

GATEWAYS HOSPITAL
AND MENTAL HEALTH CENTER



Community Health Needs Assessment 2022

Gateways Hospital 2022 Community Health Needs Assessment

Contents

Preface: Gateways Hospital 2022 Community Health Needs Assessment..... 3

Executive Summary 5

Profile of Demographics and Key Characteristics..... 8

Data Sources and Methods 10

Gateways Community Health Needs 11

 1. Address Physical Health Services for Mental Health Patients 11

 2. Staff Continuity and Retention 15

 3. Expand Lifestyle and Social Skill Building Programming for Mental Health Patients..... 18

 4. Improve or Expand Programming Offered through Partnerships 21

Prioritization of Needs 26

Available Resources to Address Priority Health Needs 31

Appendix A: State and Federal CHNA Requirements..... 35

Appendix B: Community Meeting and Survey Instruments 36

Appendix C: List of Community Meeting and Survey Participants 37

Preface: Gateways Hospital 2022 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 concerns, with a large number also experiencing homelessness. 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.¹ Inpatients are often referred by Los Angeles County psychiatric emergency rooms and are brought to the facility by ambulance. In addition, Gateways receives referrals directly from the HOME Team to ensure expedient access to care. 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,² 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, Charles Drew University, 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.

¹ *Hospital Programs—Gateways Hospital*. (n.d.). Gateways Hospital and Mental Health Center. Retrieved September 12, 2022, from <https://www.gatewayshospital.org/hospital-programs>

² *HCAI Reports*, "Hospital Profile: Gateways Hospital And Mental Health Center," <https://hcai.ca.gov/facility/gateways-hospital-and-mental-health-center/>.

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, legislative advocacy related to hospital wages, neighborhood watch programs 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; this includes 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 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.

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.³

- 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 experiencing chronic homelessness and have mental illnesses, relying heavily on the use 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. 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, Gateways serves 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 service needs and who live primarily within the metro Los Angeles area.

Needs Assessment Methodology

Both primary and secondary data sources were used to assess the needs within Gateways’ community of individuals accessing or in need of mental health services and support. The assessment began with a literature review of previous reports related to those Gateways serves as well as initial outreach surveys via email to Gateways public health experts with extensive knowledge of the intricacies of the community. 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 created, Gateways conducted three focus groups: one with outpatient and residential clients who spoke directly about their needs, one with Gateways program directors and staff with deep knowledge of the inpatient, outpatient, and residential clients served, and one with members of the Gateways’ C-Level Team. See the Data Sources and Methods section of this report for a full list of data sources.

Summary of Identified Needs

³ *Hospital Programs—Gateways Hospital*. (n.d.). Gateways Hospital and Mental Health Center. Retrieved September 12, 2022, from <https://www.gatewayshospital.org/hospital-programs>

Health needs, as defined by state and federal guidelines,⁴ pertain to financial and other barriers to care, illness prevention, nutrition, and social, behavioral, and environmental factors, including those related to wellness, health promotion, and other support services such as counseling; in particular, barriers affecting those with low-income, people with disabilities, and other vulnerable populations. Hospitals are not required to report levels of each type of need but rather to identify those needs that are most significant to the health and wellbeing of the communities they serve.

Through both primary and secondary data sources, the 2022 Gateways Community Health Needs Assessment identified the following health needs, along with specific issues related to each need.

Health Need	Specific Issues
Improve staff retention rates	<ul style="list-style-type: none"> • Improve continuity of care for patients through reduced staff turnover, lower caseloads, and fewer case manager changes. • Improve pay and benefits for staff, including expanded PTO options, family leave, benefits choices, etc. • Expand management team and offer expanded management training.
Address physical health services for patients with mental health needs	<ul style="list-style-type: none"> • Increase access to specialty physical health care services that are not currently available at Gateways Hospital, including imaging services (MRI/CT scan, etc.), care for people with HIV/AIDS, dental care, etc. • Improve preventative health care services, such as routine/annual exams, help with medication adherence, girls' and women's health care services, sexual health, etc. • Improve comfort of residential spaces. • Create stable and reliable transportation programs for residents.
Lifestyle/social skill building programming for patients with mental health needs	<ul style="list-style-type: none"> • Provide education and programming on comprehensive health and wellness literacy, offering physical exercise programs, mindfulness, smoking cessation, medication adherence, etc. • Enhance programs to build social skills, including financial literacy, group outings, etc. • Expand outdoor activities, providing structured outdoor activities as well as more free time outside for those in inpatient or residential facilities. • Expand family visiting time and options for patients to gain day passes/time away from facility.

⁴ *Community Health Needs Assessment for Charitable Hospital Organizations—Section 501(r)(3) | Internal Revenue Service.* (n.d.). Retrieved September 27, 2022, from <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

<p>Improve or expand programming offered through partnerships</p>	<ul style="list-style-type: none"> • Inpatient and outpatient services <ul style="list-style-type: none"> ○ Increase vocational and education programs or improved access to such programs. ○ Provide anger management classes for both adolescents and adults. ○ Improve scheduling for health appointments, such as identifying more local providers for referral and assuring eligibility, etc. ○ Ensure adequate community-based wrap around services and case management services for discharged patients. • Youth and children services <ul style="list-style-type: none"> ○ Provide regularly offered sexual health programs for girls and LGBTQ+ clients. ○ Improve wrap around services for adolescents, including peer support services.
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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 it must outline the criteria and describe the process used to prioritize health needs as well as solicit community feedback about the prioritization.⁵

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.

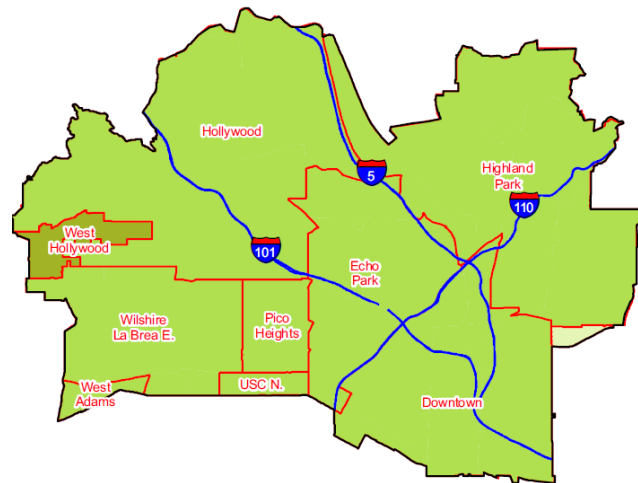
1. Increase access to specialty physical health care services.
2. Improve continuity of care for patients through reduced staff turnover, lower caseloads, and fewer case manager changes
3. Expand lifestyle and social skill building programming for mental health patients.
4. Improve or expand programming offered through partnerships

Next Steps

Gateways leadership 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.

⁵ Ibid.

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



SPA 4 includes the communities of Angelina Heights, Atwater Village, Boyle Heights, Carthay, Central City, Central, Chinatown, Cloverdale/Cochran, Country Club Park, Downtown L.A., Eagle Rock, East Hollywood, Echo Park, El Sereno, Elysian Park, Elysian Valley, Faircrest Heights, Glassell Park, Hancock Park, Harvard Heights, Highland Park, Historic Filipinotown, Hollywood Hills, Hollywood, Koreatown, Lafayette Square, Lincoln Heights, Little Armenia, Little Bangladesh, Little Tokyo, Longwood, Los Feliz, Melrose, Mid-City, Miracle Mile, Monterey Hills, Mt. Washington, Park La Brea, Pico-Union, Silverlake, South Carthay, St. Elmo Village, Temple-Beaudry, Thai Town, University Hills, Victoria Park, Wellington Square, West Adams, West Hollywood, Westlake, Wholesale District, and Wilshire Center.⁶

The following ZIP codes are included in SPA 4:⁷

90004	90017	90029	90042	90065	90078
90005	90018	90031	90046	90068	90079
90006	90019	90032	90048	90069	90081
90007	90020	90033	90050	90070	90084
90010	90021	90035	90053	90071	90086
90012	90023	90036	90054	90072	90087
90013	90026	90038	90055	90074	90088
90014	90027	90039	90057	90075	90093
90015	90028	90041	90060		

ZIP codes 90050, 90053, 90054, 90055, 90060, 90070, 90072, 90074, 90075, 90078, and 90081, 90084, 90086, 90087, and 90088 were not tabulated in the 2020 ACS.

