City of Santa Monica

Strengthening the System of Intensive Behavioral Healthcare Services for Adults in Santa Monica and Service Planning Area 5

Prepared by Capstone Solutions Consulting Group, LLC
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Capstone Solutions
Transformational Consulting

The findings in this report are based on published records, history and interviews conducted with provider organizations and represent the status of services as of August 17. 2024.

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Alcott Center for Mental Health Services

CLARE | MATRIX

Didi Hirsch Community Mental Health Center

Exodus Recovery, Inc.

Family Service of Santa Monica

Harbor-UCLA Medical Center

LA Care

LA County DMH

Life Adjustment Team

Meadowbrook Manor

Pacific Asian Counseling Services (PACS)

Salvation Army

Santa Monica-UCLA Medical Center

St. Joseph Center

Step Up On Second

Tarzana Treatment Center

The People Concern

UCLA-NPI

EXECUTIVE SUMMARY

Like many cities throughout California, Santa Monica recognizes the critical challenges it faces related to worsening behavioral health conditions of their residents. To identify options for alleviating suffering by enhancing service delivery, the City engaged Initium Health, a national consulting organization, to conduct an analysis of the overall system of behavioral health care for all age groups and special populations such as unhoused individuals in Santa Monica. Subsequently, Capstone Solutions Consulting Group (CSCG) was retained to analyze the intensive level of behavioral health services for adults in Santa Monica and the surrounding area of Service Planning Area (SPA) 5. This report, *Strengthening the Intensive System of Behavioral Healthcare Services for Adults in Santa Monica and Service Planning Area 5 achieves the following:*

- Provides a description of the continuum of intensive behavioral health services in Santa Monica and SPA 5;
- Analyzes intensive behavioral health services that currently exist for adults in Santa Monica and SPA 5;
- Identifies gaps and capacity limitations in the service array; and
- Provides recommendations for the future development and expansion of behavioral health services in Santa Monica and SPA 5, including three options for the development of a behavioral health center.

Defining the Continuum

To conceptualize the elements of a continuum of behavioral health care, this analysis relied on work commissioned by the California Department of Health Care Services (DHCS) and performed by Manatt Health. Entitled "*Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives and Implications*", the report catalogues services available in each county within a "Core Continuum of Care" as shown below (Figure 1). Adopting this framework enables this report to align with a recognized continuum of services for behavioral health care (both mental health and substance use disorder) treatment in California.

Figure 1[1]

Prevention and Wellness Services	Outpatient Services	Peer and Recovery Services	Community Services and Supports	Intensive Outpatient Treatment Services	SUD Residential Treatment Services	Crisis Services	Intensive Treatment Services
Services, activities, and assessments that educate and support individuals to maintain healthy lifestyles and prevent acute or chronic conditions	A variety of clinical services including individual and group therapy and ambulatory detox services	Services delivered in the community that can be provided by people with lived experience, including young adults and family members	Flexible services designed to enable individuals to remain in their homes and participate in their communities, including supportive housing, case management, and supported employment	Services delivered with a multi-disciplinary approach to support individuals with higher acuity behavioral health needs, including Assertive Community Treatment and SUD intensive outpatient services	Treatment provided in short-term residential settings to divert individuals from, or as a stepdown from, intensive services	A range of services and supports that assess, stabilize, and treat individuals experiencing acute distress, including crisis call centers, mobile crisis services, and crisis residential services	Services provided in a structured, facility-based setting to individuals who require constant medical monitoring

It is important to recognize the full continuum of services that exists; however this report specifically focuses on services found toward the right end of the continuum for those with the highest intensity needs, including:

- Intensive Outpatient Treatment Services;
- Substance Use Disorder (SUD) Residential Treatment Services;
- Crisis Services; and
- Intensive Treatment Services.

CSCG reviewed resources such as the Los Angeles (LA) County Department of Mental Health (DMH) and Substance Abuse Prevention and Control (SAPC) websites and other published reports, the Westside Mental Health Network annual compendium of programs, historical knowledge of programs located in SPA 5, models of other programs outside of Santa Monica and SPA 5 (Appendix B) and conducted interviews with key stakeholders delivering or referring to these services in Santa Monica and SPA 5 (agencies listed in the acknowledgements).

[1] Manatt Health (with support from Dr. Anton Nigusse Bland), "Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives and Implications.", January 10, 2022. Available at: dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf

Summary of Findings

Before delving into specifics regarding service delivery capacity, it is necessary to highlight a significant challenge for behavioral health services in Santa Monica, within LA County and across the country: the behavioral healthcare workforce shortage. The longstanding difficulties associated with attracting and retaining a behavioral health workforce were exacerbated by the COVID-19 pandemic. Competition over the insufficient supply of behavioral health professionals, cost of living in Santa Monica and the Westside, opportunities for virtual work and reluctance to return to in-person settings have collectively contributed to a problem that significantly affects the ability of the behavioral health system in LA County to fulfill its mission. Stakeholders from SPA 5 agencies detailed creative efforts they are making to address the needs of clients. However, the challenges faced by agencies in staffing intensive services should not be underestimated. For example, at the time of this report, intensive Full Service Partnership (FSP) programs are affected by the California Department of Healthcare Services requirement that they adhere to high staff to client ratios in order to ensure fidelity to the model. As a result, in several agencies, FSP teams cannot fill their caseloads due to the inability to hire sufficient staff. Workforce and resource shortages are impacting the full implementation of the continuum of care in the County and Santa Monica.

While there are some gaps in the service delivery array (detailed in the body of this report), there were strengths identified in the analysis. The Westside benefits from having strong behavioral health agencies with longstanding relationships both at the executive and line staff levels. Key stakeholders and agency personnel exhibit a high level of knowledge about what other organizations have to offer and appear adept at working within the existing system to ensure the needs of residents are met to the greatest degree possible. Through the Westside Coalition (an organization of 79 Westside agencies) and the Westside Mental Health Network, a strong collaborative spirit has evolved with an emphasis on working together to help those who are living in poverty, unhoused, and disabled.

There are capacity issues in parts of the continuum of care for behavioral health services in Santa Monica and SPA 5. For example, certain elements of a comprehensive continuum do not exist in this part of LA County. These include services for individuals with some of the most intensive behavioral health needs, including:

- **Mental Health residential treatment programs** such as Enriched Residential Programs and mental health recuperative care
- **Detoxification** for those with substance use disorders

Other elements of the continuum do exist, but capacity is insufficient to address the needs of residents. These include:

- **Mental Health Urgent Care Center (UCC) beds:** Although the Westside has a UCC located adjacent to Culver City, it is frequently full and those in crisis must be diverted to UCCs in other parts of LA. The next closest UCC, located on the MLK Behavioral Health

Center campus, also functions at capacity much of the time and often cannot accept individuals from the Westside.

- **Acute inpatient care for clients in mental health crises:** The UCLA Neuropsychiatric Institute (UCLA-NPI) is currently the only Lanterman-Petris-Short (LPS) designated inpatient unit that accepts patients who have Medi-Cal. LPS designation enables this facility to accept individuals who have been detained for further evaluation and treatment on an involuntary basis. UCLA-NPI is considered a countywide resource and does not prioritize individuals on the Westside. With 74 beds for individuals of all ages, the hospital is preparing for a move to a new facility in 2025, enabling an expansion to 119 inpatient beds. Southern California Hospital in Culver City also has an inpatient psychiatric unit but can only accept individuals who enter on a voluntary basis, limiting the population that can be served. Further, a Psychiatric Health Facility (PHF), a locked alternative to inpatient care that is able to accept clients who enter on an involuntary psychiatric hold, is continuously at capacity. Although the PHF is located in Culver City, a DMH centralized gatekeeping unit authorizes admission and does not prioritize individuals that live in SPA 5.
- **Crisis Residential Treatment Program (CRTP) beds:** Currently, one CRTP is located in SPA 5. It is considered a countywide resource and is almost always full.
- **Higher levels of care in programs for substance use disorders (i.e. residential):** These programs have significant waitlists, a symptom of insufficient capacity. In fact, nearly all agencies interviewed, both those providing mental health care services and SUD services, indicated access to services for those needing SUD treatment was one of their greatest challenges.
- **Housing:** Housing options, including permanent supportive housing, adult residential facilities (e.g., board and care homes), and sober living programs for individuals who require significant support and assistance exist in limited capacity.

