

GATEWAYS HOSPITAL
AND MENTAL HEALTH CENTER



Community Health Needs Assessment
2019

Gateways Hospital 2019 Community Health Needs Assessment

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Preface: Gateways Hospital 2019 Community Health Needs Assessment

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. The majority of the hospital's patients are low income and have serious mental health issues, and a large number are homeless. An acute psychiatric facility that has both involuntary patients and outpatient programs, Gateways staff includes 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 delivered through inpatient care, residential services, and outpatient clinics. A significant percentage of the patient population is involved in the legal/justice system.

Gateways Hospital is accredited by the American Osteopathic Association/Healthcare Facilities Accreditation Program (AOA/HFAP) 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. Inpatients are mostly referred by Los Angeles County psychiatric emergency rooms and are brought to the facility by ambulance. This broadens the regional scope of patients served, but approximately 55% of patients are admitted from the local metro service area – Los Angeles County Service Planning Area 4 (SPA 4) – for treatment. With more than 65 years of community-based services, Gateways has strong relationships with hospitals, Federally Qualified Health Centers, and mental health clinics in the local community, which enables it to work collaboratively with patients and clients, homeless services agencies, law enforcement, local schools, and behavioral health agencies within the scope of the service encashment area. Most of Gateways' hospital funding comes from the Los Angeles County Department of Mental Health, while its outpatient programs are funded through a variety of state and local sources. Gateways is a Short Doyle provider for individuals having no health insurance to cover their hospitalization. Support also comes from private and community donations.

Many universities and vocational programs rotate students through the hospital, making education one of the primary non-economic community benefits provided by Gateways. Medical students and other students in healthcare-related fields come from several 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.

Gateways advocates for the needs of its mental health clients as a member of the Hospital Association of Southern California (HASC) and the Association for Community Human Services Agencies (ACHSA). 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.

“Working Together Toward a Brighter Future”

Gateways maintains 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 ability to pay, with a caring and nurturing approach, providing quality health resources in a cost-effective manner. Using a performance monitoring process, Gateways maintains efficient and continuous quality improvement for all patients and program clients. Gateways’ value in creating access to programs regardless of one’s ability to pay is an important community benefit, as is its onsite provision of both acute, involuntary inpatient psychiatric care, and outpatient services in less restrictive settings. Staff strive to be the best by treating patients and clients with dignity and respect no matter what their psychological or physical health conditions. Treatment is focused on teamwork, respect, and innovation.

Gateways’ long-term vision is to become a diversified healthcare company that provides a continuum of mental health services to its patients and clients. Board and staff are presently undergoing a strategic planning process intended to significantly increase Gateways’ impact through organizational restructuring, streamlined operations, diversified revenue sources, enhanced partnerships, and implementing best practices in governance.

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

Executive Summary

Community Served by Gateways Hospital & Mental Health Center

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.¹ 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.

In summary, the community Gateways serves consists of 1) adolescents and uninsured adults in acute psychiatric distress, many of whom are chronically homeless, from across the county, and 2) individuals between the ages of 6 and 60 with less intensive mental health services needs and who 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 community Gateways serves. 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 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 three focus groups: one with outpatient and residential clients who spoke directly about their needs, and two with Gateways program directors and staff with deep knowledge of the inpatient, outpatient, and

¹ 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.

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 communities they serve.

Through both primary and secondary data sources (publicly available federal, state, and local datasets, internal Gateways data, and focus groups with inpatient and outpatient staff and residential/outpatient clients), the 2019 Gateways Community Health Needs Assessment identified the following health needs, listed below along with specific issues related to each need.

1. Facility and Infrastructure Improvements, Staff Training
 - Facility and financial, data-tracking upgrades
 - Staff training policies and programming to ensure staff are current with all required trainings
 - Improved community areas and expanded activity space, including green space
2. Improved Placement for Homeless Patients
 - Access to transitional and permanent supportive housing, housing navigation support
 - Case management services for discharged patients to ensure continuity of care
3. Addressing Barriers to Healthcare and Services
 - Transportation for clients
 - Serving uninsured/underinsured clients
4. Improved and/or Expanded Programming
 - Housing and services for forensic populations
 - Increased housing opportunities for AB109² population
 - Additional stepdown programs
 - Jail diversion programs
 - Inpatient and outpatient services
 - Education programs or improved access to such programs
 - Vocational training opportunities (outpatient)
 - Anger management classes (adolescent and adult)
 - Medication adherence services
 - Wraparound services for adolescents, including peer support
 - Family involvement programs

² Assembly Bill 109, which established the California Public Safety Realignment Act (2011), allows for non-violent, non-serious, and non-sex offenders to be supervised at the county level upon release from California state prison (<https://probation.lacounty.gov/ab-109>).