Profile of Demographics and Key Characteristics

⁶ *Service Planning Areas (SPAs) for Los Angeles County, California.* (n.d.). Retrieved September 12, 2022, from <https://www.laalmanac.com/health/he798.php>

⁷ *Postal Zip Codes by Community in Los Angeles County, California.* (n.d.). Retrieved September 12, 2022, from https://www.laalmanac.com/communications/cm02_communities.php

The following population and demographic information are 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 2016-2020.⁸

- **Population:** Estimates indicate that there are 10.04 million people living in Los Angeles County, with 1.26 million residing in SPA 4.
- **Age:** 21.7% of Los Angeles County residents are under 18 years old, compared to 17.1% in SPA 4. 13.6% of Los Angeles County residents are 65 and older, compared to 12.5% in SPA 4.
- **Race/ethnicity:** In Los Angeles County, 47.8% of residents identify as white, 25.9% as non-Hispanic White, 14.8% as Asian, and 8.1% as Black or African American. In SPA 4, 43.6% identify as white, 25.73% as non-Hispanic white, 16.6% as Asian, and 6.7% as Black or African American.
- **English fluency:** Individuals with English fluency challenges (counted as the number of individuals self-reporting that they spoke English less than “very well”) comprise 29.1% of the SPA 4 population, compared to 23.2% of the countywide population.
- **Education:** 11.9% of Los Angeles County residents report less than a 9th-grade education, while this number is slightly higher in SPA 4 (14.1%). There are roughly equal amounts of individuals in SPA 4 (8.4%) and in Los Angeles County (8.3%) who have completed some high school but did not obtain a diploma. 17.4% of SPA 4 residents have completed high school compared to 20.4% in the county overall, while another 15.8% of residents in SPA 4 have completed some college, compared to 18.9% in the county at large. Slightly more SPA 4 residents have completed advanced degrees (38.9%) than Los Angeles County overall (33.5%).
- **Employment status:** A higher percentage of the civilian labor force in SPA 4 is unemployed (7.2%) compared to LA County (6.5%).
- **Income:** 32.76% of households in SPA 4 make \$34,999 or less per year, compared to 25.5% of households in Los Angeles County. 39.5% of households in SPA 4 make \$100,000 or more per year, compared to 47.9% of households in Los Angeles County.

⁸ Bureau, U. C. (n.d.). *American Community Survey 5-Year Data (2009-2020)*. Census.Gov. Retrieved September 12, 2022, from <https://www.census.gov/data/developers/data-sets/acs-5year.html>

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
- California Employment Development Department Occupational Employment Statistics
 - <https://data.edd.ca.gov/Wages/Occupational-Employment-Statistics-OES-Los-Angeles/3xuv-t2e3>
- Los Angeles County Department of Public Health
 - <http://publichealth.lacounty.gov/>
- California Office of Statewide Health Planning and Development
 - <https://report.oshpd.ca.gov>
- Academic research
- News publications
- Advocacy and trade publications

Primary Data Sources: Community Outreach

Gateways staff scheduled three focus groups, one with residential and outpatient facility clients, one with the inpatient, residential, and outpatient program directors and staff, and one with the Gateways' executive team. Residential and outpatient participants represented a broad range of the medically underserved,⁹ 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. Focus groups took place virtually via Teams in July 2022 and lasted approximately one hour each.

An initial outreach survey was distributed via email to public health experts in August of 2022. All persons solicited for feedback have extensive knowledge of the Gateways community and expertise relevant to community health needs. Six respondents participated, and their responses are included within the findings.

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

⁹ "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." Source: CDC Community Health Improvement Navigator, "Engage the Community," <https://www.cdc.gov/chinav/tools/engage.html>.

Gateways Community Health Needs

1. Address Physical Health Services for Mental Health Patients

Increase access to specialty physical health care services

Research Base

People experiencing homelessness are at a high risk for a broad range of illnesses, including disorders of skin and blood vessels, respiratory illnesses, traumatic disorders, chronic diseases, and mental disorders.¹⁰ Health providers can improve client experience by improving access to the specialty physical health services that address these needs, such as imaging. Improved physical health services also help integrate mental and physical health care, a policy goal supported by the National Alliance on Mental Illness.¹¹

A 2017 literature review of studies on readmission rates of psychiatric patients supported the hypothesis that “patients with mental disorders are at increased risk of readmission if they [have a] co-occurring medical condition.”¹² The review flagged chronic lung conditions, hepatitis C virus infection, and hypertension for being associated with psychiatric readmission. Another literature review found that diabetes is more common in SMI patients and that a small number of studies showed greater prevalence of metabolic syndrome.¹³ A third literature review reported that SMI patients with substance use disorders have a higher prevalence of some acute and long-term illnesses, including hypertension and hepatitis C.¹⁴

Description of Indicators

Data source: Academic research; National Alliance on Mental Illness; Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

SPA 4 Metro Area

The UCLA Fielding School of Public Health reports that “homeless individuals have much higher rates of mental illness, substance abuse, infectious disease, chronic illness, violence, [and] reproductive health risks than the general population.”¹⁵ Exposure to violence, weather, pollution, and poor sanitation all increase the health risks experienced by people experiencing homelessness in the Los Angeles area, including SPA 4. In response to this, the 2019 Los Angeles Homeless Health Summit established “Delivering patient-centered health care that

¹⁰ People, I. of M. (US) C. on H. C. for H. (1988). Health Problems of Homeless People. In *Homelessness, Health, and Human Needs*. National Academies Press (US). <https://www.ncbi.nlm.nih.gov/books/NBK218236/>

¹¹ *Physical & Mental Health Integration | NAMI: National Alliance on Mental Illness*. (n.d.). Retrieved September 12, 2022, from <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Physical-Mental-Health-Integration>

¹² Šprah, L., Demovšek, M. Z., Wahlbeck, K., & Haaramo, P. (2017). Psychiatric readmissions and their association with physical comorbidity: A systematic literature review. *BMC Psychiatry*, 17(1), 2. <https://doi.org/10.1186/s12888-016-1172-3>

¹³ Osborn, D. P., Wright, C. A., Levy, G., King, M. B., Deo, R., & Nazareth, I. (2008). Relative risk of diabetes, dyslipidaemia, hypertension and the metabolic syndrome in people with severe mental illnesses: Systematic review and metaanalysis. *BMC Psychiatry*, 8(1), 84. <https://doi.org/10.1186/1471-244X-8-84>

¹⁴ Onyeka, I. N., Collier Høegh, M., Nâheim Eien, E. M., Nwaru, B. I., & Melle, I. (2019). Comorbidity of Physical Disorders Among Patients With Severe Mental Illness With and Without Substance Use Disorders: A Systematic Review and Meta-Analysis. *Journal of Dual Diagnosis*, 15(3), 192–206. <https://doi.org/10.1080/15504263.2019.1619007>

¹⁵ Kuhn, R., Richards, J., Roth, S., & Clair, K. (2020). *Homelessness and Public Health in Los Angeles*. <https://escholarship.org/uc/item/2gn3x56s>

meets the specialized needs of people experiencing homelessness” as one of its 7 policy priorities.¹⁶

Community Outreach Feedback

Executives said clients would benefit from imaging services, mental health services, medication assistance treatment, trans health care, and substance use services. One mid-level staff member said that clients’ medical needs go underserved because Gateways does not have the equipment on site to meet everyone’s needs, and referring them to external partners is difficult. Sending staff out to escort a patient to specialty care is tiring and lowers staff morale. Clients and staff spoke highly of existing medical services at Gateways.

Improve preventative health care services

Research Base

A literature review of studies examining the quality of care of those with and without mental health conditions concluded that “there is strong evidence to suggest that the quality of preventive and screening services received by patients with mental illness is often lower, but occasionally superior to that received by individuals who have no comparable mental disorder.”¹⁷ The preventive services analyzed included mammography, cervical smears, vaccinations, cholesterol screenings, lifestyle counseling, and colonoscopies. The meta-analysis found that “inferior preventive care was most apparent in those with schizophrenia and in relation to osteoporosis screening, blood pressure monitoring, vaccinations, mammography, and cholesterol monitoring.”

Other literature reviews have found that patients experiencing homelessness and patients with severe mental illness experience higher rates of diabetes, metabolic syndrome, and hypertension,¹⁸ especially if the patients have a dual diagnosis.¹⁹ Many of these illnesses, especially hypertension and diabetes, are preventable with adequate preventative care and lifestyle interventions.