Recommendations

Recommendations for this report fall into two categories: 1) general observations and recommendations to improve the system of behavioral health care, and 2) specific program design recommendations.

General Observations and Recommendations:

There is a clear and pressing need for additional SUD programs at multiple levels.
Detoxification services do not exist in SPA 5, forcing individuals to travel as far away as Long Beach, the San Fernando Valley or other significant distances for treatment. This can preclude vulnerable populations, such as individuals experiencing homelessness, from entering treatment. While residential treatment beds do exist, there are capacity issues. This is particularly concerning since almost all those interviewed noted the increasing number of individuals with serious substance use disorders, the use of more harmful drugs than in prior years and challenges finding appropriate levels of care for these individuals. As mentioned previously, these issues impact individuals who are unhoused, have co-occurring mental

illness and other social or medical conditions that require more specialized care. These individuals require significant supports that will help them to maintain regular treatment. Additionally, these are individuals who may benefit from Medication Assisted Treatment (e.g., methadone, buprenorphine, naltrexone, etc.) to support their recovery.
While it may appear that SPA 5 contains many of the elements of a robust intensive behavioral health system, critical elements of that system operate at capacity almost all the time. As a result, although programs are situated in the area, they may not be accessible to Westside residents. Notably, these services include urgent care, crisis residential treatment, residential treatment for SUD and an array of residential programs designed to provide longer-term stabilization for individuals with mental illness who are not ready to live in the community and function without supports.

There are several vulnerable populations in Santa Monica and SPA 5, that require slightly different constellations of services that do not exist or exist in limited supply: The general population in acute behavioral health crisis requires immediate access to evaluation, crisis-oriented intervention and medication support, typically offered in a Mental Health UCC/ Crisis Stabilization Unit followed by linkage to ongoing outpatient mental health or SUD treatment. In some cases, a stay in a Crisis Residential Treatment Program is necessary to provide additional treatment and stabilization prior to a return to the person's living situation in the community. A smaller number of individuals who remain symptomatic may benefit from longer-term Enriched Residential Services to ensure stabilization and rehabilitation.

Unhoused individuals in acute behavioral health crisis require immediate access to evaluation, crisis-oriented intervention and medication support offered in a Mental Health Urgent Care Program or a Safe Landing program (Appendix A), often followed by a period of behavioral health support in interim housing or other residential treatment options (e.g., Enriched Residential Services, Enriched Residential Care, SUD residential treatment).

The limitations imposed by a system that is frequently full combined with the lack of processes that ensure treatment transitions has resulted in a situation in which many clients almost certainly fall through the cracks. FSP programs can provide ongoing treatment and coordination across time and programs. However, in SPA 5 this option is challenging to access because providers often face limitations in accepting new clients. In addition, the lack of interim housing and permanent supportive housing in SPA 5 results in a transfer of clients to other parts of LA County necessitating treatment by new providers, thereby interrupting the treatment relationships that have been formed. Providers and clients face a no-win situation: continue the treatment relationship at the risk of remaining unhoused or accept housing elsewhere with the hope that treatment options will be available.

Although capacity is a concern throughout the network of services, there are several areas in which existing programs or processes could be modified to enhance care:

- **FSP Programs currently have client slots they cannot fill** due to workforce challenges that preclude reaching the required staff to client ratio. Pending changes by the State

and County related to FSP program levels of intensity could ameliorate this obstacle by creating levels of care with lower staff to client ratios.

- **Strategies designed to support client transition between levels of care could be strengthened.** This would enable better utilization of existing services in addition to better treatment experiences for clients. For example, social workers attached to hospital units could ensure sufficient advance notification to outpatient programs when clients are being released, enabling providers to promptly link clients with medication support and services, preventing decompensation and a need for a return to a higher level of care.

Program Design Recommendations:

Three approaches for a behavioral healthcare center are recommended for the City of Santa Monica's consideration:

Transformational Approach 1 – Campus Behavioral Health Center: This option focuses on the development of a free-standing campus, with points of entry for the community. It is intended to address the needs of individuals with acute behavioral health crises as well as those who experience episodically worsening conditions due to the chronic nature of their illness. While not specifically focused on the needs of unhoused individuals, it will allow immediate attention to those with acute behavioral health conditions. This approach includes an array of services including:

- Mental Health UCC
- Sobering center
- Available pathways for transition into residential treatment
- Mental health outpatient services
- Detoxification

Transformational Approach 2 – Safe Landing +: This option offers many of the elements of option 1 but is intended to focus more deliberately on the needs of those who are unhoused. It is a bundled program, providing 24/7 intake and evaluation, temporary housing, some medical support services, behavioral health supports, intensive case management, rehabilitation services (e.g., occupational therapy), some onsite physical health service with linkage to primary care and transition planning.

Transitional Model: This model is a decentralized approach that does not rely on a campus. It considers augmenting most programs with additional capacity and staff. In this model, SPA 5 adds capacity to the existing UCC, adds sobering center capacity to the UCC or to a community-based organization, and adds mental health and SUD staff to an existing provider organization to deliver field-based services for existing interim housing programs.

Each of these models are further explored in the following report.

INTRODUCTION

This is a time of unprecedented challenge, opportunity and uncertainty for those committed to enhancing behavioral health services, especially for those experiencing homelessness. The stress of the COVID-19 pandemic took a toll on the emotional health and wellbeing of many, while simultaneously creating greater awareness of the prevalence of mental illness and substance use disorders and the importance of seeking help. The rising numbers of individuals visibly experiencing homelessness throughout this period[2] raised community concern and questions about how to alleviate individual suffering and neighborhood blight. Increases in the rates of suicide[3] and opioid deaths[4] enhanced awareness of our nation's behavioral health crisis. Finally, higher demand combined with a workforce shortage[5] created the perfect storm for the delivery of behavioral health services. Appendix C provides an overview of the policy and funding landscape necessary to fully comprehend the current state of behavioral health opportunities and limitations. It is against this backdrop that the City of Santa Monica retained Initium Health to conduct a full analysis of the state of behavioral health services for individuals of all age groups, including a specialized focus on those who are unhoused. This report builds on the work done by Initium by exploring existing intensive behavioral health services, gaps in services and capacity limitations in Santa Monica and SPA 5.

KEY CONSIDERATIONS

Behavioral Healthcare = Mental Health + Substance Use Disorder Services

While many individuals believe mental health and behavioral health are synonymous, this is not the case. In the behavioral health field, this term is meant to recognize both mental health and SUD. It is essential to highlight the prevalence and the importance of access to care for both individuals afflicted by mental illness and those suffering from substance use disorders; and, to recognize that these disorders often occur concurrently. The way in which treatment is funded by both public sector and managed care entities often deals with these conditions separately. As a result, this can create silos in the organizations that provide behavioral healthcare.

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[2] Fact_Sheet_Summarized_Findings.pdf (hud.gov)

[3] Suicide Data and Statistics | Suicide Prevention | CDC

[4] NCHS Data Brief, Number 491, March 2024 (cdc.gov)

[5] Behavioral Health Workforce 2023 Brief (hrsa.gov)

Oversight: City/SPA vs. Countywide Approach to Organizing Services In Los Angeles

In LA County, there has been a longstanding question pertaining to how services should be designed and delivered. Understandably, within the DMH some highly specialized programs are intended to serve a countywide population. Accordingly, they are developed and administered by a centralized administrative unit. Such programs include hospitals and subacute units such as Institutions for Mental Disease (IMDs) which provide long-term locked residential treatment for individuals with chronic and serious mental illness. In contrast are services that are intended to be more strategically responsive to the local community; these are typically organized and monitored by regional DMH representatives for each of the eight designated LA County SPAs.

Santa Monica is located in SPA 5, commonly referred to as the Westside of LA. In addition to Santa Monica, SPA 5 includes the communities of Malibu, Culver City, Beverly Hills, and parts of LA such as Marina del Rey, Venice and West L.A. A map of SPA 5 is included in Figure 2. Through their local administrative staff, County Departments (e.g., DMH, DHS, DPH) make every effort to ensure an array of services that will address residents' needs, through sufficient local service delivery or access to specialized countywide programs.