- Regularly offered family education programs
- Referrals for case management to help families better understand caregiving responsibilities

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.

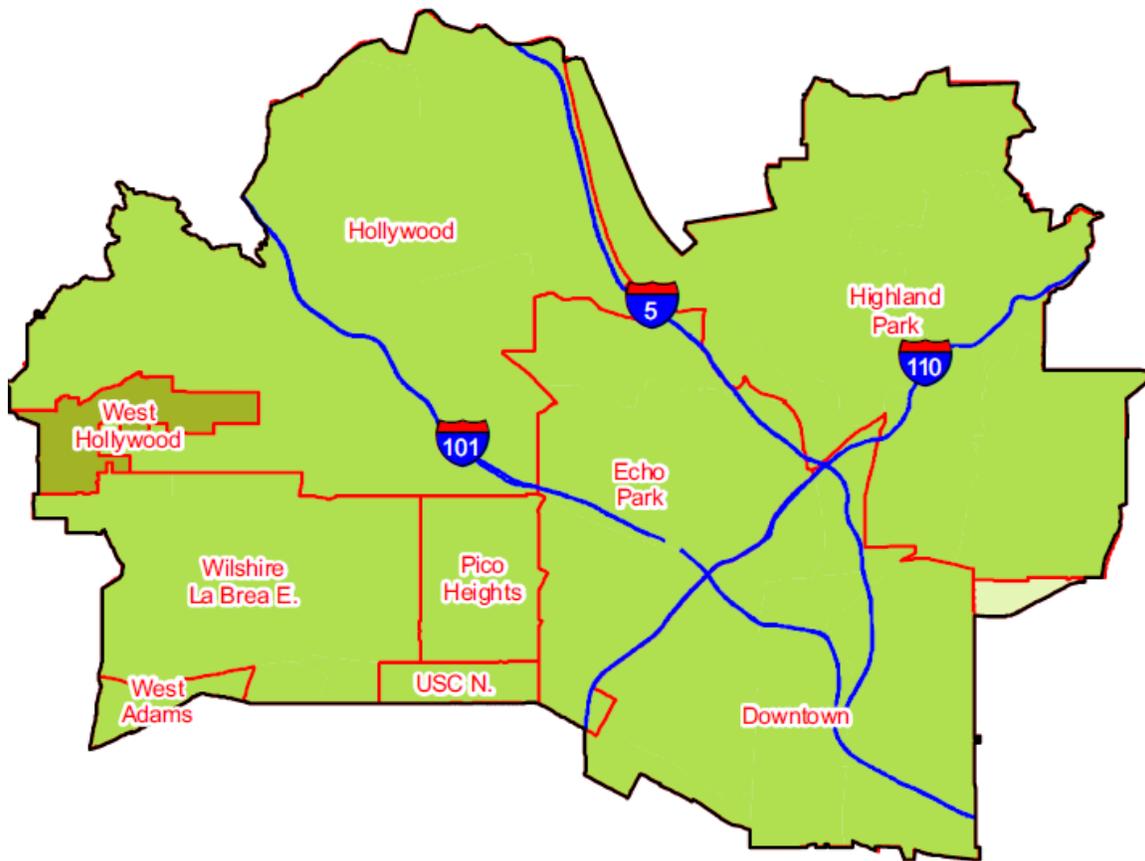
For primary data sources (community outreach surveys and focus groups), Gateways chose to use three indicators of health needs: severity, change over time, and available resources. For secondary sources such as census data and publicly available county- or city-level data sets, prioritization was assessed 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 employment, health insurance, and homelessness.

These prioritization efforts resulted in the health needs being ranked in the following order: 1) facility and infrastructure improvements, staff training, 2) improved placement for homeless patients, 3) addressing barriers to healthcare and services, and 4) improved and/or expanded programming.

Next Steps

Gateways leadership has reviewed the priority health needs and identified existing and potential resources to address the issues related to them. See the report 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 organization services within SPA 4 and throughout L.A. County.

Los Angeles County Service Planning Area 4 – Geographic Area and ZIP Codes



The following ZIP codes are included in SPA 4:

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

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. Unless otherwise noted, all data are sourced from American Community Survey (ACS) five-year estimates for the years 2013-2017.