Description of Indicators

Data source: Academic research; LA County Department of Public Health; Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

SPA 4 Metro Area

Compared to LA County and the other SPAs, SPA 4 has a lower percentage of adult health insurance coverage (84.8% do not have coverage) and a higher percentage of adults who report difficulty accessing medical care (28.6%).²⁰ Compared to the county and other SPAs, SPA 4 has similar percentages of adults who did not see a dentist in the past year (40.3%),

¹⁶ L.A. County Health Care Leaders Release an Action Plan on Homelessness. (2019, December 10). L.A. Care Health Plan. <https://www.lacare.org/news/la-county-health-care-leaders-release-action-plan-homelessness>

¹⁷ Lord, O., Malone, D., & Mitchell, A. J. (2010). Receipt of preventive medical care and medical screening for patients with mental illness: A comparative analysis. *General Hospital Psychiatry*, 32(5), 519–543. <https://doi.org/10.1016/j.genhosppsych.2010.04.004>

¹⁸ Osborn, D. P., Wright, C. A., Levy, G., King, M. B., Deo, R., & Nazareth, I. (2008). Relative risk of diabetes, dyslipidaemia, hypertension and the metabolic syndrome in people with severe mental illnesses: Systematic review and metaanalysis. *BMC Psychiatry*, 8(1), 84. <https://doi.org/10.1186/1471-244X-8-84>

¹⁹ Onyeka, I. N., Collier Høegh, M., Nâheim Eien, E. M., Nwaru, B. I., & Melle, I. (2019). Comorbidity of Physical Disorders Among Patients With Severe Mental Illness With and Without Substance Use Disorders: A Systematic Review and Meta-Analysis. *Journal of Dual Diagnosis*, 15(3), 192–206. <https://doi.org/10.1080/15504263.2019.1619007>

²⁰ *Key Indicators of Health by Service Planning Area*. (2017). Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/docs/KIH_Sec_yr2017.pdf

children not visiting the doctor due to cost (8%), and adults with a regular source of health care (74.3%). Women and children in SPA 4 appear to be in special need of improved preventative health services. In comparison to the County and other SPAs, SPA 4 has a lower percent of women ages 21-65 who received a Pap smear in the past 3 years (78.4%), a lower percent of live births where the mother received first trimester prenatal care (79.1%), and a lower percent of children 6 months-17 who received a vaccine for influenza in the past year (46.5%).

Community Outreach Feedback

Executives said youth clients could benefit from ACES screening, which would require training in ACES. One executive said that Gateways patients are often fragile due to compounding physical and mental health issues. Staff at all levels commented that it is more difficult for Gateways patients to reach wellness when they experience compounding mental and physical health issues. Clients and staff spoke highly of existing medical services at Gateways. Junior and mid-level staff highlighted the success of the RN and MP on staff. The RN helps clients gain more knowledge of their conditions, and the MP holds weekly wellness sessions and follows up with clients about antibiotics, sexual health, and other needs. Staff were interested in making more services like this available to their clients.

Improve comfort of residential spaces

Research Base

Clients, researchers, and practitioners are increasingly aware that care facilities can be better designed to improve client mental health. A recent study in *Qualitative Health Research* reports that improved physical design can facilitate communication and therapeutic relationships among clinicians and clients.²¹ Design can be improved with exposure to daylight and nature, artwork, a mix of comfortable fabrics and finishes, and softer acoustics.^{22 23}

Description of Indicators

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

Community Outreach Feedback

All groups interviewed described the importance of giving clients tools to address their physical and mental health needs; some clients and mid-level staff connected this to the comfort of Gateways residential spaces. Three mid-level staff members described how clients cannot address their physical comorbidities in the Gateways facility because they “don’t have options for moving around.” They stated that Gateways inpatient care does not provide enough space to cook or perform physical activity. One staff member said that part of the reason clients disappear is because they are uncomfortable living at Gateways without amenities that would “make them feel human.” Several clients affirmed this perspective with one stating that clients’

²¹ Novotná, G., Urbanoski, K. A., & Rush, B. R. (2011). Client-Centered Design of Residential Addiction and Mental Health Care Facilities: Staff Perceptions of Their Work Environment. *Qualitative Health Research*, 21(11), 1527–1538. <https://doi.org/10.1177/1049732311413782>

²² HMC Architects. (2018, September 12). *Behavioral Health Facility Design Guide: Purposeful Best Practices | Thought Leadership*. HMC Architects. <https://hmcarchitects.com/news/behavioral-health-facility-design-guide-purposeful-best-practices-2018-09-12/>

²³ *Empathy in Architecture: Using Trauma-Informed Design to Promote Healing—E4H*. (n.d.). Retrieved September 27, 2022, from <https://e4harchitecture.com/empathy-in-architecture-using-trauma-informed-design-to-promote-healing/>

lack of coping skills was connected to them feeling bored and like they don't have anything to do.

Create stable and reliable transportation programs for residents

Research Base

Reliable transportation improves continuity of care by giving clients a dependable way to reach their health care provide. However, researchers report that transportation is a frequent barrier to health care access,^{24 25} especially among homeless adults.²⁶

A survey of 1,748 respondents shows that individuals with disabilities also face challenges as they use public transportation, especially those with blindness or low vision, psychiatric disabilities, chronic health conditions, or multiple disabilities.²⁷ Persons aging with mobility disability also report challenges using public and private modes of transportation.²⁸

Description of Indicators

Data source: Academic research; LA Metro; Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

SPA 4 Metro Area

68.5% of workers 16 years and older in SPA 4 drove or carpoled to work, compared to 81.6% in LA County.²⁹ 12.9% used public transportation and 5% walked, compared to 5.4% taking public transportation and 2.6% walking in LA County.

Gateways provides its inpatient, outpatient, and residential clients with some transportation services via several Gateways vehicles as well as Uber Health transport. LA Metro states that "Metro may allow the reasonable modification of our policies to accommodate the special needs of persons with disabilities in order to allow them to fully utilize our services."³⁰ Metro requests that modifications of accommodations be filed with the Manager of Accessibility and Paratransit at accessibility@metro.net or by telephone at 213-922-6919.

Community Outreach Feedback

²⁴ 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. <https://doi.org/10.1007/s10900-013-9681-1>

²⁵ *Transportation shouldn't be a barrier to health care.* (n.d.). Retrieved September 13, 2022, from <https://www.statnews.com/2016/09/02/transportation-barrier-health-care/>

²⁶ 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. <https://doi.org/10.1007/s10488-007-0115-1>

²⁷ Bezyak, J. L., Sabella, S., Hammel, J., McDonald, K., Jones, R. A., & Barton, D. (2020). Community participation and public transportation barriers experienced by people with disabilities. *Disability and Rehabilitation, 42*(23), 3275–3283. <https://doi.org/10.1080/09638288.2019.1590469>

²⁸ Remillard, E. T., Campbell, M. L., Koon, L. M., & Rogers, W. A. (2022). Transportation challenges for persons aging with mobility disability: Qualitative insights and policy implications. *Disability and Health Journal, 15*(1S), 101209. <https://doi.org/10.1016/j.dhjo.2021.101209>

²⁹ Bureau, U. C. (n.d.). *American Community Survey 5-Year Data (2009-2020)*. Census.Gov. Retrieved September 12, 2022, from <https://www.census.gov/data/developers/data-sets/acs-5year.html>

³⁰ Accessibility on Metro. (n.d.). *LA Metro*. Retrieved September 13, 2022, from <https://www.metro.net/riding/riders-disabilities/>

One executive pointed out the fiscal impact of ambulance bills, stating that grants do not cover the entire cost of ambulance transportation; this means that Gateways has to cover the remaining balance. Another executive said that when staff accompany clients, Gateways feels the need for its own fleet. They also described that some families cannot reach their appointments because gas is too expensive; students, however, can use their student ID to use the bus. A mid-level staff member affirmed that transportation is a barrier to accessing services and that clients have long bus/transit commutes to reach the site of care. They suggested that an existing transportation program for DV survivors be expanded to all clients.