Figure 2. Service Planning Areas in L.A. County

As this report proceeds with outlining the array of intensive behavioral health services, a differentiation will be made between behavioral health services considered to be countywide assets versus those that are intended to be developed, delivered and administered locally (i.e., within each SPA). This is a key consideration as it will impact the extent to which developed resources are more specifically responsive to the needs of the Santa Monica and SPA 5 residents. While DMH allows individuals to seek treatment anywhere in LA County, it is considered a best practice to have certain treatment resources available in an individual's own community. This issue will also affect the degree to which providers have control over the access to their programs compared with those in which access is strictly controlled by DMH. The following chart illustrates this distinction for mental health programs:

Table 1. Programs administered countywide versus by SPA

Countywide Programs	Programs Organized by SPA
• Psychiatric Hospital Inpatient Units • Subacute Treatment Programs (IMDs) • Crisis Residential Treatment Programs (CRTPs) • Psychiatric Health Facilities (PHF)	• Mental Health UCCs • Outpatient Mental Health Centers • FSP Programs

It should be noted that SUD programs, which are administered through contracts with SAPC within the LA County Department of Public Health (DPH), are not managed in the same way. Providers contracted with SAPC provide the continuum of services for substance use disorders to anyone residing within LA County. However, it is also a best practice to have ongoing treatment close to one's own community and systems of support.

Federal and State Regulations Governing Access to and Length of Care

Regardless of how programs are administered, county departments must adhere to requirements related to access according to standards established by the Federal Center for Medicare and Medicaid Services (CMS). These include standards for the proximity of services to all residents, and the length of time required to travel to the closest provider. They also include timeliness to first offered urgent and nonurgent appointments for treatment and appointments with a psychiatrist (Appendix D). As a result, county entities must ensure sufficient services in each geographic area so that standards for timeliness and proximity are met. These standards are reviewed and reported by the External Quality Review organization commissioned by the State of California to monitor counties' compliance with these regulations (the most recent LA County DMH review can be found here[6] and the Drug Medi-Cal Organized Delivery System (DMC-ODS) for LA County review can be found here[7]).

Additionally, California licensing requirements dictate the conditions of service delivery, including, in some cases, the length of stay in various programs. For example, Crisis Stabilization Units (CSUs) or Mental Health UCCs as they are often called locally, are licensed to serve clients for no longer than 23 hours and 59 minutes. CRTPs are intended to serve individuals between 14 days and 90 days. On the DMC-ODS side, for example, the guidance for residential treatment is increments of 30 days of treatment.

A System in Dynamic Tension: The Implications

As is evident from the foregoing discussion, behavioral health services represent a complex system in which sufficient available services must be available to LA County residents, including those living in Santa Monica and SPA 5. A breakdown in capacity at any level will hamper the ability of individuals to be transitioned into a lower level of care or be stepped up to a higher level of care should the need arise. For example, UCCs, intended to serve individuals for less than 24 hours, frequently experience overstays due to the lack of available inpatient beds for those who require hospitalization. This quickly results in UCCs functioning at full capacity, unable to accept additional admissions. Similarly, when inpatient psychiatric units cannot access IMDs for individuals who require locked settings, length of stay on inpatient units increases and those who require transfer from UCCs cannot access a hospital bed. The issue can be more complicated when individuals are seeking treatment for a substance use disorder. For example, during intake, the assessment may reveal a need for detoxification. This may be medically necessary before beginning any residential or intensive outpatient treatment. In LA County, the detoxification level of care is limited, and *non-existent in SPA 5 and Santa Monica*. As will be explored in the sections that follow, this may prevent an individual from entering treatment at all. Thus, even when it appears the system has sufficient capacity based on population size, the ability to access services may be compromised.

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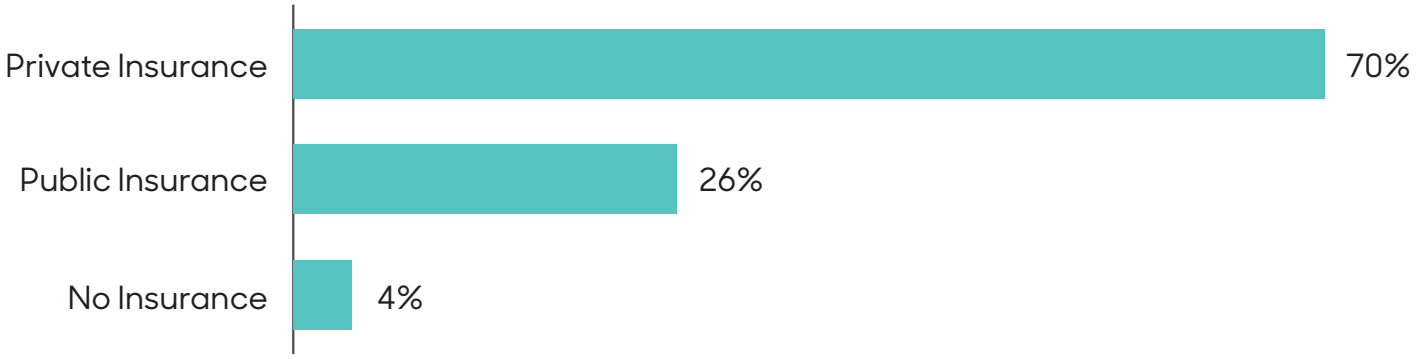
[6] 1140138_LosAngelesMHPEQRFinalReportFY2022-23.pdf (lacounty.gov)

[7] Microsoft Word - Los Angeles DMC-ODS FY 2023-24 Final Report RK 02202024 (caleqro.com)

Recognizing the Role of Non-Governmental Community-based Organizations
While the focus of this analysis is on services delivered under the auspices of the public sector, private organizations located in and close to Santa Monica also serve an important role. Some organizations, such as The Life Adjustment Team, provide intensive outpatient mental health services, including partial hospitalization for individuals whose treatment is reimbursed by private insurance, managed care organizations or self-pay. Similarly, on the SUD side, there are providers who take private insurance and self-payment for treatment. While these types of provider organizations were not in scope of this project, it is significant as an August 1, 2024 report[8] reflects the following health insurance status for Santa Monica residents:

Figure 3. Health Insurance Status of Santa Monica Residents



On the other end of the financial spectrum are agencies like the Salvation Army, which sponsors a 60-bed rehabilitation facility with a work program for individuals in recovery from substance use disorders. The services provided by the Salvation Army are funded through donations; individuals who have no source of support may take advantage of such programs. While capacity for some services may be limited in Santa Monica and SPA 5, effort should be made to look holistically at the array of services and – as important – coordination of care strategies that will allow the community to maximize the use of all available resources.

Recognizing the Patchwork of Entities Providing Administrative Oversight
As referenced earlier, behavioral health and ancillary physical health services are delivered under the auspices of multiple entities in LA County. More specifically:

- LA County DMH delivers and contracts for services to individuals with serious mental health conditions
- LA County DPH through its SAPC Division, contracts for the delivery of SUD services reimbursable through Medi-Cal
- The LA County Department of Health Services oversees recuperative care services which typically include behavioral health specialists in addition to those delivering physical health care services.

[8] Santa Monica, CA ZIP Codes, Map and Demographics (zip-codes.com)

- Medi-Cal Managed Care Organizations (e.g., L.A. Care) are charged with ensuring mental health and SUD treatment for less severe conditions than DMH. However, under the State's new CalAIM Medi-Cal waiver, they oversee two programs intended to address the needs of individuals who are unhoused with behavioral health disorders as well as those transitioning from inpatient care. These programs are Enhanced Care Management and Community Supports which provide intensive case management and housing support services among other options.
- Health Maintenance Organizations (e.g., Kaiser Permanente) and private health insurance providers are required to offer needed mental health services to their enrollees.

PROJECT SCOPE AND APPROACH

In March 2024, the City of Santa Monica entered into a consulting agreement with CSCG designed to provide information that would support the expansion of intensive behavioral health services in the City and on the Westside – including the possible plan for a behavioral health center. The project was intended to build on a variety of reports already published, including the Mercer Report[9], RAND Study[10], External Quality Review periodic reviews[11,12], and the recent HMA study commissioned by DMH and the Board of Supervisors[13]. While these studies employed modeling to determine the quantity of behavioral health resources at various levels required by LA County, the focus of this project was Santa Monica and the Westside. This work is intended to build on the comprehensive Initium study conducted earlier at the request of the City of Santa Monica. More specifically, it was agreed that CSCG would:

- Catalogue intensive behavioral health treatment services in Santa Monica and the Westside (SPA 5)
- Identify gaps in the array of existing intensive behavioral health services
- Highlight utilization and access challenges that occur when services exist in insufficient capacity at any point in the continuum of care
- Make recommendations for improvements that could be considered to begin building a path forward that includes the expansion of behavioral health services.
- Describe and identify existing recuperative care programs that have the potential to augment the existing system of care, even though these programs do not currently exist in Santa Monica or SPA 5.