- *Population:* Estimates indicate that there are 10.1 million people living in Los Angeles County, with 1.15 million of them residing in SPA 4.
- *Gender:* Approximately 50.7% of Los Angeles County residents are female and in SPA 4 49% are female.
- *Age:* The median age among Los Angeles County residents is 36, with 77.5% of residents 18 years or older and 12.5% of them 65 years or older. In SPA 4, the median age is 36, with 81.7% 18 and older and 11.4% 65 and older.
- *Race/ethnicity:* In Los Angeles County, 51.8% of residents identify as white, 14.5% Asian, 8.2% black or African American, and 20.8% "some other race" (which includes Latinx/Hispanic ethnicities). In SPA 4, 47.8% identify as white, 17.3% as Asian, 5.2% black or African American, and 29.9% "some other race."
- *English fluency:* Individuals with English fluency problems (counted as the number of individuals self-reporting that they spoke English "not well" or "not at all") comprise 36.1% of the SPA 4 population, compared to 24.5% of the countywide population. This difference indicates that SPA 4 is home to 68% more individuals with lower English fluency than the county at large.
- *Education:* 12.9% of Los Angeles County residents report less than a 9th-grade education, while this number is slightly higher in SPA 4 (14.8%). There are roughly equal amounts of individuals in SPA 4 (9.4%) and in Los Angeles County (9%) who have completed some high school but did not obtain a diploma. Seventeen percent of SPA 4 residents have completed high school compared to 20.7% in the county overall, while another 15.7% of residents in SPA 4 have completed some college, compared to 19.3% in the county at large. Interestingly, slightly more SPA 4 residents have completed advanced degrees (42.9%) than Los Angeles County overall (38.2%).
- *Employment status:* The unemployment rate in SPA 4 (8.2%) is less than that in the county at large (7.8%).
- *Area median income (AMI):* The AMI for SPA 4 is \$48,678. This is 20% less than the median income for the county at large, which is \$61,015. 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 2017 estimates for accuracy.

Data Sources and Methods

Community needs were identified via publicly available federal, state, and local datasets, internal Gateways data, and focus groups with Gateways inpatient and outpatient staff and residential and outpatient clients. Data sources are provided below. 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)
 - <https://factfinder.census.gov>
- National Alliance for Mental Illness
 - www.nami.org
- Los Angeles County Health Survey
 - www.publichealth.lacounty.gov/ha/hasurveyintro.htm
- California Health Interview Survey
 - <https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx>
- Los Angeles Homeless Services Authority
 - www.lahsa.org/data
- California Office of Statewide Health Planning and Development
 - <https://report.oshpd.ca.gov>
- Gateways Hospital Discharge Data and Client Demographics

Primary Data Sources: Community Outreach

Gateways staff scheduled three roundtable discussions, one with residential and outpatient facility clients and two more with the inpatient, residential, and outpatient program directors and staff. Residential and outpatient participants represented a broad range of the medically underserved,³ 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 2019 and lasted approximately one hour.

An initial outreach survey was distributed to public health experts in early December 2019. All persons solicited for feedback have extensive knowledge of the Gateways community and expertise relevant to community health needs. Two public health experts participated, and their responses are included within the findings.

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

³ “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.”

Gateways Community Health Needs

1. Facility and Infrastructure Improvements, Staff Training

Description of indicators

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

Community outreach feedback

Staff and clients reported that new furniture and facility upgrades such as expanded community and green space would help clients feel more comfortable and contribute to better mental health outcomes. Staff reported that some office and residential spaces have chairs, desks, and other furniture that are “falling apart,” and several clients noted that open space and community areas help existing and new clients in the residential programs feel more positive and form social bonds.

Gateways inpatient and outpatient program staff noted the importance of improving Gateways’ internal infrastructure to improve healthcare delivery to patients and clients. This includes setting and implementing staff training policies that ensure staff receive consistent, quality training for continuing their work with patients and clients. Several staff members suggested that Gateways hire a training/quality assurance officer to fulfill this role, as well as a clinical supervisor to oversee the intern program to remove intern oversight duties from program directors, allowing the directors to focus on providing quality care to patients and clients. Staff also noted that while Gateways is in process of implementing an electronic health records system, financial and other data management systems also need upgrades to enable Gateways to accept Medi-Cal patients. Several residential program clients noted that the activity spaces were sufficient but that having more green space was desirable.

2. Improved Placement for Homeless Patients

Access to Transitional and Permanent Supportive Housing, Housing Navigation Support *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.⁴

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)

⁴ 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>

others are consequences of homelessness, and 3) homelessness complicates the treatment of many illnesses.⁵

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 (AHAR) puts the number of people experiencing homelessness nationally each night (564,708) significantly higher than the number of emergency and transitional beds available (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. Activities that provide housing, housing-related services, and additional service needs to the homeless population are of primary concern.⁶

Description of indicators

Data sources: Data come from LAHSA homeless count numbers for SPA 4 from 2019 and compared to the two years prior. Percent of totals were calculated based on the raw numbers. Other sources of data include LAHSA housing inventory count data and Gateways discharge data.

