensed vocational nurses, psychologists, social workers, and mental health workers, as well as a range of support personnel. Programs offered at Gateways are also conducted on residential and outpatient bases. A significant percent of the client population is involved in the legal system, posing particular constraints and mandates on the operation of the hospital facility and residential programs.

Gateways Hospital is accredited by HFAP/AOA and licensed by the California Department of Public Health. It is a member of the California Healthcare Association, the Healthcare Association of Southern California, and the Association of Community Health Service Agencies. Gateways' residential facilities are licensed by the California Department of Social Services Community Care Licensing Division.

Gateways Hospital has 55 acute psychiatric beds and has been accredited by HFAP/AOA since 2006. Inpatients are referred mostly by Los Angeles County psychiatric emergency rooms and are brought to the facility by ambulance. This broadens the demographic region of patients, but approximately 50% of patients are admitted from the local metro service planning area (SPA 4) for treatment. With more than 65 years of community-based services, Gateways has strong relationships with hospitals, federally qualified health centers (FQHCs), and mental health clinics in the local community, which enable it to work collaboratively with patients, FQHCs, law enforcement, local schools, and behavioral health agencies within the scope of the service area. The majority of funding for Gateways Hospital comes from the Los Angeles County Department of Mental Health, with funding for forensic residential programs coming from the Department of State Hospitals. Gateways is a Short Doyle provider for individuals having no health insurance to cover their hospitalization. Support also comes from private and community donations.

A number of universities and vocational programs rotate students through the hospital, making education one of Gateways' primary non-economic community benefits provided. Medical students and other students in healthcare-related fields come from a number of nursing programs including West Coast University, Los Angeles Valley College, and California State University,

Los Angeles, as well as health psychology students at California State University, Long Beach. Additionally, Gateways hosts a rotation for third-year medical students at the University of Southern California, as well as additional students from occupational therapy, social work, and psychology programs across the county.

Additionally, as a member of the Hospital Association of Southern California (HASC) and the Association for Community Human Services Agencies (ACHSA), Gateways has the ability to advocate for its mental health clients. Its community collaborations have yielded assistance with community gang issues, mental health education, parental support, neighborhood watch regarding violence and burglaries, and forging alliances with local political associations.

Mission, Vision, and Values

Gateways' mission is to create and maintain mental health facilities and programs including an acute care psychiatric hospital to serve the needs of individuals with mental illness and others requiring inpatient, outpatient, and residential treatment and care regardless of race, creed, national origin, or sex, including persons referred to or placed in such facilities or programs by courts or other public agencies.

Gateways' vision is to serve the most vulnerable populations, regardless of their ability to pay, with a caring and nurturing approach, providing quality health resources in a cost-effective manner. Using a performance-improvement process, Gateways prioritizes maintenance of efficient and continuous quality improvement for all patients/clients. Gateways' value in creating access to its programs regardless of one's ability to pay is an important factor, as is its development of the linkages needed for outpatient services in less restrictive settings.

Gateways' values are to strive to be the best by treating patients/clients with dignity and respect no matter what their psychological or physical health conditions. Treatment is focused on teamwork, respect, and innovation.

Executive Summary

Definition of Gateways Community Served

Gateways differs from many other nonprofit hospitals in that its inpatient facility only serves those in acute psychiatric distress and its residential and outpatient facilities serve those in need of housing and services to support their mental health and wellness. As such, the "community" Gateways serves is important to define. Gateways' leadership describes the community served as having the following characteristics:

- The inpatient facility accepts adolescents (ages 13-17) and adults (18-59) from across Los Angeles County who are in acute psychiatric distress. Most of these individuals do not have health insurance and many are chronically homeless mentally ill adults who are frequent users of emergency services.

- Residential and outpatient facilities include treatment programs that provide services to children, adolescents, and adults with mental health treatment needs who reside primarily in Los Angeles County's Service Planning Area (SPA) 4, which covers metro Los Angeles.[3] Mental health services are provided as part of in-school and juvenile justice programs, through adult conditional release and stepdown programs, within supportive housing models, and via day centers that include case management, peer support, and medication management.

Therefore, when thinking about the needs of the community Gateways serves, consider that 1) the inpatient facility most often treats adolescents and uninsured adults in acute psychiatric distress, many of whom are chronically homeless, from across the county, and 2) the residential and outpatient facilities serve individuals between the ages of 6 and 60 who are in need of less intensive mental health services and live primarily within the metro Los Angeles area.

Needs Assessment Methodology

Both primary and secondary data sources were used to assess needs within Gateways' community of individuals accessing or in need of mental health services and supports. The assessment began with a literature review of previous reports related to the community Gateways serves as well as initial outreach surveys to Gateways public health experts with extensive knowledge of the intricacies of the Gateways community served. Secondary data sources were examined for multi-year demographics and health-related trends in Los Angeles County and SPA 4. These data sources are publicly available through government and university sources, including the U.S. Census, the American Community Survey, the Los Angeles County Health Survey, and the California Health Interview Survey, as well as the Los Angeles Homeless

[3] Specifically, the following communities fall within SPA 4: Boyle Heights, Central City, downtown, Echo Park, El Sereno, Hollywood, Mid-City Wilshire, Monterey Hills, Mount Washington, Silverlake, West Hollywood, and Westlake.

Services Authority. Gateways inpatient, outpatient, and residential facility data were also examined and compared to the SPA 4 and county-level data where appropriate.

Once a preliminary list of needs was assembled, Gateways conducted two focus groups, one with outpatient and residential clients, who spoke directly about their needs, and one with Gateways program directors and staff with deep knowledge of the inpatient, outpatient, and residential clients served. See the Data Sources and Methods section of this report for a full list of data sources.

Summary of Identified Needs

Health needs as defined by state and federal guidelines pertain to financial and other barriers to care (particularly barriers for low-income, special needs, and other vulnerable populations), illness prevention, nutrition, and social, behavioral, and environmental factors, including those related to wellness, health promotion, and other support services such as counseling. Hospitals are not required to report levels of each type of need but rather identify those needs that are most significant to the health and wellbeing of the community they serve.

Through the use of both primary and secondary data sources (publicly available federal, state, and local datasets, internal Gateways data, and surveys and focus groups with public health officials, service providers, and residential/outpatient clients), the 2016 Gateways Community Health Needs Assessment identified seven health needs, which are listed below along with specific issues related to each need.

1. Facility improvements
    - Furniture and facility upgrades
    - Updated community areas and activity space; enhanced programming

2. Education and workforce training
    - Education programs or improved access to such programs
    - Vocational training opportunities

3. Homelessness
    - Transitional housing
    - Permanent supportive housing

4. Barriers to accessing health and services
    - Uninsured/underinsured
    - Transportation
    - Food security

5. Access to mental health-related services
    - Access to anger management classes (adolescent and adult)
    - Wraparound services for adolescents, including peer support
    - Improved conservator communication
    - Medication adherence services

- Staff training for behavioral interventions

6. Family involvement programs
   - Regularly offered family education programs

7. Mental health linkages for forensic populations
   - Additional stepdown programs
   - Mental health providers with experience treating forensic populations
   - Jail diversion programs

Prioritization of Needs

State and federal needs assessment guidelines permit each nonprofit hospital to define its own criteria for categorizing a health need as significant, but must outline the criteria and describe the process used to prioritize health needs, as well as solicit community feedback about the prioritization.

For primary data sources (community outreach surveys and focus groups), Gateways chose to use three indicators of health needs: severity, change over time, and available resources. Each item was rated on a scale of 1 to 4, with 1 generally representing low priority (e.g., "not severe," "great improvement," or "vast resources" available to address the need) and 4 suggesting high priority (e.g., health need is "getting worse" or there is a "serious resource shortage" to address the need.) See Appendix C: Prioritization Criteria for Significant Health Needs for a full description of each item and associated ratings.