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[9] Report (Vertical) (lacounty.gov)

[10] Psychiatric and Substance Use Disorder Bed Capacity, Need, and Shortage Estimates in Santa Clara County, California (rand.org)

[11] 1140138_LosAngelesMHPEQRFinalReportFY2022-23.pdf (lacounty.gov)

[12] Los Angeles DMC-ODS FY 2023-24 Final Report RK 02202024 (caleqro.com)

[13] 1156106_EstablishingARoadmapToAddressTheMentalHealthBedShortage_ItemNo.41-DAgendaOfJanuary242023_-Feb2024.pdf (lacounty.gov)

This report provides an analysis of the mental health and SUD continuum of care in Santa Monica and SPA 5 based upon the model used in a report commissioned by the California DHCS and performed by Manatt Health. Entitled "*Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives and Implications*"[14], the report catalogues services available in each County within a "Core Continuum of Care," including Prevention and Wellness, Outpatient, Peer and Recovery, Community Services and Supports, Intensive Outpatient Treatment, SUD Residential Treatment, Crisis Services, and Intensive Services as reflected below.

Prevention and Wellness Services	Outpatient Services	Peer and Recovery Services	Community Services and Supports	Intensive Outpatient Treatment Services	SUD Residential Treatment Services	Crisis Services	Intensive Treatment Services

This framework applies equally to mental health and SUD services and is used throughout this document as the structure for detailing types of services. In addition, the commonly recognized American Society of Addiction Medicine (ASAM)framework for levels of care for SUD services is introduced in the SUD services section of this report; it is aligned with and linked to the continuum of services above.

For this report, consistent with the specific interest in intensive behavioral health programs (of the type that would be incorporated in a behavioral health center), the focus will be on Intensive Outpatient Treatment Services for both mental illness and substance use disorders, SUD Residential Treatment Services, Crisis Services and Intensive Treatment Services. It should be noted that a robust behavioral health system requires adequate services at all levels of the continuum, including prevention and early intervention, but exploring the entire continuum is beyond the scope of this project.

This report reviews mental health and SUD services in Santa Monica and SPA 5 and is organized as follows:

1. Findings
    a. Intensive behavioral health treatment services (mental health and substance use disorders) in Santa Monica and SPA 5
    b. Identified gaps and capacity limitations
2. Recommendations

As this report is intended to build upon the Initium study, CSCG focused on detailing existing intensive mental health and SUD programs in Santa Monica and SPA 5, relying on resources such as the LA County DMH and SAPC websites and published reports, the Westside Mental Health Network annual compendium of programs and historic knowledge of the Westside

[14] Adapted from the Manatt Health (with support from Dr. Anton Nigusse Bland), "Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives and Implications.", January 10, 2022. Available at: dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf

programs. To confirm program capacity and gain insight into perceived gaps and needs, interviews were conducted with representatives of the mental health and SUD treatment agencies delivering services on the Westside. Finally, CSCG consultants met with other stakeholders, including hospital Emergency Room physicians and representatives of managed care plans to gain insight into the intensive services missing from the continuum. In prior projects, CSCG spoke with leadership of programs located in other California counties to identify the key success factors in a good system or full continuum of care. A list of these organizations can be found in the acknowledgments. Information collected from all sources was used to analyze the system of care and to identify gaps and opportunities for the future. In the pages that follow, these service array components are defined, and program characteristics of each component are identified and described. The availability of such programs in Santa Monica and SPA 5 and corresponding capacity issues are identified. Mental health and SUD services are covered in separate sections of the document, as that is how they are currently organized and administered in LA County.

FINDINGS

Intensive Mental Health Services

CSCG completed an inventory of the intensive system of care for mental health disorders overseen by DMH that revealed a continuum of services through DMH directly operated and contracted providers. The location of intensive outpatient treatment programs is included in the geocoded map of SPA 5 (Appendix D).

The summary chart below shows the program elements of intensive levels of mental health services; a more complete description of these programs in Santa Monica and SPA 5 follows.

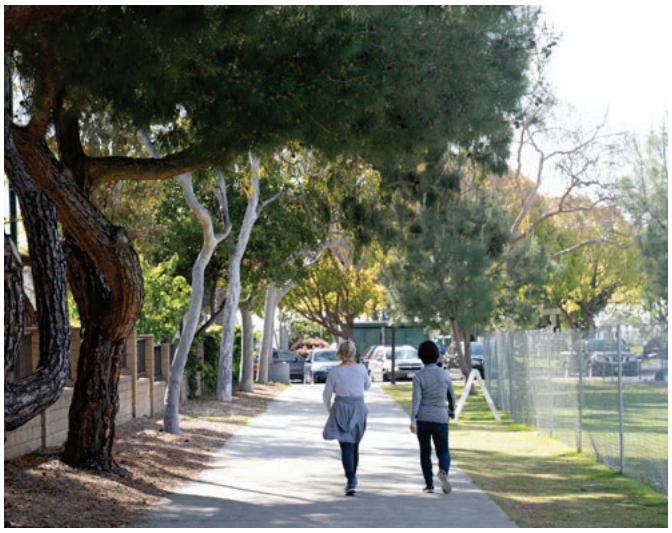
Table 2. Program Elements of Intensive Mental Heath Services in Santa Monica and SPA 5

Type of Service	In Santa Monica	In SPA 5	Control of Access & Oversight	Providers	Capacity Assessment
Intensive Outpatient Treatment Services					
Full Service Partnerships	Yes	Yes	Centralized	• Alcott Center for MHS • Didi Hirsch CMHC • Edelman WMHC • Exodus Recovery, Inc. • PACS-LA • Step Up on Second • St. Joseph Center • The People Concern	Capacity exists which is currently not used; workforce challenges limit access
Psychiatric Medication Evaluation and Support	Yes	Yes	Local	• Alcott Center for MHS • Didi Hirsch CMHC • Edelman WMHC • Exodus Recovery, Inc. • PACS-LA • Step Up on Second • St. Joseph Center • The People Concern	Adequate

Type of Service	In Santa Monica	In SPA 5	Control of Access & Oversight	Providers	Capacity Assessment
Crisis Services					
Mobile Response Teams	Yes	Yes	Varies	*Examples* County LE Teams • MET/SMART • County-City Teams • SM HLP • City Teams • Culver City LET • Vista del Mar • Alcott Center for MHS	Service still ramping up; evaluate capacity when fully implemented
Urgent Care Centers (UCC) / Crisis Stabilization Units (CSU)	No	Yes	Local	• Exodus Recovery, Inc.	Typically Full Must divert clients to other programs
Crisis Residential Treatment Programs (CRTP)	No	Yes	Centralized	• Exodus Recovery, Inc.	Typically Full
Intensive Treatment Services					
Acute Inpatient Hospitals	No	Yes	Centralized	• UCLA NPI • Southern California (Voluntary Beds Only)	Typically full Unknown
Psychiatric Health Facility (PHF)	No	Yes	Centralized	• Exodus Recovery, Inc.	Typically full
General IMD / Subacute Beds	No	Yes	Centralized	• Meadowbrook	Typically full
Enriched Residential Services	No	No	-	-	-
Enriched Residential Care	Yes	No	Centralized	• The Manor	Unknown
Mental Health Recuperative Care	No	No	-	-	-

Intensive Outpatient Treatment Services - Mental Health

Intensive Outpatient Treatment Services include services such as FSP and access to Psychiatric Medication Evaluation and Support. Both are intended to prevent clients from requiring psychiatric hospitalization and are supports for the stabilization of those exiting inpatient care or treatment in a locked setting. These services also include intensive outpatient treatment services for substance use disorders, which are covered later in the report. Both mental health and substance use intensive outpatient treatment services are delivered using a multidisciplinary approach to support individuals with high acuity behavioral health needs.