SPA 4: Metro

The LAHSA 2019 point-in-time count reports that there are 16,436 homeless individuals residing in SPA 4, which is 29% of the county total (56,257). While the number of homeless individuals across the county increased 13% between 2018 and 2019, in SPA 4 the increase was 16%, primarily among unsheltered individuals. SPA 4 carries a disproportionate burden of homelessness when compared to other service planning areas – SPA 4 has 72% more homeless individuals than the service planning area with the next highest amount, SPA 6 (9,543). Among the homeless population in SPA 4, individuals with mental illness have increased 7% (from 4,185 in 2018 to 4,498 in 2019) and with brain injuries by 21% (498 in 2018 to 604 in 2019). Amounts of chronically homeless individuals have increased in SPA 4, from 4,300 in 2018 to 5,266 in 2019. However, the area has seen a 5% decrease in veteran homelessness (1,085 in 2018 to 1,028 in 2019) as well as a 42% decrease in chronically homeless family members.

Gateways inpatient statistics show 149 homeless patients served in FY 2017-18, which is up from the previous fiscal year high of 133 (FY 2016-17). In FY 2015-16, the number of homeless inpatients was 116. While these limited homelessness statistics cannot conclusively show a trend, they illustrate the high percentage of homeless individuals who are regularly served in Gateways' 55-bed facility – approximately 16-18.7% 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 be at-risk of homeless or unstably housed (e.g., in a

⁵ 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/>

⁶ 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>

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 31,107 total beds available via homelessness programs and facilities throughout the Los Angeles Continuum of Care (CoC) to serve individuals and families. Of these, 26% (8,153) are emergency shelter beds, 9% (2,928) are beds in transitional housing programs, and none are safe haven beds. The remaining 65% of beds are either permanent supportive housing (14,212), part of rapid re-housing programs (3,460), or in other permanent housing facilities (2,354).

SPA 4 has by far the most shelter and housing beds of any service planning area in the county, with 18,659 total beds (60% of CoC total). Approximately 14% (2,590) of these are emergency shelter beds and 11% (2,049) are in transitional housing programs. As inferred above, there are no safe haven beds in SPA 4. Within housing facilities and programs, there are 11,631 permanent supportive housing beds (62% of SPA 4 total beds), 939 beds through rapid re-housing programs (5%), and 1,450 (8%) through other permanent housing facilities. These numbers represent a marginal decrease (approximately 3%) in total beds available compared to the previous service year (2017).

Office of Statewide Health Planning and Development (OSHPD) inpatient discharge summaries from 2016 to 2018 show little change in the number of individuals discharged to “home/self-care” (a routine discharge), at approximately 88% of discharges, with 11% 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. Hospital staff report that many individuals discharged to “self-care” are actually homeless or unstably housed (e.g., living in transitional housing or a shelter).

Community outreach feedback

Gateways program directors and staff, as well as public health experts, noted the critical need for more transitional and permanent housing in which hospital patients and residential clients can be placed upon completion of treatment with Gateways, as well as improved discharge planning to connect homeless patients to social workers and housing navigators, which would help with both housing placement and continuity of care. Hospital staff noted that homeless inpatients can sometimes occupy critically needed acute psychiatric beds for many months longer than treatment requires while they are waiting to be placed somewhere else. Program staff also noted that short-term housing resources such as motel vouchers are needed to help case workers stay in contact with homeless clients while they complete necessary paperwork and procedures for treatment and program placement. One public health expert said that Gateways’ services of homeless clients and those without health insurance fills a “unique niche,” adding that, “the continuum of care and the type of patients treated make Gateways extremely important to the community it serves.”

3. Barriers to Accessing Healthcare and Services

Transportation for clients

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 use. These consequences may lead to poor management of chronic illness and result in worse

health outcomes.⁷ Lack of transportation access is a large hidden cost for patients, caregivers, providers, insurers, and taxpayers alike. Missed appointments and the resulting delays in care cost our health system an extra \$150 billion each year.⁸

According to research, practical concerns such as transportation and cost are key barriers to accessing general medical care among uninsured men with poorer overall mental health, post-traumatic stress, and sexually transmitted infections.⁹ Prior research shows that rural residents and African Americans experience higher transportation burdens than urban residents or whites when seeking medical and dental care.¹⁰

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 via several Gateways vehicles as well as Uber Health transport.

Community outreach feedback

Inadequate transportation options were noted across client and staff outreach groups and cited as a huge barrier to accessing care, treatment adherence, and quality of life outcomes. Presently Gateways is relying on Uber Health, a rideshare service, to transport hospital patient and outpatient program clients between facilities and to appointments. Staff reported that the rideshare service is expensive and that a van or shuttle service would enable program staff to take clients on outings and assist with the transportation needs of the family members of Gateways patients and clients, both of which would improve patient and client morale.