2. Staff Continuity and Retention

Improve continuity of care for patients through reduced staff turnover, lower caseloads, and fewer case manager changes

Research Base

A study of 486 adults with severe mental illness showed that better continuity of care was associated with better quality of life at endpoint, better community functioning, lower severity of symptoms, and greater service satisfaction.³¹ One way to improve continuity of care is to improve employee retention, allowing patients to continue working with the same service providers. According to Real HR Solutions, an HR consulting firm, good employee retention reduces turnover and associated costs, increases engagement and employee growth over time, improves employer brand and recruitment, and creates overall improvements to the organization's resilience and financial health.³² In the homelessness and mental health sectors, journalists, working professionals, and clients have reported that poor retention and recruitment are major barriers to effective service delivery.³³ The health care sector overall struggles with high rates of turnover³⁴ ³⁵ rates, especially in behavioral health and mental health care.³⁶

Description of Indicators

Data source: Academic research; Real HR Solutions, Beckers Hospital Review, Daily Pay, Los Angeles Times, CalMatters; Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

SPA 4 Metro Area

News outlets have noted that caseworkers and health care staff in the Los Angeles area are turning over at high rates. In the homelessness sector, case workers report burnout due to

³¹ Adair, C. E., McDougall, G. M., Mitton, C. R., Joyce, A. S., Wild, T. C., Gordon, A., Costigan, N., Kowalsky, L., Pasmeny, G., & Beckie, A. (2005). Continuity of Care and Health Outcomes Among Persons With Severe Mental Illness. *Psychiatric Services*, 56(9), 1061–1069. <https://doi.org/10.1176/appi.ps.56.9.1061>

³² Lewis, A. (2021, November 19). Employee Retention: Best Practices & 7 Key Steps for 2022. *RealHR Solutions*. <https://realhrsolutions.com/employee-retention/>

³³ Botts, J. (2022, January 17). 5 challenges in expanding California's permanent supportive housing—And potential solutions. *CalMatters*. <http://calmatters.org/california-divide/2022/01/california-homeless-permanent-supportive-housing-5-challenges/>

³⁴ *Will 2018 be the year healthcare addresses its turnover problem?* (n.d.). Retrieved September 13, 2022, from <https://www.beckershospitalreview.com/finance/will-2018-be-the-year-healthcare-addresses-its-turnover-problem.html>

³⁵ DailyPay. (2021, June 14). *Healthcare Turnover Rates [2021 Update]*. DailyPay. <https://www.dailypay.com/resource-center/blog/employee-turnover-rates-in-the-healthcare-industry/>

³⁶ Woltmann, E. M., Whitley, R., McHugo, G. J., Brunette, M., Torrey, W. C., Coots, L., Lynde, D., & Drake, R. E. (2008). The Role of Staff Turnover in the Implementation of Evidence-Based Practices in Mental Health Care. *Psychiatric Services*, 59(7), 732–737. <https://doi.org/10.1176/ps.2008.59.7.732>

feeling overburdened and under supported by the rest of the services ecosystem.³⁷ This leads to disruptions in continuity of care when staff leave. In the health care sector, community-based clinics report similar problems with burnout, inadequate pay, understaffing, and turnover.³⁸ Susan Dion, CAO of Valley Community Healthcare in LA, describes how important the problem is to local health care providers: “Workforce is probably the No. 1 thing we talk about now, above anything else... it’s not even COVID anymore, it’s workforce.”

Community Outreach Feedback

One executive said that retention was one of Gateways Hospital’s top five needs, sharing that the organization’s retention numbers are not poor compared to the industry, but that there are pockets within Gateways that need improvement. As a group, junior and mid-level staff agreed that turnover rates need to be improved, saying that “the clients suffer” from high turnover. Junior and mid-level staff said that, in addition to turnover, some positions are understaffed and spread thin, including CONRAP management and therapists.

Explore options to enhance pay and benefits for staff

Research Base

A study of employee turnover in community mental health organizations showed that the most significant factor in a decision to leave a community mental health organization was low pay.³⁹ HR consultants at Real HR Solutions assert that compensation and benefits play a critical role in staff retention, suggesting that employers “offer salaries and wages as competitive as possible for your organization.”⁴⁰ They recommend that employers take a total rewards approach to compensation, conduct pay equity audits and improvements, and clearly communicate the steps taken to employees. In an article on the impact of salary on employee retention, the outsourcing, staffing, and workplace solutions firm Randstad USA suggests employers tailor compensation to the industry standard and go beyond base salary with variable pay benefits such as bonuses.⁴¹

Description of Indicators

Data source: Academic research; State of California Employment Development Department; Real HR Solutions; Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

SPA 4 Metro Area

In the first quarter of 2020, the median hourly wage for different kinds of health care workers in Los Angeles County included the following:⁴²

³⁷ Tobias, M. (2022, January 27). Will worker shortage disrupt California homeless strategy? *CalMatters*. <http://calmatters.org/economy/labor/2022/01/california-homeless-worker-shortage/>

³⁸ *Community clinics struggle with worker turnover, staffing woes—Los Angeles Times*. (n.d.). Retrieved September 13, 2022, from <https://www.latimes.com/california/story/2022-03-17/community-clinics-staffing-shortages>

³⁹ Ben-Dror, R. (1994). Employee turnover in community mental health organization: A developmental stages study. *Community Mental Health Journal*, 30(3), 243–257. <https://doi.org/10.1007/BF02188885>

⁴⁰ Lewis, A. (2021, November 19). Employee Retention: Best Practices & 7 Key Steps for 2022. *RealHR Solutions*. <https://realhrsolutions.com/employee-retention/>

⁴¹ *The Impact of Salary on Employee Retention: What You Should Be Paying? | Randstad USA*. (n.d.). Retrieved September 13, 2022, from <https://www.randstadusa.com/business/business-insights/salary-trends/impact-salary-employee-retention-what-you-should-be-paying/>

⁴² *Occupational Employment Statistics (OES)—Los Angeles-Long Beach-Glendale MD | EDD Data Library*. (n.d.). Retrieved September 13, 2022, from <https://data.edd.ca.gov/Wages/Occupational-Employment-Statistics-OES-Los-Angeles/3xuv-t2e3>

Job	Median Hourly Wage
Registered nurses	\$52.09
Medical assistants	\$17.42
Medical secretaries and administrative assistants	\$20.64
Licensed practical and licensed vocational nurses	\$28.27
Receptionists and information clerks	\$16.10
First-line supervisors of personal service workers	\$29.94
Social and community service managers	\$38.08

Community Outreach Feedback

Junior and mid-level staff asserted as a group that high staff turnover is driven by inadequate pay and benefits. One staff member said, “Gateways needs to do a better job of taking care of the people who care for the client,” describing current staff pay as “unacceptable.” Other staff members concurred with this statement. In addition to pay, junior & mid-level staff flagged better healthcare options, increased staff capacity, and improved vacation time (three weeks minimum) as ways to increase staff retention. The executive team did not mention pay or benefits. Junior and mid-level staff in general spoke highly of their immediate managers and of Gateways’ organizational culture.

Expand management team and offer expanded management training

Research Base

The HR consulting firm Real HR Solutions reports that staff’s relationship with their immediate manager is a key determinant of retention.⁴³ Management training can help create better relationships between management and staff by spreading improved management practices throughout the organization.⁴⁴ Potential training topics include onboarding, self-directed learning, immediate supervisor skills, effective communication, cultural competency, active listening, and ongoing professional credentialing.

A study of outcomes from existing leadership trainings in health care found the following:⁴⁵

“Outcomes research has shown that health care leadership training is most effective when it takes place over time, is comprehensive and interdisciplinary, and incorporates individual/institutional projects allowing participants immediate practical application of their newly acquired skills. The training should envelop all the traditional health care domains of clinical practice, education, and research, so the leader may understand all the activities taking place under [their] leadership. Early career leadership training helps to develop a pipeline of leaders for the future, setting the foundation for further development of those who may choose to pursue significant leadership opportunities later in their career. A combination of early and mid-to-late career development may represent the optimal training for effective leaders.”

Description of Indicators

Data source: Academic research; Real HR Solutions, HIS; Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

⁴³ Lewis, A. (2021, November 19). Employee Retention: Best Practices & 7 Key Steps for 2022. *RealHR Solutions*. <https://realhrsolutions.com/employee-retention/>

⁴⁴ *Training’s Role in Employee Retention Management*. (n.d.). HSI. Retrieved September 13, 2022, from <https://hsi.com/blog/trainings-role-in-employee-retention-management>

⁴⁵ Sonnino, R. E. (2016). Health care leadership development and training: Progress and pitfalls. *Journal of Healthcare Leadership*, 8, 19–29. <https://doi.org/10.2147/JHL.S68068>

Community Outreach Feedback

Several executives stated that Gateways should take the opportunity to improve leadership development. One executive called for leadership development programming in relation to culture & communication styles, while another called for “nuts and bolts of leadership” training before anything else is improved. One executive pointed out that clinical experts’ knowledge doesn’t necessarily translate to management skills, showing the need for “nuts and bolts” framing. The executive team saw leadership basics training as a way to get people excited and exploring, building on the high interest they see in their staff.