Full Service Partnerships (FSPs) provide a comprehensive community-based treatment program for persons with severe and persistent mental illnesses. They facilitate successful community living and psychosocial rehabilitation. Supportive FSP housing and flexible funding for additional expenses encountered by clients is available through the agencies that offer these services. These programs are certified by California DHCS as outpatient mental health programs and are eligible for Medi-Cal reimbursement. FSPs can provide interventions 24/7 in settings preferred by clients, including homes, adult residential care facilities, on the streets and in a variety of other settings. Staff includes psychiatrists, social workers, case managers and peers. Staff link with and provide transportation to any ancillary services not provided directly by the FSP team, such as access to benefits, medical treatment and legal support. These services are intended to serve individuals who live or are located in a particular geographic area in the County. However, access to FSP slots is controlled by DMH centralized administrative units. While providers may refer a client in need for these services, DMH determines whether access to FSP will be granted.

Agency representatives report challenges with delivering ongoing services to FSP clients who may be required to accept housing far from the Westside due to lack of local supportive housing beds. In addition, in a situation that appears to be specifically characteristic of SPA 5, providers report a significant number of unfilled FSP slots. This is not due to a lack of need but appears to be an artifact of the agencies' workforce challenges combined with the current requirement that providers adhere to staff to client ratios to preserve the intensity of the program. In some cases, agencies reported operating at 75% capacity. Despite this, there is a plan to increase FSP slots for some Westside agencies in this fiscal year. Consistent with this plan, at the time of this report, DMH was in the process of modifying levels of care within the FSP program which may ameliorate some of the limitations in accessing services for those in need.

There is currently some question regarding how recent ballot measures and regulations will affect FSP programs, and the outpatient services (known as Outpatient Community Services

or OCS in LA). In 2024, voters approved Proposition 1, dedicating 30% of Mental Health Services Act funding to housing for individuals with mental illness, substance use disorders or co-occurring disorders. In the future, as noted above, it appears that some outpatient services may be considered FSPs at either the same or a lower step-down ratio of staff to clients. The impact on outpatient community services, which is a step-down from FSP, and enables flow through the system is as yet unknown.

Psychiatric Medication Evaluation and Support is an important component of the array of services offered through FSP programs. However, it is also critical that individuals who may not be enrolled in an FSP program have access to a psychiatrist when released from an inpatient or locked setting or when in a state of crisis. For individuals with serious and persistent mental illness, medication stabilization is an integral part of the services needed for successful community integration. In the event that an appointment is unavailable or a client must be seen quickly, the Westside UCC provides medication support services on an immediate walk-in basis, subject to available capacity.

The chart below lists FSP providers, capacity, whether workforce challenges limit capacity, and availability of psychiatric medication evaluation and support in SPA 5.

Table 3. FSP Services in SPA 5

Provider	Current Adult FSP Slots	Workforce Challenges Limit Capacity	Psychiatric Med. Evaluation
Alcott Center for Mental Health Services	40	Yes	Yes
Didi Hirsch Community Mental Health Center	158	Yes	Yes
Exodus Recovery, Inc.	75	Yes	Yes
Pacific Asian Counseling Services	56	Yes	Yes
Step Up on Second	67	Yes	Yes
St. Joseph Center	180	Yes	Yes
The People Concern	60	No	Yes
Edelman Westside Mental Health Center (County directly-operated)	106	Yes	Yes

Total available slots reported by providers and those reported by County are 702 vs. 784 respectively. This is likely a timing issue, due to increases in some contracts after interviews were concluded. County DMH reports that 65% of available slots are currently filled.

Crisis Services

Crisis Services include crisis lines, mobile response teams, mental health UCCs and crisis residential programs.

Mobile Response Teams provide a field response to calls that originate in crisis lines such as 911, 988, the DMH ACCESS Line (1-800-854-7771) or law enforcement. While their goal is to stabilize individuals in behavioral health crises in the community by providing voluntary interventions, they do have the ability to detain individuals under the involuntary detention (i.e., "5150") provisions of the California Welfare and Institutions Code.

Until this past year, DMH relied primarily on its 24/7 ACCESS Center to provide direct telephonic connection to mental health professionals for individuals in a mental health crisis. This capability was augmented by specially trained counselors working with the Suicide Prevention Center of the Didi Hirsch Community Mental Health Center. With the national implementation of the 988 program (a 911 alternative for individuals experiencing a mental health crisis), the City of LA added a call center operated by Exodus Recovery, Inc. Except for the Didi Hirsch Suicide Prevention Center which contacts the DMH 24/7 ACCESS Center for mobile response, call centers can dispatch mobile teams throughout the county. The City of Santa Monica is actively working with regional partners to understand how 988 calls that require an in-person response are routed to deploy local mobile response teams.

There are several varieties of mobile teams that serve the Westside including:

- Mental Health-Law Enforcement Teams such as SMART and MET (County DMH collaborations with LAPD and the Sheriff's Department respectively)
- City law enforcement collaborations such as the Santa Monica-DMH team
- City-run teams such as the Culver City response team
- Mental Health Crisis teams staffed by mental health professionals and peers, implemented as part of the 988 roll-out. On the Westside Vista del Mar, Alcott Center for Mental Health Services and Exodus Recovery, Inc. have implemented new teams in the past year.

Given the fact that a number of teams are not fully ramped up and may have limited hours of operation, the impact of increasing response to those in crisis cannot yet be determined. It is clear that individuals that cannot be stabilized in the field will need transport to UCCs/ Crisis Stabilization Units (CSU) or Emergency Departments for further treatment, which may overwhelm the ability of receiving programs to address the demand. Analysis of the impact of these teams is premature. However, it is recommended that data be gathered to identify:

- Number of mobile calls;
- Number of individuals stabilized/not stabilized in the field;
- Destination of individuals transported from the field; and
- Impact on receiving destinations (e.g., UCCs and Emergency Departments).

Urgent Care Centers (UCC)/Crisis Stabilization Units (CSU) provide up to 23-hours and 59 minutes of care, including crisis intervention, assessment, evaluation, collateral supports, therapy, SUD counseling and peer support. Medication services are available at the UCC. The goal of the UCC is to avoid unnecessary hospitalization and incarceration while improving wellness for individuals with mental health disorders and their families. Operated by Exodus Recovery, Inc. through a contract with DMH, the Westside UCC is located at 11444 Washington Boulevard, LA 90066 and is open 24/7. The UCC provides:

- A step down from the PHFs and acute hospitals for patients to access community resources.
- Immediate evaluation for individuals in crisis who are brought in by law enforcement or teams on an involuntary basis or are willing to engage voluntarily.
- Medication walk-in services.
- A gateway to on-going community mental health and SUD services.

Exodus Recovery UCC at MLK Hospital, Willowbrook

The Westside UCC has 12 chairs and frequently operates at capacity. When full, Exodus staff can divert crisis clients to the agency's other Urgent Care facilities located as follows:

- Eastside UCC – 1920 Marengo Street, LA 90033
- Harbor-UCLA UCC – 1000 W. Carson Avenue, Torrance 90502
- Behavioral Health Center on the campus of Martin Luther King, Jr. Hospital - 12021 Wilmington Avenue, Building 18, LA 90059

Recently, Exodus staff indicated that the next closest UCC on the campus of MLK Hospital in Willowbrook is also frequently operating at capacity. It is possible that the impact of mobile crisis team expansion is beginning to be experienced at these receiving programs. In addition, at least one Santa Monica hospital has indicated that between six and eight ER patients per day could be sent to a UCC if located in closer proximity and if patients were not diverted to other parts of the county, highlighting the need for additional capacity in SPA 5. The new UCLA-NPI, is planning to operate a CSU in association with their facility, increasing capacity in the county but it will be located outside of SPA 5. With a planned opening in 2026, the new hospital will be located at the former Olympia Hospital at 5900 Olympic Boulevard.

Crisis Residential Treatment Programs (CRTP) are designed to prevent hospitalization or to facilitate early discharge from hospitals when admission has been unavoidable. These programs stabilize individuals in a psychiatric crisis that do not require acute inpatient care. Adult CRTPs serve individuals over the age of 18, providing short-term intensive and supportive services in a homelike environment. They offer self-help skills, peer support, individual and group interventions, social skills and community reintegration services, medication support, co-occurring disorder services, pre-vocational and educational support, and discharge planning.