Uninsured/underinsured

Research base

As noted in the national Office of Disease Prevention and Health Promotion's Healthy People 2020 initiative, health insurance coverage is a key indicator for healthcare access as it helps patients connect to the health care system. Uninsured people are less likely to receive medical care, more likely to have poor health status, and more likely to die early. Lack of adequate coverage makes it difficult for people to receive the health care they need and, when they do get

⁷ 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

⁸ 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/>

⁹ 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.

¹⁰ 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

care, often burdens them with large medical bills.¹¹ Lack of health insurance coverage is a key cause of health outcome disparities in communities. To obtain high-quality care, individuals must first contact the health care system. Measures of access to care include enrollment in health insurance, having a usual source of care, difficulties encountered when seeking care, and receiving care in a reasonable time frame. Historically, Americans have experienced variable access to care based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, and residence location.¹²

According to the 2014 National Survey on Drug Use and Health,¹³ 9.8 million adults (4.1% of all adults, and 22.6% of adults with Any Mental Illness) were diagnosed as having a serious mental illness (SMI). Twelve-month prevalence was higher among uninsured adults (5.2%), compared to insured adults (3.9%), and far higher among those below the federal poverty level (7%) compared to those at or above the federal poverty level (3.5%). Adults with SMI have a shorter life expectancy, on average 25 years less than those without such an illness, and SMI is linked to increased risk of chronic medical conditions.¹⁴

For children in households with low to moderate incomes, a study of those with all insurance types found children experienced challenges in accessing specialty care, with caregivers of children insured by the Children's Health Insurance Program (CHIP) reporting the highest rates of difficulty accessing specialty care, problems obtaining a referral, and frustration obtaining health care services.¹⁵

Description of indicators

Data sources: ACS 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, 19.5% of individuals in SPA 4 are uninsured and 38.3% receive Medi-Cal only. While the percentage of individuals in SPA 4 who have only Medi-Cal is roughly equal

¹¹ Office of Disease Prevention and Health Promotion, Healthy People 2020,

<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

¹² Agency for Healthcare Research and Quality (2015). 2014 National Healthcare Qualities and Disparities Report. Retrieved from

<http://www.ahrq.gov/research/findings/nhqrdr/nhqrdr14/key1.html#Access>

¹³ US Substance Abuse and Mental Health Services Administration, *Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health*,

<https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>.

¹⁴ 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/>

¹⁵ 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/jamapediatrics.2015.3028

to that of the county average (36.4%), there are 47% more uninsured SPA 4 residents than in the county at large (13.3%).

Gateways' most recent OSHPD discharge summaries (2018) indicate that the majority of inpatients were funded through the Short Doyle program (56.02%), while 43.98% of inpatients were covered by Medi-Cal and 0% 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 2017, 53.2% of inpatients were Short Doyle-funded and 46.30% were covered by Medi-Cal. In 2016, 58.02% of inpatients were funded through Short Doyle and 41.42% through Medi-Cal.

4. Expanded Programming

Housing and Services 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 repeatedly demonstrated in research, there is a need to prioritize forensic populations.¹⁶ "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."¹⁷

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 intersecting with 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; 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.

¹⁶ 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>

¹⁷ 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>

SPA 4 is home to 438 acute psychiatric beds, which represents 13.1% of the county total (OSHDP, 2014). Gateways Hospital holds 55 (12.6%) of these beds in SPA 4, and also runs several stepdown facilities in which adults exiting the criminal justice system throughout L.A. County receive mental health treatment. Gateways serves the forensic population in two residential stepdown facilities, Normandie Village (42 beds) and Gateways Satellite (36 beds). Additionally, Gateways runs a forensic outpatient treatment program that serves 120 clients who are living in board and care facilities.

Community outreach feedback

Public health experts cite Gateways' step-down programs, enhanced residential services, and jail diversion programs for forensic populations as critical functions it serves across SPA 4. Gateways program directors and staff added the need for increased efforts to site housing for the large AB109 population. One staff member noted that there is community pushback for siting housing for this sector of the forensic population. Staff also said that AB109 populations should be kept separate from housing programs serving higher needs forensic clients due to a mismatch in necessary staff oversight and potential for resident-related issues.