3. Expand Lifestyle and Social Skill Building Programming for Mental Health Patients

Provide education and programming on comprehensive health and wellness literacy

Research Base

A study of health literacy among people attending mental health treatment showed that, compared to other populations, people living with mental illness tend to have overall lower health literacy.⁴⁶ This is a barrier to client well-being, as adequate health literacy allows people to make well-informed decisions and use health information to improve their well-being.⁴⁷ Comprehensive health and wellness literacy programs should also include mental health literacy, which includes knowledge that helps people recognize, manage, and prevent mental health issues.⁴⁸

Description of Indicators

Data source: Academic research; Center for Disease Control, LA County Department of Public Health; Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

SPA 4 Metro Area

The Los Angeles County Department of Public Health offers educational materials, trainings, and occasional conferences on health education for clients, including a “Say it Right the First Time” manual for practitioners.⁴⁹ The County’s Health Education Administration also appears to offer trainings on plain language practitioners can use to make sure clients have “the ability to receive, understand, and apply” wellness information.

Community Outreach Feedback

Both executives and staff were concerned about the general wellness of Gateways clients, commenting frequently on the comorbidities and physical health challenges they experienced. An executive connected this to general wellness, saying “Mental health patients do torture to their bodies” through diet and sometimes substance use.

⁴⁶ Degan, T. J., Kelly, P. J., Robinson, L. D., Deane, F. P., Wolstencroft, K., Turut, S., & Meldrum, R. (2019). Health literacy in people living with mental illness: A latent profile analysis. *Psychiatry Research*, 280, 112499.

<https://doi.org/10.1016/j.psychres.2019.112499>

⁴⁷ CDC. (2022, February 2). *What is health literacy? Take action. Find out.* Centers for Disease Control and Prevention. <https://www.cdc.gov/healthliteracy/learn/index.html>

⁴⁸ Jorm, A. F. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. *British Journal of Psychiatry*, 177(5), 396–401. <https://doi.org/10.1192/bjp.177.5.396>

⁴⁹ LA County Public Health—Health Education Administration. (n.d.). Retrieved September 13, 2022, from <http://publichealth.lacounty.gov/hea/HealthLiteracy.htm>

A mid-level staff member expressed a desire for clients to gain literacy on how they can “meet their basic needs in a healthy way.” Junior and mid-level staff members spoke approvingly of the RN who helps clients gain more knowledge of their conditions, and of the MP who holds weekly wellness sessions.

Clients were appreciative of Gateways staff being generally willing to help, and a few told stories of times the interventions improved their general wellness. One client said, “They help with whatever the reason is that we are here. They guide us in the right direction. If we do something wrong, they help us instead of putting us out. They helped me cope with my diabetes. I used to binge eat a lot, and I’m eating well for my diabetes now.” Another client added, “They are good at keeping people engaged.” A third client said that they were concerned about clients’ hygiene, especially women, and thought the existing clinic did not have enough capacity to address it. A different client said they would like staff to encourage patients to read their pamphlets and know the resources available, so they can find care and advocate for themselves.

One survey respondent echoed staff and executives’ desire for general wellness programs, stating that Gateways clients “Aren’t always equipped with the skills to [...] care fully for themselves.” Another survey respondent called for functional nutrition education for improving mental health.

Enhance programs to build social skills

Research Base

A study in *Health Communication* found that, through elevated stress and increased loneliness, poor social skills are associated with lower mental and physical health.⁵⁰ Programs to improve social skills can be considered a form of preventative health care.⁵¹ A review of available treatment methods suggests that providers focus on mental health promotion, early detection and interventions, and support from society and policy makers.⁵²

Social and emotional skills are associated with positive youth development, character education, healthy lifestyle behaviors. They are also associated with reductions in depression, anxiety, conduct disorders, violence, bullying, conflict, and anger. School-based interventions are aimed to enhance skills that go beyond a problem-focused approach to embrace a more positive view of health and potentially improve the youth’s wellbeing.⁵³

Description of Indicators

Data source: Academic research; LA County Department of Public Health; Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

SPA 4 Metro Area

⁵⁰ Segrin, C. (2019). Indirect Effects of Social Skills on Health Through Stress and Loneliness. *Health Communication*, 34(1), 118–124. <https://doi.org/10.1080/10410236.2017.1384434>

⁵¹ *Prevention and Early Intervention in Mental Health*. (n.d.). Mental Health America. Retrieved September 13, 2022, from <https://www.mhanational.org/issues/prevention-and-early-intervention-mental-health>

⁵² Arango, C., Díaz-Caneja, C. M., McGorry, P. D., Rapoport, J., Sommer, I. E., Vorstman, J. A., McDaid, D., Marín, O., Serrano-Drozdowskyj, E., Freedman, R., & Carpenter, W. (2018). Preventive strategies for mental health. *The Lancet. Psychiatry*, 5(7), 591–604. [https://doi.org/10.1016/S2215-0366\(18\)30057-9](https://doi.org/10.1016/S2215-0366(18)30057-9)

⁵³ Sancassiani, F., Pintus, E., Holte, A., Paulus, P., Moro, M. F., Cossu, G., Angermeyer, M. C., Carta, M. G., & Lindert, J. (2015). Enhancing the Emotional and Social Skills of the Youth to Promote their Wellbeing and Positive Development: A Systematic Review of Universal School-based Randomized Controlled Trials. *Clinical Practice and Epidemiology in Mental Health: CP & EMH*, 11(Suppl 1 M2), 21–40. <https://doi.org/10.2174/1745017901511010021>

60.2% of adults in SPA 4 report that they receive the social and emotional support they need. This is around the LA County average.⁵⁴

Community Outreach Feedback

One executive suggested exploring a therapy room and music room to help clients self-regulate. The executive pointed out that these programs would be funded by philanthropists, making them difficult to introduce and sustain. Another executive called for “regular life enhancements” that help clients reintegrate into the community, such as therapy dogs or yoga. Like the other executive, they pointed out the difficulty of building partnerships and encouraging partners to keep coming back.

Clients echoed executives’ calls for programs to build social skills. One client flagged “coping skills” as one of the needs Gateways clients have, and another flagged “social skills.” Another asked for more visiting time, pointing out that sometimes people can’t meet in the designated time. This client also requested more time for community outings, such as movies. One client asked for “more freedom,” stating that if someone is in a stepdown program and backtracks, lockdown is not the most appropriate response.

Expand outdoor activity options

Research Base

Exposure to nature and the outdoors has been linked to improve attention, lower stress, better mood, reduced risk of psychiatric disorders and even improved empathy and cooperation.⁵⁵ here are many cognitive benefits when it comes to participating in outdoor activities. Some examples of outdoor activities that can improve mental health outcomes are walking through a city park, hiking in wilderness, going for a jog, etc. Spending time outdoors can ease a busy mind.

Correlational and experimental research shows that outdoor activities improve mental health, a topic University of Chicago psychologist Marc Berman, PhD and his student Kathryn Schertz explored in a 2019 review. They reported that green spaces near schools promote cognitive development in children and green views near children’s homes promote self-control behaviors. Adults assigned to public housing units in neighborhoods with more green space showed better attentional functioning than those assigned to units with less access to natural environments. Experiments have found that being exposed to natural environments improves working memory, cognitive flexibility and attentional control, while exposure to urban environments is linked to attention deficits.

Description of Indicators

Data source: Academic research; American Planning Association; Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

Community Outreach Feedback

One executive suggested that Gateways explore an exercise program to address concerns around obesity. One survey respondent called for an outdoor exercise space for clients.

⁵⁴ *Key Indicators of Health by Service Planning Area*. (2017). Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/docs/KIH_Sec_yr2017.pdf

⁵⁵ *Nurtured by nature*. (n.d.). <https://www.Apa.Org>. Retrieved September 13, 2022, from <https://www.apa.org/monitor/2020/04/nurtured-nature>

Although not made explicit in all comments, outdoor activities are consistent with other community feedback about wellness programs, social skills, and lifestyle programming.