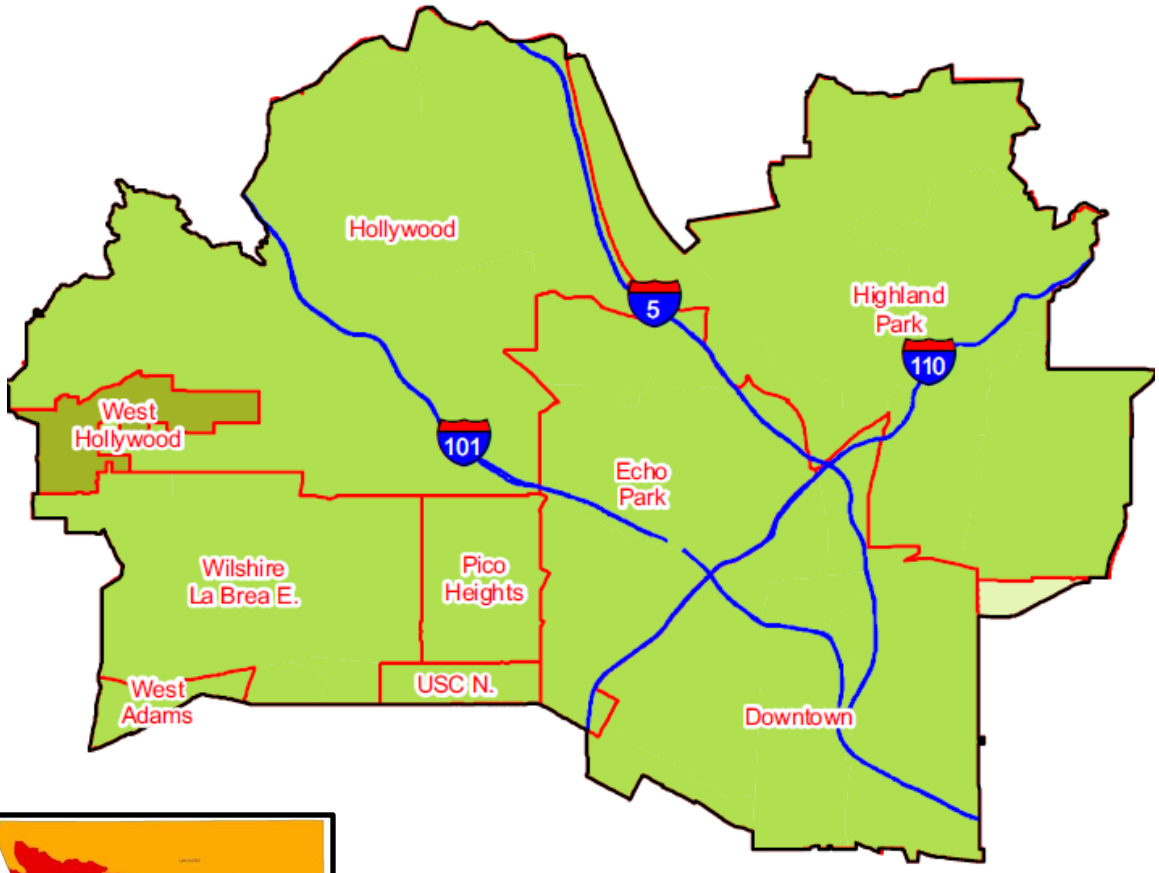
For secondary sources such as census data and publicly available county- or city-level data sets, prioritization was assessed by tracking trends over time (e.g., from the previous three years or from the year prior) for various well-known correlates of health outcomes such as food security, insurance, and homelessness. Upward trends in these correlates were identified during community outreach sessions for feedback and verification.

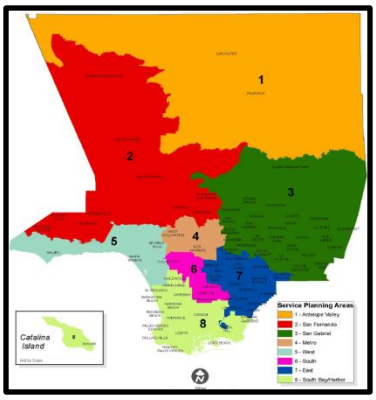
These prioritization efforts resulted in the health needs being ranked in the following order: 1) facility improvements, 2) education and workforce training, 3) homelessness, 4) barriers to accessing health and services, 5) access to mental health-related services, 6) family involvement programs, and 7) mental health linkages for forensic populations.

Next Steps

Gateways leadership has reviewed all of the priority health needs and identified existing and potential resources to address the issues related to them. See the section titled Prioritization of Needs and the subsequent section, Available Resources to Address Priority Health Needs, for full descriptions. Resources include existing Gateways programs serving inpatient, outpatient, and residential clients as well as partner organizations within SPA 4 and throughout L.A. County.

Los Angeles County
Service Planning Area 4





Service Area 4 PUMA Map

City Boundaries
Los Angeles County
Los Angeles City
Other Cities (Other Colors)

PUMA
Service Area

90004	90021	90038	90057	90078
90005	90023	90039	90060	90079
90006	90026	90041	90065	90081
90010	90027	90042	90068	90084
90012	90028	90046	90069	90086
90013	90029	90048	90070	90087
90014	90030	90050	90071	90088
90015	90031	90051	90072	90093
90017	90032	90053	90074	90096
90019	90033	90054	90075	90102
90020	90036	90055	90076	

Profile of Demographics and Key Characteristics

The following population and demographic information is presented for both Los Angeles County and SPA 4, which represent the communities served in Gateways' various inpatient, outpatient, and residential services.

- *Population*: The American Community Survey (ACS) five-year estimates (2010-2014) indicate that there are 9.98 million people living in Los Angeles County, with 1.97 million of them residing in SPA 4.

- *Gender*: Approximately 51% of Los Angeles County residents are female and in SPA 4 49% are female (ACS, 2010-2014).

- *Age*: The median age among Los Angeles County residents is 35.3 years old, with 76.5% of them 18 years or older and 11.5% of them 65 years or older. In SPA 4, the median age is 35.6, with 83% 18 and older and 11.3% 65 and older (ACS, 2010-2014).

- *Race/ethnicity*: In Los Angeles County, 51% of residents identify as white, 13% Asian, 8% black or African American, and 19% "some other race." In SPA 4, 46% identify as white, 16% as Asian, 5% black or African American, and 26% "some other race" (ACS, 2010-2014).

- *English fluency*: According to ACS five-year estimates (2010-2014), individuals with English fluency problems (counted as the number of individuals reporting that they spoke English "not well" or "not at all") comprise 22.7% of the SPA 4 population, compared to 15% of the countywide population. This difference indicates that SPA 4 is home to 66% more individuals with English fluency problems than the county at large.

- *Education*: Twelve percent of Los Angeles County residents report less than a 9th-grade education, while this number is slightly higher at 15% in SPA 4. There are roughly equal amounts of individuals in SPA 4 (11%) and in Los Angeles County (10%) who have completed some high school but did not obtain a diploma. Nineteen percent of SPA 4 residents have completed high school compared to 21% in the county overall, while another 19% of residents in SPA 4 have completed some college, compared to 23% in the county at large. Interestingly, slightly more SPA 4 residents have completed advanced degrees (36%) than Los Angeles County overall (33%). (ACS 2010-2014).

- *Employment status*: Unemployment rates in SPA 4 (11.8%) are approximately equal to those in the county at large (11%) (ACS 2010-2014).

- *Income sufficiency*: The area median income (AMI) for SPA 4 is $41,567. This is 36% less than the median income for the county at large, which is $64,800. SPA 4 and county data are calculated from Mapping L.A., a data source maintained by the *Los Angeles Times*. County AMI data were compared to California Department of Housing and Community Development 2015 income limits and ACS 2015 estimates for accuracy.