SPA 5 currently has one 10-bed CRTP, operated by Exodus Recovery, Inc. at 3754-3756 Overland Avenue, LA 90034. Jump Street, a CRTP previously operated by the Didi Hirsch Community Mental Health Center on La Cienega Boulevard, closed in January of 2024, thereby decreasing capacity in SPA 5 by 10 beds. Didi Hirsch CMHC operates Excelsior House, a 14-bed CRTP in Inglewood close to SPA 5.

These services are considered a countywide resource and no priority for admission is given to individuals in the area in which they are located. DMH central administrative units provide the gatekeeping for CRTP beds. Interviews revealed that these beds are typically full.

Intensive Treatment Services

Intensive Treatment Services include facility-based care for individuals requiring 24/7 monitoring.

Acute Psychiatric/Inpatient Hospitals with psychiatric units stabilize individuals in medical or psychiatric crisis. The objectives are to stabilize symptoms through medication intervention, to enhance social rehabilitation skills, and to facilitate community reintegration through discharge planning and linkages to community mental health services. These facilities are licensed, regulated, and inspected and/or certified by the California Department of Public Health Licensing and Certification Program and by CMS where applicable for facilities accepting Medicare and Medi-Cal.

The Westside used to be home to multiple inpatient psychiatric units, most of which closed several decades ago. There are now only two hospitals with inpatient psychiatric units in SPA 5:

- Southern California Hospital in Culver City. This facility relinquished its Lanterman-Petris-Short designation and now only accepts patients who enter on a voluntary basis.
- UCLA-NPI currently has 79 beds on the Westwood campus. While in past years the hospital accepted only limited numbers of patients with Medi-Cal, recently they have enhanced their capacity to do so through their relationship with DMH.

These services are considered a countywide resource and no priority for admission is given to individuals in the area in which they are located. Hospitals oversee admission to their inpatient units. It is important to note that while voluntary hospital beds are available, the need is greater for those in need of involuntary placement.

Given the limited number of involuntary inpatient psychiatric beds in SPA 5 and based on reports from providers and hospital emergency rooms, when hospitalized, most clients from SPA 5 with Medi-Cal or who are indigent are sent to Harbor-UCLA Medical Center in Torrance, LA General Hospital in East LA or Las Encinas Hospital in Pasadena. Those with Medicare may be admitted to Del Amo Hospital in Torrance, Pacifica Hospital of Long Beach, or College Hospital of Long Beach. The distance from Santa Monica creates hardship for transportation at admission as well as a challenge for families who wish to visit their loved ones. Nevertheless, the capacity issue is a countywide concern which DMH is attempting to address.

While providers keenly experience a lack of inpatient hospital beds for patients in need of acute inpatient psychiatric care, recent reports[16] suggest that LA County has sufficient bed capacity for its population. This may be partly explained not by the total number of beds but by the inability of hospitals to discharge patients to other programs that are at maximum capacity. For example, hospitals routinely send discharge packets to multiple subacute facilities, searching for an extended-stay locked bed; this results in longer lengths of stay for individuals on inpatient units eventually affecting available capacity for clients requiring admission. Another challenge described by community providers is the perceived breakdown of communication and care transition planning with hospitals. Numerous agencies' staff complained of an inability to coordinate care with inpatient units and of receiving last-minute calls regarding aftercare for patients as they were leaving hospitals. This prevented a smooth transition of care and, at times, precluded outpatient providers from ensuring that aftercare arrangements were in place before the client left the inpatient facility.

Psychiatric Health Facilities (PHF), limited to 16 beds, are involuntary inpatient units that provide a community-based alternative to hospital care. Services delivered in a PHF are similar to those delivered in inpatient settings and are Medi-Cal reimbursable. PHFs are licensed by the DHCS and must be affiliated with a hospital or outpatient clinic. They are generally certified by CMS and are LPS designated. There is one PHF in Culver City, operated by Exodus Recovery, Inc. under a contract with DMH. This PFH constantly operates at capacity. These services are considered a countywide resource and no priority for admission is given to individuals in the area in which they are located. DMH central administrative units provide the gatekeeping for PHF beds. Efforts were underway to expand the facility to 20 beds but encountered community opposition. Should additional PHF beds be funded, it is almost certain that they would help address the challenges in accessing inpatient psychiatric hospital beds.

Exodus Recovery PHF Group Room, Culver City

[16] 1156106_EstablishingARoadmapToAddressTheMentalHealthBedShortage_ItemNo.41-DAgendaOfJanuary242023_-Feb2024.pdf (lacounty.gov)

Inpatient psychiatric beds are considered a countywide resource, managed by the DMH which is making efforts to increase capacity. However, prior pilots such as the Adult Hospital Linkage Project in SPA 5 focused successfully on coordination of care and care transitions reducing hospital admissions and lengths of stay by 30% for enrolled clients. In the past, hospital liaisons hired by DMH assessed discharge readiness and ensured smooth transition to community agencies. This suggests that, barring an increase in the number of beds, the system could still work more efficiently to maximize existing capacity with sufficient processes and supports in place.

General Institutions for Mental Disease (IMDs)/Subacute Beds are long-term care psychiatric facilities that provide care for individuals who no longer meet the criteria for acute care but are not clinically ready to live in board and care facilities. This level of care is for individuals who require additional intensive services and supports or specialized populations such as those who have a hearing impairment or are involved with the justice system. Generally, individuals are placed in board and care facilities and enrolled in Full-Service Partnership (FSP) Programs upon discharge from IMDs. SPA 5 is home to one IMD, Meadowbrook, which operates at full capacity. This is considered a countywide resource, controlled by central DMH administration and serving clients from throughout the County. It is not specifically responsive to clients on the Westside.

Enriched Residential Services (ERS) are supportive programs that serve individuals ready for discharge from IMDs and acute inpatient units who are not ready to function independently in the community. These programs provide intensive support required to successfully transition individuals from higher levels of care to community-based services. They offer housing, specialized programming and have the capacity to handle emergencies on a 24/7 basis. These housing sites are licensed by Community Care Licensing (CCL) and meet the definition of Adult Residential Facilities with mental health services provided from a certified offsite mental health outpatient program. Many of these programs partner with Federally Qualified Health Care Centers (FQHCs) to provide physical health care. An example of an Enriched Residential program is Percy Village, operated by Gateways Hospital at 1355 South Hill Street, LA (Appendix A). Enriched Residential Services are not locked but they do have delayed egress so that staff are notified prior to clients' leaving the facility, enabling staff to intervene. This, combined with the engaging environment, enriched activities and typically good food, results in few individuals leaving before they are ready to do so. SPA 5 currently has no Enriched Residential programs.

Enriched Residential Care (ERC) is augmented programming and supervision for individuals who require more structure than is offered in a typical residential facility, including 24/7 care and support to help them remain stably housed. DMH contracts with several Adult Residential Facilities in LA County to provide these services, which include Adult Residential Facilities (ARF) and Residential Care Facilities for the Elderly.

The Manor, in Santa Monica, is a licensed ARF. Commonly known as a Board & Care facility, it offers food, shelter and medication dispensing for individuals who require care and support in the community. The Manor currently offers some limited bed capacity for individuals referred from the DMH who, for a period of time, require a "patch" of supportive services and structure and is the only facility in SPA 5 with this capacity. The use of such beds for individuals willing to enter an adult residential facility may help to alleviate the problem faced when individuals are ready to leave institutional care, but not yet functioning well enough to live independently. The capacity of The Manor is unknown. However, should capacity not exist at The Manor, it would be prudent to disaggregate the elements of support offered by this patch and attempt to replicate them in scattered site or congregate housing.