Expand family visiting time and options for patients to gain day passes/time away from facility

Research Base

Family engagement has been defined as “the process of identifying, enrolling, and retaining families in treatment services.”⁵⁶ It is now widely accepted that it is necessary to acknowledge the personal experiences of patients and their families during the planning and organizing of psychiatric care. The World Psychiatric Association’s (WPA) Task Force on Best Practice in Working with Service Users and Caregivers has recommended that clinical psychiatric care of any person in acute or rehabilitation situations should be done in collaboration among the user, the family, and the clinicians. The World Health Organization’s Mental Health Action Plan (2013–2020) also called for greater collaboration with families in the delivery of mental health services, reporting that family engagement can lead to “fewer relapses, longer duration between relapses, reduced hospital admissions, shorter inpatient stays, and improved compliance to medication and treatment plans.”

Description of Indicators

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

Community Outreach Feedback

One executive stated that community reintegration is the long-term goal for Gateways clients. One client said that they wished for expanded visiting hours and more community outings. A mid-level staff member asserted that not all patients have healthy family dynamics, stating “We can do all the therapy in the world here, then we send them to their home, and nothing changes there.” Expanding options for day passes would be consistent with clients’ request for more community programming and activities.

4. Improve or Expand Programming Offered through Partnerships

Improve access to vocational and educational programs or improved access to such programs

Research Base

Improved access to vocational and educational programs leads to higher earnings that can provide access to healthy food, safer homes, and better health care⁵⁷. An applicant with more education is more likely to be employed and have a job that provides health-promoting benefits such as health insurance, paid leave, and retirement. People with less education are more likely to work in high-risk occupations with fewer benefits. With higher incomes, people can more easily purchase healthy foods, have time to exercise regularly, and pay for health services and transportation.

⁵⁶ Ong, H. S., Fernandez, P. A., & Lim, H. K. (2021). Family engagement as part of managing patients with mental illness in primary care. *Singapore Medical Journal*, 62(5), 213–219. <https://doi.org/10.11622/smedj.2021057>

⁵⁷ Center on Society and Health. (n.d.). Retrieved September 13, 2022, from <https://societyhealth.vcu.edu/work/the-projects/education-it-matters-more-to-health-than-ever-before.html>

One study of 5,000 clients with either sensory/communicative, physical, or mental disabilities showed that, after receiving vocational rehabilitation services, 62% of the clients in the study achieved gainful employment.⁵⁸ Broken down by group, 75% of people with sensory/communicative disabilities, 56% of people with physical disabilities, and 55% of people with intellectual disabilities found employment after participating in vocational rehabilitation services.

Description of Indicators

Data source: Academic research; Center on Society and Health; Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

Community Outreach Feedback

One survey respondent said that Gateways should have an employment program as part of “full holistic care.” Another survey respondent stated “The needs I see Gateways clients have are life skills. Due to being away from society for periods of time, a lot gets lost in the individual.” Executives and clients both asserted that community reintegration should be a goal for Gateways clients. A vocational and educational program may help towards that goal.

Offer anger management classes, for both adolescents and adults

Research Base

Anger management services can help individuals with mental health issues develop a stronger sense of empathy, so they can better understand other’s perspectives⁵⁹. Understanding other people’s viewpoints is an important part of diffusing anger and calmly dealing with conflict. Developing anger management skills can strengthen the bonds between loved ones by controlling hurtful outbursts and fostering healthier communication. An anger management therapist can provide some insight into past experiences and trauma that may be the root of anger, anxiety, and fear. Once those connections are recognized, the individual can work to resolve their past experiences and move forward. Anger often leads to poor decisions and impulsiveness. Anger management therapy can help individuals build the skills necessary to manage their anger and other emotions, allowing them to have more control over their actions and decisions.

Description of Indicators

Data source: iCare Home Health Services; Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

Community Outreach Feedback

Anger management classes would aid in community reintegration, the long-term goal for Gateways clients. Executives, staff, clients, and survey respondents all flagged general social and life skills as something clients struggle with. Anger management may be considered one of these general life skills.

Improved scheduling for outside health appointments

⁵⁸ Dutta, A., Gervery, R., Chan, F., Chou, C.-C., & Ditchman, N. (2008). Vocational Rehabilitation Services and Employment Outcomes for People with Disabilities: A United States Study. *Journal of Occupational Rehabilitation, 18*(4), 326–334. <https://doi.org/10.1007/s10926-008-9154-z>

⁵⁹ *Anger Management Services | Six Important Benefits.* (n.d.). Retrieved September 13, 2022, from <https://www.icarehomehealth.ca/six-important-benefits-of-anger-management-services/>

Research Base

The lack of comprehensive coordination of care, like scheduling consistent appointments for the patients receiving inpatient and residential care, can create a fragmented, poorly integrated experience from multiple providers⁶⁰. Inconsistent appointments can result in the patient experiencing suboptimal outcomes and risk of harm due to failures of communication, inadequate sharing of clinical information, poor reconciliation of medications, duplication of investigations, and avoidable hospital admissions or readmissions.

Consistent and local appointments improve health outcomes for patients as they create trusting relationships, facilitating empathic, collaborative consultations in which patients can understand their conditions and medicine. Improved scheduling for outside health appointments also allows patients to have a sense of control and encourages empowerment and adherence to treatment.

Description of Indicators

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

Community Outreach Feedback

One staff member said that they drove a client to Torrance for an appointment, but there was no one there to interpret for the client, so they had to go back without receiving services. Another staff member said that it is difficult for staff to escort clients to appointments, as it requires a significant time commitment. One executive shared that when Gateways sends clients to receive physical care, sometimes clients return without the appropriate documents.

Ensure adequate community-based wrap around services/case management services for discharged patients

Research Base

The integration of community-based wrap around services is significant when discharging patients with mental health diagnoses. Community-based wrap around services can include case management services, follow-up phone calls, home visits, and psychoeducation for families⁶¹. In a study conducted by the Psychosomatic Research Center, eligible discharged patients with mental health diagnoses were randomly assigned to two separate groups: 1. Those receiving aftercare services, and 2. those that did not receive aftercare services (the control group). The study followed the groups for a year, with the intervention group receiving weekly follow-up phone calls, monthly home visits, and psychoeducation sessions for families throughout that time. Results showed a significantly higher level of functioning, significantly lower psychiatric re-hospitalizations, and decreased depression-related symptoms in those that received aftercare services during the study. Aftercare services not only empower and provide support to patients with mental health diagnoses, but they also provide that same support for their families and allow for a smoother integration into the community.

⁶⁰ World Health Organization. (2018). *Continuity and coordination of care: A practice brief to support implementation of the WHO Framework on integrated people-centred health services*. World Health Organization. <https://apps.who.int/iris/handle/10665/274628>

⁶¹ Barekattain, M., Maracy, M. R., Rajabi, F., & Baratian, H. (2014). Aftercare services for patients with severe mental disorder: A randomized controlled trial. *Journal of Research in Medical Sciences: The Official Journal of Isfahan University of Medical Sciences*, 19(3), 240–245.

Description of Indicators

Academic research; Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

Community Outreach Feedback

One mid-level staff member said that challenging family environments make it difficult for their clients to stay healthy because the family environment “stays the same” despite interventions at Gateways. This staff member noted that Gateways does not have a wrap around team, even though it tries to provide wrap around services. One client said that if they could add something new to Gateways, they would add case management, because they “communicate your needs” and “directly help you.” One survey respondent said that a full-service outpatient program could help meet clients’ needs because clients “come in with problems in all areas of life – housing, legal problems, relationship issues, health issues, job insecurity – in addition to the mental illness which may be a source of those problems.”

Regularly offered sexual health programs, especially for girls and LGBTQ+ clients

Research Base

Regularly offered sexual health programs provide education on sexuality, identity, abstinence, contraception, disease prevention, reproductive health, healthy relationships, and much more⁶². Sexual health programs can benefit overall health education to patients with mental health diagnoses. They improve self-esteem, support physical development, and provide a sense of community with others that experience similar challenges.

Sexual health programs can improve skill building by providing information and opportunity to practice skills that assist youth in recognizing and responding to social and sexual situations appropriately. Sexual health programs help prevent negative outcomes by providing information and skills to recognize and prevent sexual abuse. They also provide a framework to understand and avoid behaviors that are socially inappropriate or illegal. Sexual health programs are important for patients with mental health diagnoses as they can equip them with improved communication by learning proper terminology; youth can also ask questions, describe symptoms, and express concerns more accurately to caregivers or healthcare providers.