A key indicator of income sufficiency is the income-to-poverty ratio. This indicator divides household income by the poverty threshold set annually by the U.S. government. A ratio below 1 indicates households with incomes falling below the poverty threshold, while a ratio above 1 indicates households with incomes above the poverty threshold. The ACS (2010-2014) estimates that 25% of SPA 4 residents fall below the poverty threshold, which is substantially higher than the county average (19%). Countywide, 7% of adults receive supplemental security income (up 1% since 2013), while 8.5% receive supplemental security income in SPA 4 (down 2.3% since 2013).

Data Sources and Methods

Community needs were identified for investigation via publicly available federal, state, and local datasets, internal Gateways data, and surveys and focus groups with public health officials, service providers, and residential and outpatient clients. Data sources are described below, including the most recent years for which data were available. Indicators used to identify each health need are detailed in the following section, Gateways Community Health Needs.

Secondary Data Sources

- U.S. Census Bureau estimates from the American Community Survey (ACS)
    - 2010-2014 five-year estimates
- National Alliance for Mental Illness
    - 2016
- Los Angeles County Health Survey
    - 2015
- California Health Interview Survey
    - 2012, 2013, 2014
- Los Angeles Homeless Services Authority
    - 2013, 2015, 2016 point-in-time homeless count data
    - 2015, 2016 housing inventory count
- California Office of Statewide Health Planning and Development
    - 2013, 2014, 2015
- Gateways Hospital Discharge Summaries and Client Demographics
    - 2013, 2014, 2015

Primary Data Sources: Community Outreach

An initial outreach survey was distributed to public health experts in mid-November 2017. All persons solicited for feedback have extensive knowledge of the Gateways community and expertise relevant to community health needs.

Following receipt of this feedback, Gateways staff scheduled two roundtable discussions, one with residential and outpatient facility clients and another with the inpatient, residential, and outpatient program directors and staff. Residential and outpatient participants represented a broad range of the medically underserved,[4] low-income, and minority populations in the community. Gateways staff familiar with the needs of inpatients provided feedback as part of the program director/staff discussion, as the specialized needs of these community members prohibited their ability to participate in the outreach process. Meetings took place in early December 2016 and lasted between 60 minutes and two hours.

4 "Medically underserved" populations are defined in federal needs assessment guidelines as populations "at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers."

See Appendix A: Survey and Focus Group Instruments for all instruments related to this community outreach process and Appendix B: Survey and Focus Group Participants for a list of participants.

Gateways Community Health Needs

1. Facility Improvements

Description of indicators
Data source: Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

Community outreach feedback:
The residents and program staff interviewed expressed a strong need for updated facility infrastructure and furniture. They shared that the broken equipment and/or furniture can serve as a trigger for residents, and that having furniture in working condition can help clients to stabilize. As one resident explained, "When my stuff is organized, I feel organized mentally."

Additionally, it was expressed that the living spaces need updating, as there is often not enough room for activities and limited space serving as common areas. Program staff and clients felt that expanded common areas especially important for newcomers to some of the stepdown programs who are not allowed into the community for the first phase of treatment. It can be difficult for these clients to find a place to get some space outside of their room, such as a back porch or a garden.

2. Education and Workforce Training

Research base
Vocational training and workforce development is an important factor in improving health outcomes, including for those with mental illness. The National Alliance for Mental Illness (NAMI) emphasizes the need for a systems-level approach to employment opportunities for individuals with mental illness. NAMI states that mental illness "should no longer sentence people to chronic unemployment and poverty." People living with mental illness want to work, frequently can work, and models have been developed to help them succeed.[5]

However, according to a study by the Pew Charitable Trusts, because of poor funding from state and other sources, "supportive employment" services, which integrate training and workforce development with psychiatric services, are unavailable to most of those with serious mental illness. Only 1.7% of those served by state mental health systems received supported employment services in 2012, even though it is demonstrated to be an effective way to keep mentally ill people in steady employment. Under the Affordable Care Act, states can apply to use Medicaid funds to train and employ the seriously mentally ill, under the theory that steady

[5] National Alliance on Mental Health (2014). Road to Recovery: Employment and Mental Illness Retrieved from https://www.nami.org/About-NAMI/Publications-Reports/Public-Policy-Reports/RoadtoRecovery.pdf

employment is a form of treatment.[6] The need for and effectiveness of supported employment programs is substantiated by research demonstrating high rates of employment despite the psychiatric needs of the population.[7]

Description of indicators
Data source: Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

SPA 4: Metro
For 35 years, Gateways ran the Sheltered Vocational Workshop, a popular vocational program for residential and outpatient clients that was funded by the Department of Rehabilitation. This program assisted participants with job-skills training and paid them a small wage for their participation. However, due to its high operating expenses, the program was discontinued in 2014 and has not been replaced.

Community outreach feedback:
Outpatient and residential clients, staff, and program directors all noted the importance of vocational training programs, and several outpatient and residential clients expressed interest in furthering their education while participating in Gateways programs. Clients and staff members alike expressed that work experience, volunteer opportunities, and workforce training are important socialization opportunities and are helpful for clients trying to reintegrate into society and stabilize. Several staff members shared that these forms of community involvement help prepare their clients for independent living.

3. Homelessness

Transitional and Permanent Supportive Housing

Research base
More than one-third of the nation's chronically homeless people live in California. Los Angeles city and county have the most chronically homeless people in the country, and nearly all of them sleep on the streets.[8]

Homeless people are at relatively high risk for a broad range of acute and chronic illnesses. In examining the relationship between homelessness and health, there are three different types of interactions: 1) Some health problems precede and causally contribute to homelessness, 2) others

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[6] Ollove, M. (July 14, 2014). "Helping the Mentally Ill Join the Workforce." The Pew Charitable Trusts. Retrieved from http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2014/07/14/helping-the-mentally-ill-join-the-workforce
[7] Salyers, M. P., Becker, D. R., Drake, R. E., Torrey, W. C., & Wyzik, P. F. (2004). A 10-year follow-up of a supported employment program. *Psychiatric Services, 55*, 302-308.
[8] Holland, G. (Nov. 19, 2015). "L.A. Tops Nation in Chronic Homelessness Problem." *Los Angeles Times*. Retrieved from http://www.latimes.com/local/california/la-me-homeless-national-numbers-20151120-story.html

are consequences of homelessness, and 3) homelessness complicates the treatment of many illnesses.[9]

Access to short-term emergency and transitional housing is key to health for homeless populations. The Department of Housing and Urban Development (HUD) 2015 Annual Homeless Assessment Report puts the number of people experiencing homelessness each night (564,708) significantly higher than the number of emergency and transitional beds afforded to them (426,267). The current focus on rapidly rehousing homeless individuals has led to a shift in funding priorities by HUD, which is prioritizing permanent supportive housing over emergency shelters and transitional housing. This turn of events has led to shelter closings, leaving many families and individuals waiting for assistance through housing programs with no recourse but the street.[10] Activities that provide housing, housing-related services, and additional service needs to the homeless population are of primary concern.[11]

Description of indicators
Data sources: Data come from raw homeless counts that were extracted for SPA 4 from the most recent LAHSA homeless count (2016) and compared to the year prior (2015) and to 2013 data. Percentages of totals were calculated based on the raw numbers. LAHSA housing inventory count (2016, 2015 data). Gateways discharge summaries.