Inpatient and Outpatient Services

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 is among the highest of all diseases in the United States. Improving mental health through prevention strategies and ensuring access to mental health services can improve the overall health of many Americans.¹⁸

Vocational training and workforce development programs can be important to improving mental health outcomes. 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.¹⁹ 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 people with mental illness steadily employed. Under the Affordable Care Act, states can apply to use Medicaid funds to train and employ those with serious mental illness, under the theory that steady employment is a form of

¹⁸ Office of Disease Prevention and Health Promotion, Healthy People 2020. Leading Health Indicators, Mental Health Chart. Retrieved Dec. 20, 2016 from <https://www.healthypeople.gov/2020/leading-health-indicators/infographic/mental-health-1>

¹⁹ 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>

treatment.²⁰ 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.²¹

Access to mental health programs and services, including medication adherence and therapeutic interventions, is critical to preventing and intervening in factors that can lead to chronic homelessness or lifelong medical conditions,²² 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 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.²³ According to the American Psychological Association, health care providers should treat mental health problems – for all age groups – as equally important as physical health problems, and by educators as equally significant for young people as learning problems.²⁴

Description of indicators

Data source: California Health Interview Survey; 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. Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

SPA 4: Metro

In the most recent California Health Interview Survey, 27.3% of individuals living in SPA 4 reported needing help for emotional/mental health problems or alcohol/drug use, compared to the countywide average of 21.1%. Among SPA 4 residents, 42.2% reported not receiving treatment despite needing help, which is lower than the countywide average of 45.2%. These figures suggest that SPA 4 residents have higher needs for mental health services than the county at large but are slightly less likely to receive treatment.

Gateways Hospital data show that depressive disorders are the most common diagnoses from 2016 through 2018, comprising between 52.8% and 64% of all admissions. In 2015, the top-ranked admissions were recurrent episodes of major depressive disorders (31.7%) and general

²⁰ 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>

²¹ 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.

²² 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

²³ 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_MHAccess1.pdf

²⁴ 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>

depressive affective disorders (20%), while in 2016-2018, the top-ranked admission was recurrent episodes of a major depressive disorder – at 22.8% in 2016, 22% in 2017, and 27.3% in 2018. The second most common admission during these years varied in type—schizoaffective disorder in 2016 (at 11.5% of admissions); single episode major depressive disorder in 2017 (at 13.9%), and single episode major depressive disorder in 2018 (at 14.6%).

Community outreach feedback

Gateways staff reported that anger management classes and medication adherence services are always a high priority. Residential program staff expressed the need for funding that allows for more outings (e.g., events or movies), which would improve client well-being. Staff also noted the need for an outpatient pharmacy, as well as programming for patients who have remained in the hospital long after their treatment period has ended, i.e., due to difficulties finding placement for individuals in appropriate housing or long-term care facilities. Staff also noted that while wraparound services for adolescents are needed, funding limitations such as the way payments are structured make implementing this programming at Gateways unsustainable. Overall, outpatient program clients reported that they were satisfied with their treatment protocols and experiences in Gateways programs. One participant noted, “The program really serves its purpose – to help us get acclimated back to society.” Several others said that program staff are responsive to a broad range of needs, and they felt their needs were being met. Several staff and one public health experts also noted that Gateways should better promote its services to a variety of populations.

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.²⁵

Family involvement in mental health treatment is vital for many individuals. A guidance paper published by the Los Angeles County Department of Mental Health cites the rationale and parameters for family involvement programs in the delivery of mental health programs. Specifically, it states: 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

²⁵ California Association of Mental Health Peer Run Organizations (2014). Basics of the Mental Health Services Act. Retrieved from <http://camhpro.org/>

staff should have the clinical, ethical, and legal skills to 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.²⁶

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 education, peer-to-peer services, support services for family members of individuals living with mental illness, and primary care training.

Gateways previously hosted a NAMI Family-to-Family education program for the families of its inpatient clients. These courses ran for 12 weeks, twice per year. 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 loved ones. However, NAMI has not provided the program at Gateways in 2019.

Community outreach feedback

Program directors said the family involvement programming Gateways offers should be expanded to include referrals for case management to increase families' capacity to understand and carry out their caregiving responsibilities. One director noted that Gateways should explore partnerships or funding opportunities that create day camps where parents can send adolescent children involved in Gateways programs, as well as other activities that allow adolescent program participants and family members to engage as a family.

²⁶ 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

Prioritization of Needs

Internal Revenue Code guidelines state that a hospital facility may use any criteria to prioritize the significant health needs it identifies. These can include, but are 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 significant health needs.

Community outreach participants ranked each needs category either in person (resident/outpatient focus group and Gateways program directors/staff focus groups) or via an online survey (public health experts) in terms of severity, change over time, and available resources. Community health needs identified and prioritized by survey respondents were then compared to the rankings collected in the focus groups to arrive at final average rankings for each category.