LGBTQ individuals are more likely to experience a mental illness such as depression or anxiety⁶³. The stigma that surrounds mental illnesses can keep people from seeking help. A Rainbow Health survey found 10% postponed care or didn’t access care at all due to disrespect or discrimination from health care providers.

Description of Indicators

Connecticut State Department of Education; LA County Department of Public Health; HealthPartners; Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

SPA 4 Metro Area

⁶² *Components of Sexual Health Education*. (n.d.). CT.Gov - Connecticut’s Official State Website. Retrieved September 13, 2022, from <https://portal.ct.gov/SDE/Publications/Sexual-Health-Education-Component-of-Comprehensive-Health-Education/Components-of-Sexual-Health-Education>

⁶³ Mental health challenges in the LGBTQ community. (2018, March 19). *HealthPartners Blog*. <https://www.healthpartners.com/blog/mental-health-in-the-lgbtq-community/>

SPA 4 fares worse in its STD incidence rates (measured in annual new cases per 100,000 population) than the County of Los Angeles and other SPAs. Those STDs include HIV/AIDS (69.6 annual new cases per 100,000 population compared to 24.3 for County), HIV-related mortalities (4.8 vs 2.2), primary and secondary syphilis (42.7 vs. 14.9), chlamydia (796 vs. 554), and gonorrhea (396 vs. 172.1).⁶⁴

Community Outreach Feedback

Several executives and staff members pointed out that many trans youth and LGBTQ+ people use Gateways' services, and that they want Gateways staff to be better trained and equipped to serve those clients' needs. One staff member stated that Gateways staff do not have appropriate training to assist trans clients, and others noted that Gateways does not have the infrastructure in place to provide all the care needed and needs to find partnerships. Another staff member specifically called for improved relationships with organizations that can provide a girls' group or a sexual health group. A client shared that they believe clients need better hygiene support, especially for women's hygiene.

Improved wrap around services for adolescents, including peer support services

Research Base

Wrap around services are a new kind of aid for youth that struggle with mental health issues. In the past, mental health issues in youth were treated using a science-based, counseling-focused approach only.⁶⁵ Through wrap around methods, the focus is not only on the youth, but it is also on the youth's family. It builds on the goals and strengths of the family unit to help the youth in a more comprehensive way. Families and youth already face many challenges, like poverty, food insecurity, etc., and additional mental health concerns compound their difficulties. Wrap around services help address the additional challenges youth face outside of mental health issues.

Peer support services aid people with mental health concerns, offering individualized support. Peer support workers share tools that can complement or replace clinical support by providing strategies for self-empowerment and opportunities for self-determination.⁶⁶ They support people in connecting with their own inner strength, motivation, and desire to move forward in life, even when experiencing challenges. Peer support workers offer different types of support, including emotional, informational (connections to information and referrals to community resources that support health and wellness), instrumental (concrete supports such as housing or employment), and affiliation support (connections to community supports, activities, and events).

A systematic review of peer supported programs showed more null than positive effects across peer interventions, with a few notable exceptions: dyadic peer support and group-based interventions that use peers as educators.⁶⁷ A separate literature review reports that "large sections of the current literature support the inclusion of peer support workers in the mental health care workforce."⁶⁸ However, the authors note that peer support services are only feasible

⁶⁴ *Key Indicators of Health by Service Planning Area*. (2017). Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/docs/KIH_Sec_yr2017.pdf

⁶⁵ Writer, S. (2021, January 19). *Wraparound Services in Mental Health | Solara Mental Health*. <https://solaramentalhealth.com/wraparound-services-in-mental-health/>

⁶⁶ SAMHSA. (n.d.). *Peers Supporting Recovery From Mental Health Conditions*. <https://peerrecoverynow.org/ResourceMaterials/peers-supporting-recovery-mental-health-conditions-2017.pdf>

⁶⁷ Ramchand, R., Ahluwalia, S. C., Xenakis, L., Apaydin, E., Raaen, L., & Grimm, G. (2017). A systematic review of peer-supported interventions for health promotion and disease prevention. *Preventive Medicine, 101*, 156–170. <https://doi.org/10.1016/j.ypmed.2017.06.008>

⁶⁸ Shalaby, R. A. H., & Agyapong, V. I. O. (2020). Peer Support in Mental Health: Literature Review. *JMIR Mental Health, 7*(6), e15572. <https://doi.org/10.2196/15572>

with the support and engagement of health care practitioners, managers, and other stakeholders.

Description of Indicators

Academic research; LA County Department of Public Health; Solara Mental Health, SAMHSA; Gateways program directors, outpatient and residential staff, and outpatient and residential clients.

SPA 4 Metro Area

12.3% of children in SPA 4 have special health care needs, which is similar to the LA County average.⁶⁹ 60.3% of children in the SPA have primary caregivers who have a strong sense of belonging to their community, also similar to LA County. It can be expected that children with parents who do not feel connected to their community will not have the same level of social support as they would if their parents did feel a connection, amplifying other problems like poverty and food insecurity. Across the County, American Indian children fare much worse in this category, with only 13.2% of American Indian children having primary caregivers who feel a sense of belonging to their community. SPA 4 children have slightly less access to safe play places with 81.9% of children in SPA 4 having easy access to a park, playground, or other safe place to play, compared to 86.8% at the County level.

Community Outreach Feedback

One staff member suggested building a peer-to-peer program within Gateways, pointing out that Percy (another health provider) does so. This staff member also noted that parents of youth who Gateways serves sometimes create peer groups with one another. Several executives and staff members drew attention to the need to improve services for LGBTQ+ youth, especially trans youth. One staff member suggested forming a partnership with an organization that can provide group programming and peer support facilitation for girls.

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 via an online survey 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.

⁶⁹ *Key Indicators of Health by Service Planning Area*. (2017). Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/docs/KIH_Sec_yr2017.pdf

Health Need #1: Address Physical Health Services for Mental Health Patients	
Action Items	Proposed Programming or Partnerships to Address the Need
Increase access to specialty physical health care services that are not currently available at Gateways Hospital.	a. Expand partnerships with community providers to help clients access more specialized treatment, especially imaging services (MRI/CT scan, etc.), substance abuse therapies, care for people with HIV/AIDS, and dental care.
Improve preventative health care services, such as routine/annual exams, help with medication adherence, girls' and women's health care services, sexual health, etc.	a. Improve clinician-patient collaboration on realistic goal setting. ⁷⁰ b. Increase visit time or utilize behavioral health consultants that bridge primary and specialty mental health care. ⁷¹ c. Increase educational patient support services. ⁷² d. Provide staff with LA County Department of Public Health trainings on health literacy and plain language. ⁷³ e. Expand capacity of existing RN program. f. Hold a training in ACES screening. g. Prioritize routine/annual exams, health with medication adherence, girls' and women's health care services, and sexual health.
Improve the comfort of residential spaces.	a. Conduct internal review of residential spaces, examining exposure to daylight and nature, artwork, fabrics and finishes, and acoustics. Present findings and recommendations to C-Level Team for improvements. b. Designate a space for physical activity. Continue facilitating clients' exercise and outdoor activities.
Create stable and reliable transportation programs for residents.	a. Expand eligibility for existing program for DV survivors. b. Continue encouraging youth to use their free transit pass. c. Explore funding and programming potential for Gateways to have its own transportation fleet. d. Search LA Metro area for complementary paratransit, curb-to-curb service, and demand-response services with assistance of local mobility manager. ⁷⁴

⁷⁰ Stumbo, S. P., Yarborough, B. J. H., Yarborough, M. T., & Green, C. A. (2018). Perspectives on Providing And Receiving Preventive Health Care From Primary Care Providers and Their Patients With Mental Illnesses. *American Journal of Health Promotion*, 32(8), 1730–1739. <https://doi.org/10.1177/0890117118763233>

⁷¹ Ibid

⁷² Ibid

⁷³ LA County Public Health—Health Education Administration. (n.d.). Retrieved September 13, 2022, from <http://publichealth.lacounty.gov/hea/HealthLiteracy.htm>

⁷⁴ Vocational Rehabilitation Technical Assistance Center for Targeted Communities. (2018, July 13). *Identifying and Overcoming Transportation Barriers: A 7-Step Guide*. Project E3. <https://projecte3.com/transportation-barriers-step-guide/>

Health Need #2: Staff Continuity and Retention	
Action Items	Proposed Programming or Partnerships to Address the Need
Improve continuity of care for patients through reduced staff turnover, lower caseloads, and fewer case manager changes.	<ul style="list-style-type: none"> a. Conduct internal assessment of capacity in all departments and teams.⁷⁵ b. Hire staff to expand capacity when needed. c. See “Explore options to improve pay and benefits for staff” below.
Explore options to improve pay and benefits for staff.	<ul style="list-style-type: none"> a. Explore connections between staff turnover and existing benefits package through interviews/surveys with existing staff and the exit interview process. b. Conduct annual pay audits, comparing staff pay to industry standard. c. Consider offering health care options besides Kaiser. d. Consider increasing number of paid vacation days. e. Examine staff needs for enhanced family leave policies.
Expand management team and offer expanded management training.	<ul style="list-style-type: none"> a. Offer a “nuts and bolts” of leadership training for staff who might be promoted internally.