SPA 4: Metro
The Los Angeles Homeless Services Authority 2016 point-in-time count reports that there are 11,860 homeless individuals residing in SPA 4,[12] which is 27% of the county total (43,854). While the number of homeless individuals across the county has increased 6% between 2015 and 2016, SPA 4 has only seen a 2% increase, primarily among unsheltered individuals. Still, SPA 4 carries a disproportionate burden of homelessness when compared to other service planning areas – SPA 4 has 59% more homeless individuals than the service planning area with the next highest amount, SPA 6 (7,459). Among the homeless population in SPA 4, individuals with mental illness have increased 11% (from 3,408 in 2015 to 3,815 in 2016) and with brain injuries by 50% (455 in 2015 to 901 in 2016). However, amounts of chronically homeless individuals have stayed relatively steady in SPA 4 (3.323 in 2015 to 3,363 in 2016), and the area has seen a 35% decrease in veteran homelessness (1,237 in 2015 to 810 in 2016) as well as a 66% decrease in chronically homeless family members.

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[9] United States Institute of Medicine Committee on Health Care for Homeless People (1988). *Homelessness, Health, and Human Needs*. Washington, D.C.: National Academies Press. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK218236/

[10] National Coalition for the Homeless (2016). Swept Away: Reporting on the Encampment Closure Crisis. Retrieved from http://nationalhomeless.org/wp-content/uploads/2016/08/Swept-Away-2016.pdf

[11] Community Development Commission of the County of Los Angeles (2013). Community Development Block Grant 2013-2018 Consolidated Plan, Final Report, Los Angeles Urban County. Retrieved from http://www.lacdc.org/docs/default-source/community-development-block-grant/consolidated-plan/2013-2018/sections/v-homeless-needs-amp-services.pdf?sfvrsn=4

[12] This represents a 12% increase in SPA 4 since 2013 (10,472 in 2013 to 11,860 in 2016). The county has seen a 19% increase in homelessness during that time (35,524 in 2013).

Gateways inpatient statistics show 118 homeless patients served in FY 2015-16, which is down from the previous fiscal year high of 148 (FY 2014-15). In FY 2013-14, the number of homeless inpatients was 103. While these homelessness statistics are inconclusive of a trend, they illustrate the high percentage of homeless individuals who are regularly served in Gateways' 55-bed facility – approximately 20-25% of the total number of patients served each year. However, it is important to note that these numbers only capture individuals who do not have an address; individuals may very well be at risk of homeless or unstably housed (e.g., in a transitional housing program or shelter), but because their records indicate an address they are not classified as such in the homeless inpatient tallies.

There are a total of 36,355 beds available via homelessness programs and facilities throughout the Los Angeles Continuum of Care (CoC) to serve individuals and families. Of these, 20% (7,327) are emergency shelter beds, 18.5% (6,760) are beds in transitional housing programs, and less than 1% (25) are safe haven beds. The remaining 61% of beds are located within permanent supportive housing (19,226), as part of rapid re-housing programs (1,536), and within other permanent housing facilities (1,481). SPA 4 has by far the most shelter and housing beds of any service planning area in the county, with 17,440 total beds (48% of CoC total). Approximately 13% (2,303) of these are emergency shelter beds and 16% (2,724) are in transitional housing programs. (There are no safe haven beds in SPA 4.) Within housing facilities and programs, there are 12,132 permanent supportive housing beds (70% of SPA 4 total beds), 109 beds through rapid re-housing programs (1%), and 172 (1%) through other permanent housing facilities. These numbers represent a marginal increase (approximately 3%) in total beds available since the previous year (2015).

OSHPD inpatient discharge summaries from 2013 to 2015 show little change in the number of individuals discharged to "home/self-care" (a routine discharge), at about 90% of discharges, with the remaining 10% being discharged to residential care facilities, nursing facilities, prison/jail, or another hospital. As noted previously, however, the addresses provided in patients' files are not cross-referenced to type of housing, and hospital staff report that many individuals discharged to self-care are homeless or unstably housed (e.g., living in transitional housing or a shelter).

Community outreach feedback:
One public health expert identified permanent supportive housing resources as among the top three needs of Gateways community, which also included the need for additional federally qualified health centers (FQHCs) to provide medical homes for outpatient clients. As described by Gateways staff, the lack of transitional and supportive housing beds contributes to a "revolving door" for chronically homeless, mentally ill inpatient clients, who often have no stable housing linkages upon discharge from Gateways' acute psychiatric hospital and are difficult to access for follow-ups until the next time they arrive at the hospital in distress.

One public health expert noted that a group needing more attention via community outreach is comprised of chronically homeless individuals with mental illness, including those with co-occurring substance use and/or medical disorders.

Gateways program directors and staff echoed the need for housing linkages for discharged clients, and cited the lack of available shelter beds to discharge inpatients that have drug and psychiatric issues. They also pointed to the need for discharge locations that have intensive drug rehabilitation and substance abuse programs. Several explained that Gateways does not discharge patients into the streets; instead, inpatients occupy critically needed acute psychiatric beds for up to a year while they are waiting to be placed somewhere else.

4. Barriers to Accessing Healthcare and Services

Uninsured/underinsured

Research base
As noted in Healthy People 2020, health insurance coverage is a key indicator for measuring healthcare access as it helps patients access the health care system. Uninsured people are less likely to receive medical care, more likely to die early, and more likely to have poor health status. Lack of adequate coverage makes it difficult for people to receive the health care they need and, when they do get care, often burdens them with large medical bills.[13] Lack of health insurance coverage is a key cause of health outcome disparities in communities. To obtain high-quality care, individuals must first gain entry into the health care system. Measures of access to care include having health insurance, having a usual source of care, encountering difficulties when seeking care, and receiving care as soon as wanted. Historically, Americans have experienced variable access to care based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, and residence location.[14]

According to the 2014 National Survey on Drug Use and Health, 9.8 million adults (4.1% of all adults, and 22.6% of adults with any mental illness) had a serious mental illness. Twelve-month prevalence was higher among uninsured adults (5.2%), compared to insured adults (3.9%), and far higher among those below 100% of the federal poverty level (7%) compared to those at or above the federal poverty level (3.5%). Adults with a serious mental illness have a shorter life expectancy, on average 25 years less than those without such an illness, and serious mental illness is linked to increased risk of chronic medical conditions.[15]

For children in households with low to moderate incomes, a study of those with all insurance types found children experienced challenges in access to specialty care, with caregivers of children insured by the Children's Health Insurance Program (CHIP) reporting the highest rates

[13] Office of Disease Prevention and Health Promotion, Healthy People 2020, https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services
[14] Agency for Healthcare Research and Quality (2015). 2014 National Healthcare Qualities and Disparities Report. Retrieved from http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/key1.html#Access
[15] Kaiser Family Foundation, Peterson-Kaiser Health System Tracker, Measuring the Performance of the U.S. Health System Tracker, "Serious Mental Illness Is More Prevalent Among Adults Who Are Uninsured and Those Who Are Poor." Retrieved Dec. 20, 2016 from http://www.healthsystemtracker.org/chart-collection/what-are-the-current-costs-and-outcomes-related-to-mental-health-and-substance-abuse-disorders/

of difficulty accessing specialty care, problems obtaining a referral, and frustration obtaining health care services.[16]

Description of indicators
Data sources: ACS, 2010-2014 five-year estimates; raw count of individuals reporting various levels of health insurance (e.g., employer-based, Medi-Cal only, various combinations, or none) converted to percentages of total within SPA 4 and compared to percent totals in Los Angeles County. Gateways inpatient data.

SPA 4: Metro
According to ACS data, 28.9% of individuals in SPA 4 are uninsured and 22.9% receive Medi-Cal only. While the percentage of individuals in SPA 4 who have only Medi-Cal is roughly equal to that of the county average (21.3%), there are 38% more uninsured SPA 4 residents than in the county at large (20.9%).