Below are the prioritized community health 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 and Infrastructure Improvements, Staff Training	Programs/Partnerships to Address the Need
Facility and financial, data-tracking upgrades	<ul style="list-style-type: none"> ○ Gateways expends capital funds each year on priority infrastructure improvements and general maintenance. All furniture in Gateways' Satellite program facility was updated in 2018. In 2019, Gateways recently refurbished all cottages onsite in preparation for the Homeless Women and Children Program and replaced the windows in the hospital. Plans for 2020 improvements include paving parking lots and repairing A/C units.
Staff training policies and programming to ensure staff are current with all required trainings	<ul style="list-style-type: none"> ○ DHS has requested that Gateways staff receive advanced training for patients with behavioral health issues. Gateways is planning to acquire a training package for multiple staff that target program-specific required trainings.
Improved community areas and expanded activity space, including green space	<ul style="list-style-type: none"> ○ Gateways Hospital opened a garden for the inpatient program in 2019. Gateways' outpatient programs have not made any significant updates to community areas and activity spaces since 2016.

Health Need #2	
Improved Placement for Homeless Patients	Programs/Partnerships to Address the Need
Access to transitional and permanent supportive housing, housing navigation support	<ul style="list-style-type: none"> ○ Transitional housing: Gateways opened the Crisis Residential Treatment Program, a short-term crisis program, to serve homeless women and men. ○ Gateways is exploring opportunities to provide transitional housing for veterans, as well as permanent supportive housing for homeless individuals. ○ The Homeless Women and Children Program, a partnership with the Whole Child, provides more than 100 clients temporary housing for approximately six to nine months. ○ Gateways also owns the Gateways Apartments, a 29-unit permanent supportive housing facility managed by A Community of Friends.
Case management services for discharged patients to ensure continuity of care	<ul style="list-style-type: none"> ○ Gateways Hospital staff make every effort to provide patients at the time of discharge with appropriate supportive services. However, difficulties with LA County placement criteria create significant barriers.

Health Need #3	
Addressing Barriers to Healthcare and Services	Programs/Partnerships to Address the Need
Transportation for clients	<ul style="list-style-type: none"> ○ Gateways Hospital provides transportation via Uber Health. Gateways is in the process of negotiating new contracts with Uber Health for its outpatient programs. ○ Gateways maintains a fleet of vehicles, which includes client vans, cars, pickups, and a food-transportation truck.
Uninsured/underinsured	<ul style="list-style-type: none"> ○ Gateways is a Short-Doyle provider for uninsured adults and adolescents in its inpatient program.

Health Need #4	
Expanded Programming	Programs/Partnerships to Address the Need
Housing and services for forensic populations <ul style="list-style-type: none"> ● Increased housing opportunities for AB109 population ● Additional stepdown programs ● Jail diversion programs 	<ul style="list-style-type: none"> ○ Presently the AB109 that Gateways serves has reduced slightly. Gateways has requested specialized training from the County for staff working with AB109 populations. ○ Gateways is open to partnering with the County to address future stepdown program needs. At present, no additional stepdown programs are planned. ○ Gateways is open to partnering with the County

Health Need #4	
	<p>and other providers regarding creation or implementation of jail diversion programs.</p> <ul style="list-style-type: none"> ○ As a teaching facility, Gateways regularly accepts medical and other healthcare-related students to train in its facilities, which includes experience treating forensic populations. Gateways is in the process of developing a larger occupational therapy program for outpatient facilities. The hospital has expanded its program to include doctor-level occupational therapists.
<p>Inpatient and outpatient services</p> <ul style="list-style-type: none"> ● Education programs or improved access to such programs ● Vocational training opportunities (outpatient) ● Anger management classes (adolescent and adult) ● Medication adherence services ● Wraparound services for adolescents, including peer support 	<ul style="list-style-type: none"> ○ Residential clients receive help obtaining their GEDs through facility programming. ○ Outpatient clients can use the computers at the Wellness Center to complete schoolwork. ○ The Wellness Center offers resume writing and computer skills training for its clients. ○ Gateways used to receive occasional opportunities for vocational workshops, which it extended to its clients. However, those workshops have been discontinued because the building is no longer available. ○ All of Gateways' programs provide anger management counseling, and many also provide substance use treatment services. ○ The Gateways adolescent outpatient program provides medication adherence services. ○ Adult outpatient clients receive medication adherence counseling through Gateways' Wellness Center. ○ 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.
<p>Family involvement programs</p> <ul style="list-style-type: none"> ● Regularly offered family education programs ● Referrals for case management to help families better understand caregiving responsibilities 	<ul style="list-style-type: none"> ○ Previously, Gateways hosted a NAMI group called Family to Family, which is a 12-week course offered to parents of adolescent inpatients experiencing their first psychiatric episode. However, NAMI has not offered that program onsite in 2019. ○ Parents of Gateways adolescent outpatient clients can receive therapy through the child and adolescent outpatient program.

Available Resources to Address Priority Health Needs

Gateways Programs

Gateways provides a variety 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 residents living in LA County Service Planning Area 4 (SPA 4).