Health Need #3: Expand Lifestyle and Social Skill Building Programming for Mental Health Patients	
Action Items	Proposed Programming or Partnerships to Address the Need
Provide education and programming on comprehensive health and wellness literacy.	<ul style="list-style-type: none"> a. Design and implement a nutrition education program. b. Create physical exercise opportunities for inpatient and residential facilities as appropriate. c. Design and implement a medication adherence program. d. Connect patients and clients interested in smoking cessation to resources. e. Offer monthly or quarterly mindfulness trainings as part of health and wellness activities.
Enhance programs to build social skills—including financial literacy, group outings, etc.	<ul style="list-style-type: none"> a. Designate a space for self-regulation and/or music. b. Reexamine policy for when a client in a stepdown program backtracks – is lockdown the most appropriate response? c. Explore options for expanded or more flexible visiting hours. d. Restart community outings and “regular life enhancements” that were halted due to covid.

⁷⁵ Addressing Burnout in the Behavioral Health Workforce through Organizational Strategies | SAMHSA Publications and Digital Products. (n.d.). Retrieved September 13, 2022, from https://store.samhsa.gov/product/addressing-burnout-workforce-strategies/pep22-06-02-005?referer=from_search_result

Health Need #3: Expand Lifestyle and Social Skill Building Programming for Mental Health Patients	
Action Items	Proposed Programming or Partnerships to Address the Need
Expand outdoor activities, including providing structured outdoor time as well as more free time outside for those in inpatient or residential facilities.	<ul style="list-style-type: none"> a. Continue existing exercise programming, and consider moving existing programming outdoors. b. Restart outdoor and off-site programming that was halted due to covid.
Expand family visiting time and options for patients to gain day passes/time away from facility.	<ul style="list-style-type: none"> a. Explore options for day passes away from Gateways to visit family.

Health Need #4: Improve or Expand Programming Offered Through Partnerships	
Action Items	Proposed Programming or Partnerships to Address the Need
Inpatient and outpatient services	
Improve access to vocational and education programs.	<ul style="list-style-type: none"> a. Establish a relationship with a local vocational services counselor.⁷⁶ b. Develop a process to connect clients with online job resources and training in how to use them. c. Identify short and long-term sources of funding for a support specialist.⁷⁷
Implement anger management classes, for both adolescents and adults.	<ul style="list-style-type: none"> a. Develop an anger management program using existing resources and best practices.⁷⁸
Improve scheduling for health appointments.	<ul style="list-style-type: none"> a. Identify more local providers for referral and assuring eligibility and distribute this resource list to appropriate staff.
Ensure adequate community-based wraparound case management services for discharged patients.	<ul style="list-style-type: none"> a. Develop a peer support program using existing resources and best practices.⁷⁹
Recommendations specific to Youth and Children	

⁷⁶ *Advisory: Integrating Vocational Services into Substance Use Disorder Treatment | SAMHSA Publications and Digital Products.* (n.d.). Retrieved September 14, 2022, from https://store.samhsa.gov/product/integrating-vocational-services-substance-use-disorder-treatment/pep20-02-01-019?referer=from_search_result

⁷⁷ *Supported Employment Evidence-Based Practices (EBP) KIT | SAMHSA Publications and Digital Products.* (n.d.). Retrieved September 14, 2022, from https://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-Kit/SMA08-4364?referer=from_search_result

⁷⁸ *Anger Management for Substance Abuse and Mental Health Clients: A Cognitive-Behavioral Therapy Manual | SAMHSA Publications and Digital Products.* (n.d.). Retrieved September 14, 2022, from https://store.samhsa.gov/product/Anger-Management-for-Substance-Abuse-and-Mental-Health-Clients-A-Cognitive-Behavioral-Therapy-Manual/PEP19-02-01-001?referer=from_search_result

⁷⁹ *Peers.* (n.d.). Retrieved September 13, 2022, from <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

Health Need #4: Improve or Expand Programming Offered Through Partnerships	
Action Items	Proposed Programming or Partnerships to Address the Need
Regularly offer sexual health programs for girls and LGBTQ+ clients.	a. Develop a sexual health program using existing resources and best practices. ^{80 81}
Improve wraparound services for adolescents, including peer support services.	a. Develop wraparound services for adolescents using existing resources and best practices. ⁸²

⁸⁰ CDC *Community Approaches to Reducing Sexually Transmitted Diseases*. (2020, June 8). <https://www.cdc.gov/std/health-disparities/cars.htm>

⁸¹ *Sexual Health Cultural Competence Resources*. (2022, March 2). <https://www.cdc.gov/std/health-disparities/cultural-competence-resources.htm>

⁸² *Intensive Care Coordination for Children and Youth with Complex Mental and Substance Use Disorders: STATE AND COMMUNITY PROFILES | SAMHSA Publications and Digital Products*. (n.d.). Retrieved September 14, 2022, from https://store.samhsa.gov/product/Intensive-Care-Coordination-for-Children-and-Youth-with-Complex-Mental-and-Substance-Use-Disorders-STATE-AND-COMMUNITY-PROFILES/PEP19-04-01-001?referer=from_search_result

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
- Hillside
- 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

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 2022 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)⁸³ 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 public⁸⁴ 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, 2023 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, 2023, 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.

⁸³ See the Office of Statewide Health Planning and Development, <https://www.oshpd.ca.gov/HID/CommunityBenefit/>, for the most recently filed CBPs.

⁸⁴ 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.

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.

Community Needs Survey

1. In your experience what do you think Gateways does best when it comes to serving their clients?
2. In general, what kind of needs do you think Gateways clients have? This could include physical or behavioral health needs, as well as social/lifestyle or other skills.
3. How well is Gateways meeting people's needs (if at all)? What can Gateways do to better meet the needs of clients?
4. If you could add something new to Gateways or their programs, what would it be?

Appendix C: List of Community Meeting and Survey Participants

Organization / Facility	Participant and Title	Outreach Category
Gateways Hospital	Phil Wong, Chief Executive Officer	C-Level
Gateways Hospital	Brian Thorne, Chief Philanthropic Officer	C-Level
Gateways Hospital	Meredith Mead, Chief Nursing Officer	C-Level
Gateways Hospital	Edgar Poureshagh, Chief Human Resources Officer	C-Level
Gateways Hospital	Fay Ji, Chief Financial Officer	C-Level
Gateways Hospital	Mariko Yamada	C-Level

Organization / Facility	Participant and Title	Outreach Category
Gateways Hospital	Laura Ferrari, Occupational Therapy Manager	Junior & Mid-Level Staff, Focus Group
Gateways Hospital	Giovanny Placido, Nurse Manager	Junior & Mid-Level Staff, Focus Group
Gateways Hospital	Elvis Estrada	Junior & Mid-Level Staff, Focus Group
Gateways Hospital	Emily Erskin, LMFT	Junior & Mid-Level Staff, Focus Group
Gateways Hospital	Luci Garcia Rodriguez, LMFT	Junior & Mid-Level Staff, Focus Group

Organization / Facility	Participant and Title	Outreach Category
Gateways Hospital	Survey Respondent 1	Junior & Mid-Level Staff, Survey Outreach
Gateways Hospital	Survey Respondent 2	Junior & Mid-Level Staff
Gateways Hospital	Survey Respondent 3	Junior & Mid-Level Staff
Gateways Hospital	Survey Respondent 4	Junior & Mid-Level Staff

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