Gateways' most recent Office of Statewide Health Planning and Development (OSHPD) discharge summaries (2015) indicate that the majority of inpatients were funded through the Short Doyle program (58.5%), while 40.8% of inpatients were covered by Medi-Cal and the remaining 1% from private or self-payer insurance. These figures represent a downward trend in uninsured inpatients (Short Doyle-funded) since the last needs assessment in 2013. In 2013, 75% of inpatients were funded through Short Doyle and 25% through Medi-Cal. In 2014, 71.2% of inpatients were Short Doyle-funded and 28.7% were covered by Medi-Cal.

Community outreach feedback:
Both the public health experts and the program directors interviewed expressed the importance of Gateways continuing to provide services to uninsured patients, specifically providing "inpatient beds for uninsured adolescents and adults, including adults awaiting establishment of mental health conservatorships." Additionally, patients losing Medicaid (Medi-Cal) were a concern, as were patients without insurance who have no access to referrals once they are released from Gateways' care.

Transportation

Research base
Transportation is often cited as a key indicator of healthcare access. Transportation barriers lead to rescheduled or missed appointments, delayed care, and missed or delayed medication uses. These consequences may lead to poorer management of chronic illness and thus poorer health outcomes.[17] Lack of transportation access is an enormous hidden costs for patients, caregivers,

[16] Kreider, A. R., French, B., Aysola, J., Saloner, B., Noonan, K. G., & Rubin, D. M. (2016). Quality of health insurance coverage and access to care for children in low-income families. *JAMA Pediatrics*, 170(1), 43-51. doi: 10.1001/jamapediatarics.2015.3028
[17] Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling towards disease: transportation barriers to health care access. *Journal of Community health*, *38*(5), 976-993. doi:10.1007/s10900-013-9681-1

providers, insurers, and taxpayers alike. Missed appointments and the resulting delays in care cost our health system an extra $150 billion each year.[18]

Practical concerns (e.g. transportation and cost) are key components of barriers to accessing general medical care among uninsured men with poorer overall mental health, post-traumatic stress, and sexually transmitted infections.[19] Prior research has shown that both rural and minority populations bear disproportionate travel burdens. Rural residents and African Americans experience higher travel burdens than urban residents or whites when seeking medical and dental care.[20]

Description of indicators
Data source: Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

SPA 4: Metro
Gateways provides its inpatient, outpatient, and residential clients with some transportation services in the form of taxi vouchers and tokens. However, from 2012 to 2015, Gateways also provided transportation services for residential and outpatient clients. The service was popular and, despite a high rate of client no-shows for pickups, served an important function for many clients who otherwise would have difficulty keeping healthcare appointments, picking up prescriptions, and participating in wellness programs. The first two years of the program were funded by QueensCare Health Center. When that funding ran out, Gateways funded the third year but the program proved too expensive to maintain with its available resources. Renewed funding for the program is not anticipated in the near future.

Community outreach feedback:
Transportation was a strong concern of all stakeholders interviewed. Residential and outpatient program staff noted the need to have reliable transportation to help clients get to their healthcare appointments and access services, basic needs and skills programs, and outings that they often look forward to all week. Regarding the loss of van service and funding for a full-time driver that Gateways used to have five years ago, one staff member noted, "Loss of transport has really impacted their [residents'] ability to get out into the community." Residents expressed that opportunities to be in the community and participate in activities were important for helping them get back to their life routines. "If we keep losing stuff, it feels like more of a prison than a home," one client in a residential stepdown program said.

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[18] Cronk, I. (Sept. 2, 2016). "Transportation Shouldn't be a Barrier to Health Care." *STAT*. Retrieved from https://www.statnews.com/2016/09/02/transportation-barrier-health-care/
[19] Kim, M. M., Swanson, J. W., Swartz, M. S., Bradford, D. W., Mustillo, S. A., & Elbogen, E. B. (2007). Healthcare barriers among severely mentally ill homeless adults: Evidence from the five-site health and risk study. *Administration and Policy in Mental Health and Mental Health Services Research*, *34*(4), 363-375.
[20] Yang, S., Zarr, R. L., Kass-Hout, T. A., Kourosh, A., & Kelly, N. R. (2006). Transportation barriers to accessing health care for urban children. *Journal of Health Care for the Poor and Underserved*, *17*(4), 928-943. doi:10.1353/hpu.2006.0137

It was mentioned that resident coordinators sometimes take residents on outings or to their various appointments using public transportation or by walking. However, both staff members and clients noted that taking public transportation can be very stressful for those who are still in the process of stabilizing their mental health.

Food Insecurity

Research base
Food insecurity is defined as "the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways,"[21] and is intimately connected to health conditions such as diabetes, high blood pressure, poor nutrition, poor psychological and behavioral health, and substandard academic achievement.[22] Within Los Angeles County the food insecurity rate is approximately 14%, or nearly 1.4 million residents – approximately 92% of which are below the federal Supplemental Nutrition Assistance Program (SNAP) eligibility threshold of 200% of poverty level.[23]

SPA 4: Metro
In the 2014 California Health Interview Survey, 52% of SPA 4 residents reported not being able to afford enough food (food insecurity), compared to Los Angeles County as a whole, for which 40% reported food insecurity. Additionally, 17% of SPA 4 residents reported receiving food stamps, which is down 4% since 2013. The percentage of SPA 4 residents receiving food stamps is lower than the county average of 19% (up 5% from 2013).

Description of indicators
Data sources: California Health Interview Survey, 2014; number of individuals reporting not being able to afford enough food. Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

Community outreach feedback:
Food security was mentioned as an important need, with residents and program staff noting that the grocery gift cards that Gateways was previously able to provide were critical to helping residents obtain enough food until their next support checks arrived.[24] Program staff shared that they do take the residents to a food bank once a month but that is often not enough for them to get by. The program directors echoed this need for grocery gift cards, and added that some clients will go hungry rather than deal with the stress of going to food banks.

5. Access to Mental Health-related Services

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[21] United States Department of Agriculture (Oct. 4, 2016). Economic Research Service Measurement. Retrieved from https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx
[22] Feeding America (n.d.). Community Health and Nutrition in America. Retrieved Dec. 20, 2016 from http://www.feedingamerica.org/about-us/helping-families-in-need/nutrition-initiative/
[23] Feeding America (2015). Food Insecurity in Los Angeles County 2014. Retrieved from http://map.feedingamerica.org/county/2014/overall/california/county/los-angeles
[24] Despite the decline in available resources for food cards, Gateways is still able to provide a limited quantity of food cards via United Way funding.

Research base
Healthy People 2020 lists mental health as key to an individual's well-being, interpersonal relationships, and the ability to live a full and productive life. Unfortunately, the burden of mental illness in the United States is among the highest of all diseases. Improving mental health through prevention strategies and ensuring access to mental health services can improve the overall health of many Americans.[25]

Access to mental health services is critical to preventing and intervening in factors that can lead to chronic homelessness and lifelong medical conditions,[26] and intervening with young people can facilitate better adult outcomes. Interestingly, approximately one in five adolescents has a diagnosable mental health disorder, making these disorders one of the leading causes of disability among this age group. However, studies have found that most children and adolescents with mental health disorders do not seek out or receive the services that they need. Estimates suggest that between 60 and 90 percent of adolescents with mental health disorders fail to receive treatment.[27] According to the American Psychological Association, health care providers should treat mental health problems – for all age groups – as just as important as physical health problems, and by educators as significant for young people as learning problems.[28]

Description of indicators
Data source: California Health Interview Survey, 2012, 2013, 2014; number of individuals reporting needing help for mental/emotional and/or drug or alcohol issues; number of individuals reporting seeking help for mental/emotional and/or drug or alcohol issues and not receiving treatment.