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. Most 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 mental health institutions. 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 (i.e., those exiting the criminal justice system), whereas this is not the case at Percy Village. Gateways' residential facilities serve individuals from across Los Angeles County. Funding is provided through the Mental Health Services Act.

Forensic services: The primary function of Gateways' forensic treatment programs is to supervise judicially committed individuals released to the community. Gateways contracts with the California Department of State Hospitals Conditional Release Program (CONREP) Administrative portion to provide 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.

Most of the individuals served by homeless and wellness services reside in SPA 4.

Partnerships

Gateways' array of programs is comprised of a large number of community health providers who work with 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 health, substance use, 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 services to Gateways hospital patients after general discharge.

- Los Angeles Christian Health Centers (Federally Qualified Health Center)

- 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.

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

Appendix A: State and Federal CHNA Requirements

Gateways Hospital & Mental Health Center, a private nonprofit hospital, has completed this Community Health Needs Assessment (CHNA) for 2019 in accordance with California Senate Bill 697, Community Benefits Legislation, and the federal Affordable Care Act.

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)²⁷ 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 public²⁸ 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;
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); and
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, 2020 to comply with state guidelines. Federal guidelines, which include the implementation plan and evaluation of impacts, dictate that the needs assessment and resultant implementation 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, 2020, 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.

²⁷ See the Office of Statewide Health Planning and Development, <https://www.oshpd.ca.gov/HID/CommunityBenefit/>, for the most recently filed CBPs.

²⁸ See www.gatewayshospital.org to access digital copies of the 2019 CHNA/implementation strategy and the 2019 community benefits plan. Hard copies are available upon request.

Appendix B: Community Meeting and Survey Instruments

Below are the instruments used to assess the needs of the Gateways community.

Initial outreach survey

Below are several open-ended questions that will help us assess the needs of the individuals Gateways serves. Please type directly into the document and include as much information as you'd like for each question. Where applicable, distinguish between the needs of inpatient and outpatient clients.

1. What do you think are Gateways' most important services to its community?
2. What do you think are the top three most significant needs in its community? These can be related directly to health (e.g., specific onsite mental health services) or indirectly, such as the need for transportation to and from services and medical appointments.
3. Are there any health-related service needs that Gateways is uniquely positioned to address, or may be able to accommodate as part of its existing service structure?
4. What groups may need more attention via community outreach (medical care, education, prevention, intervention, etc.)?

Focus group questions

1. What does Gateways do best?
2. In general, what types of health needs do Gateways clients have?
3. How is Gateways meeting each health need (if at all)? Is this sufficient?
4. Categorizing and prioritizing health needs
 - a. Do these needs fit into larger categories?
 - b. What are the top five needs?
 - c. Score each need according to criteria (see next page)
5. Brainstorm session: How can Gateways help to meet priority needs (if it is not already)?
 - a. Identify a priority need
 - b. Describe how it is underserved or not addressed
 - c. Is there something Gateways can do to help?
6. Wrap-up with additional thoughts, next steps

Appendix C: List of Community Meeting and Survey Participants

Organization / Facility	Participant and Title	Outreach Category
Los Angeles City Council District 13	Mary Rodriguez, Field Deputy	Public Health Experts
Gateways Hospital & Mental Health Center	John Calderone, Board Member	Public Health Experts
Hospital Association of Southern California	Mark Gamble, Senior Vice President (response requested)	Public Health Experts
California Hospital Association	Sheree Lowe, Vice President of Behavioral Health (response requested)	Public Health Experts
Los Angeles County Board of Supervisors District 1	Judith Vasquez, Senior Advisor (response requested)	Public Health Experts

Organization / Facility	Participant and Title	Outreach Category
Gateways Adolescent Outpatient Program	Charlotte Bautista, Director	Gateways Program Directors and Staff
Normandie Village and Gateways Satellite	Sandi Long, Program Director	Gateways Program Directors and Staff
Crisis Residential Treatment Program	Suzanne Schuda, Program Director	Gateways Program Directors and Staff
Gateways Hospital	Priscilla Ortega, Director of Quality Improvement	Gateways Program Directors and Staff
Gateways Hospital	Meredith Mead, Director of Nursing	Gateways Program Directors and Staff
Gateways Hospital	Judy Frankl, Director of Social Services	Gateways Program Directors and Staff
Gateways Hospital	Katie Blume, Director of Occupational Therapy	Gateways Program Directors and Staff
Gateways Hospital	Elizabeth Morris, Assistant Director of Clinical Services	Gateways Program Directors and Staff

Organization / Facility	Participant and Title	Outreach Category
Gateways Residential and Outpatient Facilities	Clients from the following programs: <ul style="list-style-type: none"> • Crisis Residential Treatment Program • CONREP • Gateways Satellite 	Residential and Outpatient Clients