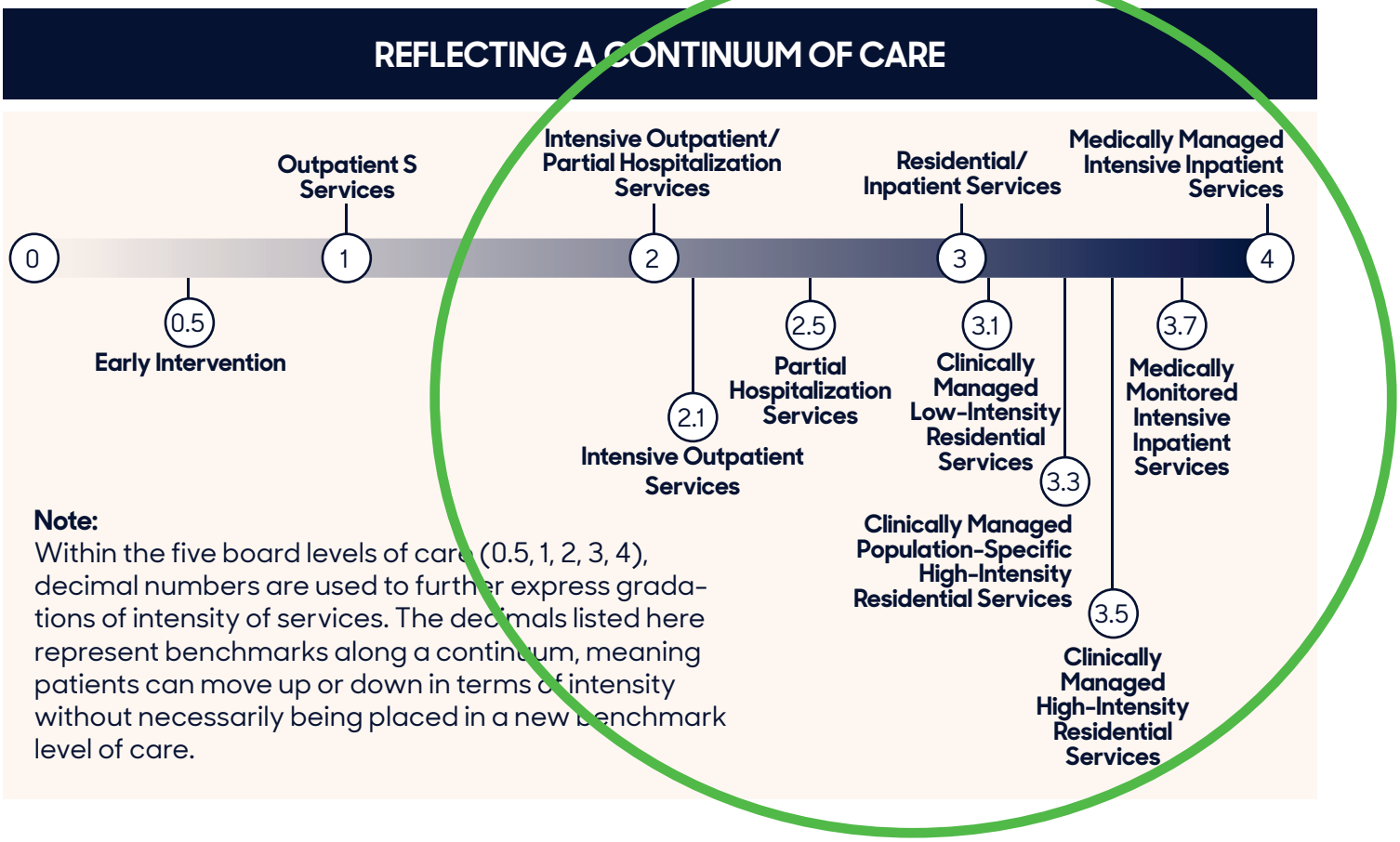
Respite/Recuperative Care provides safe short-term bridge housing for individuals who are homeless where they can recuperate after emergency room or hospital discharge. The programs, under Housing for Health, a division of Department of Health Services, provide a place to recover from medical and psychiatric conditions and prevent people experiencing homelessness from being discharged to the street. Individuals receive medical oversight, intensive case management, behavioral health therapy, substance use counseling, and housing navigation. The programs reduce emergency room visits and hospitalizations and promote connections to resources to support their path to housing. These types of services do not exist in Santa Monica or SPA 5.

Intensive Substance Use Disorder Services

A review of the system of care for substance use disorders should ideally include the services identified in Figure 2 and the American Society of Addiction Medicine (ASAM) levels of care (Figure 4). In LA County, SAPC allows individuals to seek treatment for a SUD anywhere in the county, however it is a best practice to have treatment resources available in an individual's own community. Currently, there are gaps in intensive services (represented in the blue circle below) in Santa Monica and SPA 5.

[17] Asam.org

Figure 4. SUD Services Continuum of Care[17]



A review of intensive services for SUD in Santa Monica and SPA 5 revealed the following treatment services (a description of each is detailed below):

Table 4. SUD Services in Santa Monica and SPA 5

Type of Service / Level of Care	Available in Santa Monica	Available in SPA 5	Providers	Capacity Issue
Intensive Outpatient Services and Partial Hospitalization Services (ASAM 2.1 2.5)	Yes	Yes	CLARE | MATRIX Didi Hirsh (SPA 5)[18]	Capacity exists
Residential Treatment (ASAM 3.1 – 3.5)	Yes	Yes	CLARE | MATRIX (Santa Monica) Phoenix House and Beit Tzedek	Varies

[18] Outpatient only, less intensive than Intensive Outpatient

[19] LA County Department of Public Health - Substance Abuse Prevention and Control - Type of Treatment

Type of Service / Level of Care	Available in Santa Monica	Available in SPA 5	Providers	Capacity Issue
Residential Withdrawal Management (ASAM 3.2)	No	No	-	-
Medically Monitored Intensive Inpatient Services (ASAM 3.7 and 4.0)	No	No	-	-

SUD Intensive Outpatient Treatment Services

In LA County, individuals can be offered intensive outpatient services including assessment, counseling, case management and other services that do not require an overnight stay for one or more days per week based on medical necessity as defined by ASAM criteria.[19] ASAM (along with providers and managed care insurance companies) break these services up by the ASAM levels of Intensive Outpatient (2.1) and Partial Hospitalization (2.5) to reflect the different level of need and intensity. Typically, intensive outpatient services are those provided less than nine hours per week, while partial hospitalization are similar outpatient services with a higher frequency of and more services (20 hours or more per week). Both types of intensive outpatient services are often combined with safe housing (i.e. sober living, family, etc.) to maximize treatment effectiveness.

In Santa Monica and SPA 5, CLARE|MATRIX provides intensive outpatient services (for male and female clients) and limited bridge housing for male clients only (six beds). Their intensive outpatient services have capacity for additional clients. Didi Hirsh CMHC also offers outpatient treatment for substance use disorders within SPA 5. These are at the less intensive level of outpatient. They also have capacity for additional clients.

CLARE|MATRIX, Santa Monica

SUD Residential Treatment Services

These services include short- and long-term treatment stabilization in a residential setting for individuals who experience significant impairments related to a substance use disorder. While based on medical necessity, residential treatment programs typically offer 30-120 days of care. Evidence-based practices, harm reduction, case management, trauma work, 12-step models, employment and educational assessments and life skills training are often

[20] More on these services can be found at - salvationarmyusa.org/usn/rehabilitation/.

components of SUD residential treatment programs. Some programs incorporate mental health treatment into the SUD treatment.

CLARE|MATRIX currently runs a 32-bed residential facility for men and a 40-bed residential facility for women. In addition to their residential programs, they also have a 6-bed Recovery Bridge House (i.e. sober living) for male clients who are transitioning from more intensive levels of treatment. Clients living in Recovery Bridge Housing are also receiving concurrent SUD treatment from an outpatient program. Additional residential treatment services in SPA 5 are provided by Phoenix House (for men only) and Beit Tzedek. According to the California Department of Health Care Services, Phoenix House is licensed for 53 residential beds for male clients; and, Beit Tzedek is licensed for 138 residential beds (male and female). Both appear to be frequently at capacity. While not part of the public system, the Salvation Army offers a faith-based work therapy program for those struggling with alcohol and substance abuse with 60 (not licensed for treatment) beds[20].

SUD Intensive Treatment Services

These services include those offered at the most intensive levels of care for those with a substance use disorder. While the focus of this report is on intensive behavioral healthcare services, it is important to note that there are various levels of withdrawal management available varying from outpatient to inpatient detoxification. These are further described in the paragraph that follows.

At the less intensive level, withdrawal management (W/M), a less intensive service, can be provided in outpatient and medically monitored settings based on the severity of the withdrawal symptoms, the substances used and other co-occurring medical conditions. For example, SAPC contracts with providers to provide Ambulatory W/M (Level 1-W/M and Level 2-W/M). These levels of care offer treatment for symptoms of withdrawal on an outpatient basis. Opioid Treatment Programs (OTP) provide methadone and other medications for withdrawal management from opioids and other substances, usually on an outpatient basis. At the other end of the spectrum (and the focus of this report) are the most intensive levels of W/M requiring inpatient management. SAPC contracts with providers to provide withdrawal management in residential (ASAM 3.2 W/M) and in hospital-based settings (ASAM 3.7 W/M and 4.0 W/M).