SPA 4: Metro
In the most recent California Health Interview Survey, 22% of individuals living in SPA 4 reported needing help for emotional/mental health problems or alcohol/drug use, which is 18% higher than the countywide average of 18%. Among SPA 4 residents, 61% reported not receiving treatment despite needing help, which is 30% higher than the countywide average of 43%. These figures suggest that SPA 4 residents have higher needs for mental health services than the county at large, and are much less likely to receive treatment. Additionally, this disparity has increased over the previous two survey years, with 19% more SPA 4 residents reporting that they sought help but did not receive treatment (42% in 2012, 56% in 2013, and 61% in 2014) compared to a

[25] Office of Disease Prevention and Health Promotion, HealthyPeople 2020. Leading Health Indicators, Mental Health Chart. Retrieved Dec. 20, 2016 from https://www.healthypeople.gov/2020/leading-health-indicators/infographic/mental-health-1
[26] United States Interagency Council on Homelessness (2010). Opening doors: Federal strategic plan to prevent and end homelessness. Retrieved from http://www.ich.gov/PDF/OpeningDoors_2010_FSPPreventEndHomeless.pdf
[27] Murphey, D., Vaughn, B., & Barry, M. (January 2013). Access to Mental Health Care, Adolescent Health Highlights, Child Trends, Publication # 2013-2. Retrieved from http://www.childtrends.org/wp-content/uploads/2013/04/Child_Trends-2013_01_01_AHH_MHAccessl.pdf
[28] American Psychological Association (2016). Increasing Access and Coordination of Quality Mental Health Services for Children and Adolescents. Retrieved from http://www.apa.org/about/gr/issues/cyf/child-services.aspx

2% *reduction* countywide of individuals reporting that they did not receive treatment (45% in 2012 and 2013, 43% in 2014).

Gateways Hospital data show that depressive disorders are the most common diagnoses from 2013 through 2016, comprising between 64% and 74% of all admissions. In 2013, the top-ranked admissions were general depressive disorders (29.4%) and single episodes of major depressive affective disorders (21.1%), while in 2014-2016, the top-ranked admission was recurrent episodes of a major depressive disorder – at 26% in 2014, 31.7% in 2015, and 33.2% in 2016. The second most common admission during these years varied in type, i.e., unspecified psychosis in 2014 (at 21% of admissions); general depressive disorder in 2015 (at 20%), and schizoaffective disorder in 2016 (at 19%).

Community outreach feedback:
Access to mental health-related services was one of the highest-priority items for many of the public health experts interviewed. Specific needs mentioned included inpatient services for clients struggling with severe mental illness; more immediate access to mental health services (to shorten the intake process and decrease wait lists); access to anger management services, general mental health services, and case management/care coordination; and services for the community, including how to manage depression and/or other mental or behavioral issues; and how to access/navigate services in general.

"There's an opportunity and need to provide preventive education to adolescents and adults on behavioral health," one public health expert said. "Early intervention and diagnosis can offer people an opportunity to access community-based outpatient services, or at best learn about techniques or exercises that can be incorporated into a daily routine in order to help manage a condition and prevent an individual from decompensating over time."

The residents and program staff also noted the need for expanded services for adolescents, including wraparound services such as anger management and peer support groups for adolescents with mental health issues.

Program directors pointed to the need for staff training for behavioral interventions and said that wraparound services to ensure medication adherence after discharge are also a critical need.

Finally, both residential/outpatient clients and Gateways staff pointed out the need for improved communication with conservators, explaining that conservators' high caseloads reduce their responsiveness to Gateways clients' needs, which subsequently reduces trust in Gateways staff, who are often falsely perceived as the barrier by distressed clients.

6. Family Involvement Programs

Research base
The California Mental Health Services Act (MHSA) identifies the need for programs that are "family driven" on the basis that families of children and youth with serious emotional disturbance have a primary decision-making role in their care. Family-driven programming involves identification of needs, preferences, and strengths, and a shared decision-making role in

determining the services most effective and helpful for mentally ill children and youth. Family-driven programs use the input of families as the main factor for planning, policies, procedures, service delivery, evaluation, and the definition and determination of outcomes.[29]

Family involvement in the treatment of mental health issues is key for many individuals. A guidance paper published by the Los Angeles County Department of Mental Health cites the rationale and parameters of providing family involvement programs in the delivery of mental health programs, specifically: 1) client families are often potential sources of social and emotional support, and this role should be addressed in all service delivery, 2) a client should be encouraged to involve his/her family in treatment unless the clinician believes it is contraindicated, 3) clients' family members can be key resources in allowing clinicians to provide comprehensive assessment and quality treatment, and should be invited and encouraged to participate in these activities whenever it is consistent with the wishes of the client, and 4) client families have a unique relationship with the mental health systems and professionals who provide care to their family member, and staff should appropriately address the needs of the family that stem from this relationship. Additionally, DMH recommends that staff should have the skills to clinically, ethically, and legally balance client autonomy with family inclusion as appropriate in the assessment and psychotherapeutic interventions of clients. This includes weighing the values of client choice, family focus, privacy, and public safety.[30]

Description of indicators
Data sources: The National Alliance for Mental Illness (NAMI) Urban Los Angeles. Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

SPA 4: Metro
NAMI Urban Los Angeles runs multiple programs addressing the mental health needs of area residents. These include mental health and wellness support for transition-age youth (16-24) and adults living with mental illness, as well as provider and peer-to-peer education, support services for family members of individuals living with mental illness, and primary care training.

Gateways hosts a NAMI Family-to-Family education program for the families of its inpatient clients. These courses run for 12 weeks, twice per year, and typically have approximately 10 families participating at any given time. The program is structured to educate family members about their loved ones' mental illness, what treatment options are available, how to plan for long-term management of mental illness to improve outcomes, and how to maintain their own well-being while caring for their mentally ill loved ones.

Community outreach feedback:
The program directors interviewed shared that that the parents of adolescent inpatients need a more consistent parenting education group than what is currently offered through NAMI (Family

[29] California Association of Mental Health Peer Run Organizations (2014). Basics of the Mental Health Services Act. Retrieved from http://camhpro.org/
[30] County of Los Angeles, Department of Mental Health Office of the Medical County of Los Angeles (January 2014). Parameters of Family Engagement and Inclusion for Adults. Retrieved from http://file.lacounty.gov/SDSInter/dmh/209372_4.16_Parameters_for_Family_Inclusion_January_2014.docx.pdf

to Family group). They expressed that parent education is a huge component in stabilizing the adolescents.

Parents of outpatient clients and program staff also mentioned the need for expanded services for adolescents that includes therapy for parents.

7. Mental Health Linkages for Forensic Populations

Research base
There is a high prevalence of people with mental and substance use disorders involved within the criminal justice system. As strongly substantiated in research, there is a need to prioritize forensic populations.[31] "Diversion can address the untreated mental illness and substance abuse that is often the root cause of crime," says a report commissioned by the Los Angeles District Attorney's office on the importance of access to mental health services for forensic populations. "By providing appropriate mental health services, substance abuse treatment, and job readiness training, as well as permanent supportive housing when it is needed, the mentally ill are stabilized and less likely to commit future crimes. Such positive interventions can not only change the lives of mentally ill offenders but also others, including family members, victims whose future harms can be prevented and the community as a whole."[32]

Additionally, the National Alliance for Mental Illness reports that availability of acute psychiatric beds not only plays a critical role in keeping mentally ill individuals out of the criminal justice system and receiving the treatment they need, but mental health treatment intercepts within the criminal justice system and through stepdown facilities can help to stabilize these individuals for community reentry.

Description of indicators
Data source: U.S. Census, 2010; Gateways program data.

SPA 4: Metro
According to 2010 U.S. Census data, SPA 4 holds 31% of all persons in correctional facilities in Los Angeles County (9,441 of 30,880). This includes adult (8,894) and juvenile (547) correctional facilities, representing 34% of the adult correctional population in the county and 21% of those in juvenile correctional facilities.

SPA 4 is home to 320 acute psychiatric beds, which represents 14% of the county total (OSHPD, 2014). Gateways Hospital holds 55 (17%) of these beds in SPA 4, and also runs several stepdown facilities in which adults throughout L.A. County who are exiting the criminal justice system receive mental health treatment. Gateways serves the forensic population in two residential stepdown facilities, Normandie Village (42 beds) and Gateways Satellite (36 beds).

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[31] Substance Abuse and Mental Health Services Administration. SAMHSA's Efforts on Criminal and Juvenile Justice Issues. Retrieved Dec. 20, 2016 from http://www.samhsa.gov/criminal-juvenile-justice/samhsas-efforts
[32] Lacey, J. (August 4, 2015). County of Los Angeles, Mental Health Advisory Board Report: A Blueprint for Change. Retrieved from http://da.lacounty.gov/sites/default/files/policies/Mental-Health-Report-072915.pdf

Additionally, Gateways runs a forensic outpatient treatment program that serves 120 clients who are living in board and care facilities.

Community outreach feedback:
Many of the public health experts interviewed felt that mental health linkages for forensic populations should continue to be a high priority. One participant said that Gateways should be lauded for its "willingness to develop innovative step-down and enhanced residential services," as well as for diversion of incarcerated individuals with mental illness from the jails to community based treatment, and others being discharged from acute inpatient units, who are at risk of discontinuing treatment without intensive support and supervision.

Another public health expert perceived Gateways' most important functions as those related to its services for forensic populations, including inpatient services for hard-to-place individuals with criminal backgrounds, outpatient services to those in juvenile justice programs, and adults on conditional release who require intensive case management to ease their transition.

Public health experts noted the following as specific needs for forensic populations: more community-based providers with experience treating forensic populations with mental illness; additional step-down and enhanced residential services (ERS) programs for persons ready for discharge from acute inpatient units, institutions of mental disease, or jails; more jail diversion programs; and expansion of ERS programs that provide housing, intensive mental health and substance use treatment, and physical health care at a single site.

Prioritization of Needs

Internal Revenue Code guidelines state that a hospital facility may use any criteria to prioritize the significant health needs it identifies, including, but not limited to, the burden, scope, severity, or urgency of the health need; the estimated feasibility and effectiveness of possible interventions; the health disparities associated with the need; or the importance the community places on addressing the need. Additionally, hospitals must provide a description of the resources potentially available to address the significant health needs.

The criteria used to prioritize the health needs identified through primary data sources are outlined in Appendix C: Prioritization Criteria for Significant Health Needs. The criteria consist of three dimensions for evaluating the significance of health needs:

1. Severity: How severe is the health need, ranging from "not severe" to "very severe"
2. Change over time: Is the health need getting worse or better, ranging from "great improvement" to "getting worse"
3. Available resources: Are there resources to address the need, ranging from "vast resources" to "serious resource shortage"

Community outreach participants ranked each needs category along the dimensions listed above either in person (resident/outpatient focus group) or via an online survey (public health experts and Gateways program directors/staff). Survey scores were derived for each need by taking the average rating for each dimension across participants. A composite score for each need was then created by adding together the scores it received for each dimension. These composite scores from the surveys were then compared to the rankings collected in the focus groups to arrive at final weighted rankings.

Below are the prioritized needs, organized by highest to lowest priority, and a description of resources available or potentially available to address each. The subsequent section, Available Resources to Address Priority Health Needs, describes the Gateways programs referenced below in more detail, as well as additional partnerships Gateways maintains to address the needs of its inpatient, residential, and outpatient clients.

Health Need #1	
Facility Improvements	**Programs/Partnerships to Address the Need**
Furniture and facility upgrades	○ Gateways expends capital funds each year on priority infrastructure improvements and general maintenance. Plans for 2017 improvements include updates to security systems, a transportation van upgrade, and replacing flooring, A/C units, and front doors.
Updated community areas and activity space; enhanced programming	○ Gateways staff and residents discussed possibilities for future community-based fundraisers and outreach to improve furniture and programming, as well as creative uses of existing space for additional programming.

Health Need #2	
Education and Workforce Training	**Programs/Partnerships to Address the Need**
Educational programs or improved access to such programs	○ Residential clients receive help obtaining their GEDs through facility programming. ○ Outpatient clients are able to use the computers at the Wellness Center to complete school work.
Vocational training opportunities	○ The Wellness Center offers resume writing and computer skills training for its clients. ○ Gateways receives occasional opportunities for vocational workshops, which it extends to its clients.

Health Need #3	
Homelessness	**Programs/Partnerships to Address the Need**
More transitional housing placement for those exiting inpatient care	○ Gateways was just awarded funding to bring 16 crisis beds online, which should take place within the next six months (by July 1, 2017).
More permanent supportive housing resources	○ Gateways Apartments is a 29-unit permanent supportive housing facility owned by Gateways that is managed by A Community of Friends.

Health Need #4	
Barriers to Accessing Health and Services	**Programs/Partnerships to Address the Need**
Uninsured/underinsured ○ Healthcare for uninsured clients ○ Losing Medicaid (Medi-Cal) benefits	○ Gateways is a Short-Doyle provider for uninsured adults and adolescents in its inpatient program. ○ As part of its outpatient Wellness Center, Gateways provides medication adherence counseling for its clients.
Transportation for clients	○ Gateways provides taxi vouchers, bus tokens, and fare cards as needed to its clients. ○ Gateways maintains a fleet of 14 vehicles, which included client vans, cars, pickups, and a food-transportation truck.
Food security	○ Gateways provides food cards to clients through funding it receives from the United Way. ○ Residential clients are taken to a local food bank once per month.

Health Need #5	
Access to Mental Health-related Services	**Programs/Partnerships to Address the Need**
Access to anger management classes (adolescent and adult)	○ All of Gateways' programs provide anger management counseling. ○ Adult outpatient clients receive anger management adherence counseling through Gateways' Wellness Center and through its homeless program.
Wraparound services for adolescents, including peer support	○ The Los Angeles Department of Mental Health (DMH) now partners with Gateways to provide intensive services for adolescent clients. ○ The adolescent outpatient program provides psychiatric, medical, social, and educational support for adolescents. ○ NAMI is a referral source that can address adolescent needs for peer support groups.
Improved conservator communication	○ Education workshops for the L.A. Public Guardian's Office and private conservators on the benefits of Gateways' less-restrictive programs.
Medication adherence services	○ The Gateways adolescent outpatient program provides medication adherence services. ○ Adult outpatient clients receive medication adherence counseling through Gateways' Wellness Center.
Staff training for behavioral interventions	○ Since 2013, UniHealth Foundation has funded evidence-based practices training for Gateways clinicians. The training program is ongoing. ○ A new DMH-led initiative, Health Neighborhoods, has begun providing trainings in SPA 4 for service providers in an effort to improve quality of care through coordination of mental health, substance use, and public health services.

Health Need #6	
Family Involvement Programs	**Programs/Partnerships to Address the Need**
Regularly offered family education programs ○ Therapy for parents of adolescents admitted to Gateways Hospital or in outpatient programs	○ Gateways hosts a NAMI group called Family to Family, which is a 12-week course offered to parents of adolescent inpatients experiencing their first psychiatric episode. ○ Parents of Gateways adolescent outpatient clients can receive therapy through the program.

Health Need #7	
Mental Health Linkages for Forensic Populations	**Programs/Partnerships to Address the Need**
Additional step-down programs	○ Gateways is open to partnering with the county to address any future stepdown program needs. At present, no additional stepdown programs are planned.
Mental health providers with experience treating forensic populations	○ As a teaching facility, Gateways regularly accepts medical and other healthcare-related students to train in its facilities, which includes experience treating forensic populations.
Jail diversion programs	○ Gateways is open to partnering with the county and other providers regarding creation or implementation of jail diversion programs.

Available Resources to Address Priority Health Needs

Gateways Programs

Gateways provides a number of mental health services, including community-based outpatient services for children, adolescents, and adults, as well as forensic services for adults and a homeless/wellness program for adults.

Inpatient services: Gateways' inpatient services provide short-term, intensive treatment of adolescent (13-17 years old) and adult (18 and older) patients experiencing acute episodes of psychiatric and dual diagnosis disorders, which includes a specialized program for dually diagnosed adults. These services are funded under the Los Angeles County Department of Mental Health Short Doyle program as well as through private payment and Medi-Cal. Gateways' inpatient treatment program accepts referrals from all of Los Angeles County, and thus the individuals served are not limited to SPA 4 residents.

Adolescent outpatient services: Outpatient treatment programs provide services to children and adolescents who can benefit from less intensive treatment than inpatient services. Gateways provides treatment at various Los Angeles Unified School District facilities to treat adolescents on campus and provides intensive services through the Los Angeles County Department of Mental Health. Additionally, an adolescent outpatient program provides mental health services to Juvenile Hall and Juvenile Probation Camp populations. The majority of individuals served by these outpatient programs reside in SPA 4. Funding is provided through Short Doyle and Medi-Cal.

Residential services: Gateways runs two residential enhanced stepdown programs, Percy Village and Normandie Village East. Both stepdown programs were developed under the Mental Health Services Act in 2004, and both assist individuals transitioning out of locked institutions of mental disease. The goal of these unlocked residential facilities is to eventually move residents to traditional board and care facilities and toward community reintegration. Percy Village has 136 beds (including 30 indigent beds) and Normandie Village has 60 beds (which includes 10 indigent beds). The primary difference between the two facilities is that Normandie Village is exclusively for forensic clients, whereas this is not the case at Percy Village.

Gateways' residential facilities serve individuals from across Los Angeles County. Funding is provided through Mental Health Services Act monies.

Forensic services: The primary function of Gateways' forensic treatment programs is to supervise judicially committed individuals released to the community. The CONREP Administrative portion of this conditional release programming provides evaluation, court liaisons, and expert witness services for adult patients throughout the L.A. County court system found to be not guilty by reason of insanity, incompetent to stand trial, mentally disordered sex offenders, or mentally disordered offenders. Gateways' licensed and certified conditional release program staff provide clinical management for approximately 120 patients conditionally released to L.A. County communities, as well as 650 patients residing in state hospitals. The Gateways Satellite facility provides 18 beds for court-mandated residential and outpatient treatment

services to adults (ages 18-64) who are referred through CONREP Administration, and the Satellite residential program provides 20 beds for voluntary residential treatment to adults with a history of mental illness and recent involvement with the criminal justice system. The Forensic Community Treatment Program provides court-mandated outpatient services to 120 adults (18-64) who are referred through CONREP Administration.

Gateways' forensic programming accommodates individuals throughout the L.A. County criminal justice system. Funding is provided through contracts with the California Department of State Hospitals, the California Department of Mental Health Office of Forensic Services, the L.A. County Department of Mental Health, and self-paying (outpatient) clients.

Homeless and wellness services: Gateways provides an integrated continuum of non-traditional mental health services that focus on the needs of adult (ages 18-60 years) mentally ill and dually diagnosed clients who are homeless or are at risk of becoming homeless. These include shelter beds provided by People Assisting the Homeless and healthcare services provided by JWCH Institute (an FQHC) and Homeless Healthcare Los Angeles. The Los Angeles Homeless Services Authority provides emergency shelter vouchers and food cards, and the Vera Brown Personal Care Center provides haircuts and other personal care services. Wellness treatment includes medication management, targeted case management, and peer support for independent mental health clients.

The majority of individuals served by homeless and wellness services reside in SPA 4.

Partnerships

Gateways' array of programs are comprised of a large number of community health providers who continue to work with its case directors/managers to ensure that all needs and resources are available to aid Gateways in fulfilling the mental, medical, and after-care services of those individuals who are most vulnerable.

Working relationships with Los Angeles County's Department of Mental Health, Department of Public Health, Department of Health Services, and Board of Supervisors affords Gateways the ability to collaborate and work closely with these entities. This has provided opportunities to work with the urgent care centers and law enforcement (LAPD, Sheriff's Department, and probation departments) to better address the needs of the community, in which almost 35% of residents suffer from mental disorders, substance abuse, and forensic issues that keep them in county jails and state mental health facilities.

The following is a list of Gateways' partnerships that, together with its existing programs, help to address community health needs. Gateways funding does not flow to these organizations; rather, these services are provided primarily as in-kind donations.

Hospitals
Gateways accepts referrals of uninsured patients from the following hospitals. Gateways may also refer insured patients to these hospitals when appropriate.

- California Hospital Medical Center
- Glendale Adventist
- Glendale Memorial
- Harbor UCLA Medical Center
- Kedren Community Health Center
- LACUSC Medical Center
- Olive View UCLA Medical Center
- Silver Lake Hospital
- White Memorial Medical Center

Community Health Clinics
The following clinics provide follow-up to Gateways hospital patients after general discharge.

- Los Angeles Christian Health Centers (FQHC[33])
    - Also collects medical histories and conducts all physical assessments of Gateways residential facility clients
- Downtown Mental Health (Los Angeles County Department of Mental Health)
- Hollywood Mental Health (Los Angeles County Department of Mental Health)

HIV/AIDS Services
The following clinics provide after-care to Gateways hospital patients.

- AIDS Project Los Angeles
- Aids Drug Assistance Program

Mental Health Clinics
The following clinics provide after-care to Gateways hospital patients.

- Downtown Mental Health
- Didi Hirsch Community Mental Health
- Northeast Mental Health Center
- Exodus Urgent Care Center
- Hollywood Mental Health

Drug Rehabilitation
The following clinics provide after-care to Gateways hospital patients.

- Didi Hirsch Community Mental Health
- Asian American Drug Abuse Program, Inc.

Specialty Health Services
The following clinics provide after-care to Gateways hospital patients.

[33] Federally qualified health center (FQHC)

- Homeless Healthcare, Los Angeles
- United American Indian Involvement
- National Alliance for Mental Illness (NAMI)
    - Includes Family to Family, a program for the family members of Gateways' adolescent inpatients – this group is held at Gateways Hospital
- Project Return Peer Support Network

Family, Youth and Community Resources
- El Centro Del Pueblo
- P.F. Breese Foundation
- Children's Bureau
- Children's Institute
- Aviva Family Center

Adolescent Group Home Facilities
- Five Acres
- Hathaway Sycamores
- Hillsides
- McKinley Group Home

Adult and Continuing Education

Adult Schools
- Schurr Community Adult School
- Montebello Community Adult School
- California Department of Rehabilitation

Trade Schools
- L.A. Trade Tech
- Community Colleges
- Los Angeles Community College
- East Los Angeles Community College

Universities
- California State University, Los Angeles

Asian Community Resources Health Services
- Asian Pacific Counseling and Treatment Center
- Korean Health Education
- United American Indian Involvement, Inc.
- Saban Community Clinic

Institutions for Mental Health Treatment

The following facilities are locked residential facilities that provide a higher level of psychiatric care than Gateways' unlocked residential programs. Clients from these institutions are referred to Gateways residential facilities as part of their "stepdown" process in treatment.

- Alpine
- Harbor View
- La Casa
- Community Care Center
- Landmark Medical Center
- Laurel Park Center
- La Paz Geropsychiatric Center
- Meadowbrook Manor
- View Heights convalescent
- Olive Vista Center