SPA 5 currently has no facilities that offer medically monitored withdrawal management in residential or hospital-based settings (ASAM 3.2, 3.7 or 4.0). Providers in Santa Monica and SPA 5 who determine an individual needs these services refer them to Tarzana Treatment Center (in Tarzana and Long Beach) or Behavioral Health Services, Inc (Pomona and Long Beach). It should be noted that at one time CLARE|MATRIX had a license

Tarzana Treatment Center, Tarzana

to operate a detoxification program (withdrawal management program). The license has lapsed but could potentially be renewed if the facility and staffing requirements could be met and funding could be obtained.

It is important to note that in LA County, services for substance use disorders are available to individuals at any location within the county. Thus, while there are opportunities to strengthen the system within Santa Monica, it is also possible to strengthen partnerships, especially for the more intensive levels of care, throughout the county.

Identified Gaps and Capacity Limitations

As identified in the prior sections, gaps and capacity limitations in intensive behavioral health services exist in Santa Monica and SPA 5. This section will cover the service gaps (services do not exist) and the limitations (services exist but there are access and / or capacity issues). The following table provides a summary of the service gaps and existing services with capacity limitations in SPA 5:

Table 5. Service gaps and limitations in SPA 5

Do Not Exist in SPA 5	Exist in SPA 5 with Capacity Limitations
• Enriched Residential Program • Behavioral Health Recuperative Care • SUD In-patient Detoxification Beds	• Adult Residential Facility with Patch • Mental Health UCC • CRTP • PFH • Interim Housing with Behavioral Health Support Services • Residential SUD Treatment for Men • Residential SUD Treatment for Women • In-patient beds • Subacute beds

While these are listed as separately as gaps and limitations, it is important to note that they are interrelated and thus reported in a combined fashion in the following key findings that should inform the development of an enhanced behavioral health system in Santa Monica and SPA 5.

While it may appear that the Westside contains many of the elements of a robust intensive behavioral health system, critical elements of that system operate at capacity at all times. As a result, although programs are situated within SPA 5, they may not be accessible to those living there. Notably, these services include urgent care, crisis residential treatment, residential treatment for SUD and an array of residential programs designed to provide longer-term stabilization for individuals with mental illness who are not ready to live in the community and function without supports.

There is a clear and pressing need for additional SUD programs at multiple levels. Detoxification services do not exist in SPA 5, forcing individuals to travel as far away as Long Beach, the San Fernando Valley or other significant distances for treatment. This can preclude vulnerable populations, such as individuals experiencing homelessness, from entering treatment. While residential treatment beds do exist, there are capacity issues. This is particularly concerning since almost all providers and stakeholders noted the increasing number of individuals with serious substance use disorders, the use of more harmful drugs than in prior years and challenges finding appropriate levels of care for these individuals. As mentioned previously, these issues impact individuals who are unhoused, have co-occurring mental illness and other social or medical conditions that require more specialized care. These individuals require signification supports that will help them to maintain regular treatment. Additionally, these are individuals who may benefit from Medication Assisted Treatment to support their recovery.

There are several vulnerable populations in Santa Monica and SPA 5, who require slightly different constellations of services that do not exist or exist in limited supply. The general population in acute behavioral health crisis requires immediate access to evaluation, crisis-oriented intervention and medication support, typically offered in a Mental Health UCC/CSU followed by linkage to ongoing outpatient mental health or SUD treatment. In some cases, a stay in a CRTP is necessary to provide additional treatment and stabilization prior to a return to the person's living situation in the community. A smaller number of individuals who remain symptomatic may benefit from longer-term Enriched Residential Services to ensure stabilization and rehabilitation.

Unhoused individuals in acute behavioral health crisis require immediate access to evaluation, crisis-oriented intervention and medication support offered in a Mental Health Urgent Care Program or a Safe Landing program (Appendix A), often followed by a period of behavioral health support in interim housing or other residential treatment options (e.g., Enriched Residential Services, Enriched Residential Care, SUD residential treatment).

The limitations imposed by a system that is frequently full combined with the lack of processes that ensure treatment transitions has resulted in a situation in which many clients almost certainly fall through the cracks. FSP programs can provide ongoing treatment and coordination across time and programs. However, in SPA 5 this option is challenging to access because providers have faced limitations in accepting new clients. In addition, the lack of interim housing and permanent supportive housing in SPA 5 results in a transfer of clients to other parts of LA County and new providers, thereby interrupting

the treatment relationships that are formed. Providers and clients face a no-win situation: continue the treatment relationship at the risk of remaining unhoused or accept housing elsewhere with the hope that treatment options will be available.

Based on the analysis above, even when services exist in SPA 5, they may be inaccessible to clients. Some programs face significant capacity limitations with essential components operating at full capacity almost continuously. More specifically:

- Individuals with SUD need to be able to access detoxification and residential treatment services when they are ready to do so. In SPA 5, medically monitored detoxification services no not exist.
- SUD Residential Programs have limited capacity. The SAPC access site occasionally reflects an opening in local treatment facilities, but it is quite difficult for clients to find themselves calling at the right time to obtain limited services.
- The Westside UCC operates at full capacity continuously. While the UCC has the ability to divert clients to other UCCs, these are beginning to experience capacity limitations as well.
- The PHF, an alternative to inpatient psychiatric care operated as a countywide program operates at full capacity continuously.
- The CRTP is operated as a countywide facility and does not prioritize SPA 5 residents; it is continuously full with limited capacity for admissions.
- Supported residential treatment alternatives (e.g., interim housing with behavioral health services or enriched residential care) are in limited supply and cannot accommodate the number of individuals that require support to live independently in the community.
- Workforce limitations have created capacity issues in SPA 5. FSP programs currently provide the most intensive level of outpatient care and flexible funding to attend to clients' needs, however all but one agency indicated that they could not accept new clients even though they have been allocated sufficient funding to do so because they did not have enough staff to comply with client to staff ratios. As discussed in the next section, it does appear that this may change in the future.
- Recuperative care does not exist in SPA 5. Although the existing recuperative care programs are administered by the Department of Health Services, a behavioral health capacity can be added. These programs can be instituted as a standalone program or as a special treatment alternative within other types of residential programs (e.g., Adult Residential Facilities) with additional services layered in.

RECOMMENDATIONS

Based upon the foregoing analysis, several different approaches to expansion of the behavioral health system in SPA 5 are proposed. Before exploring the various models, there are some specific recommendations that are worth considering:

One of the most critical areas for Santa Monica to address is improving access to SUD treatment. In the near term, consider working with CLARE|MATRIX to reinstate their license to provide inpatient W/M (detoxification services). Simultaneously, the City can work with other providers such as Tarzana Treatment Center to coordinate admission for individuals in Santa Monica in need of detoxification services. Longer term recommendations are explored further in the sections that follow.

SPA 5 providers should work with DMH administration as clients are transitioning from outpatient services to FSP. As of this report, DHCS and DMH are implementing various of levels of care within FSP. The concern is that individuals could fall through the cracks during this process and require higher levels of care. The impact of various levels of care with differing clients to staff ratios should be evaluated as these transitions occur.

Westside cities should work with DHS to identify at least one residential treatment program that would be willing to implement a recuperative care component. (Please see the recommendations below under Transformational Options.)

Expand the Westside UCC. This UCC was established to enable residents to receive immediate attention for acute psychiatric problems, however because it is frequently full and referring clients to other UCCs, the Center cannot meet this objective. Expanding the UCC would require establishing a new site on the Westside. The appropriate size of a new facility may depend upon data that must be obtained when all mobile crisis teams currently ramping up are fully deployed. In addition, the possibility of enhancing on-site services by including sobering center services would be ideal.

Negotiate with DMH for an additional CRTP in SPA 5. The CRTP in SPA 5 currently operates at capacity, and this program is an important element in stabilizing clients who would otherwise require hospital care. However, recognizing that DMH is currently opening numerous new CRTP programs, largely on the campuses of Department of Health Services facilities which are located on the Eastside of LA, several alternatives may be considered. DMH may consider a pilot in which Exodus could control access to CRTP beds in SPA 5. This would enable greater continuity of services for individuals exiting the UCC. Alternatively, prioritized access and care coordination could be developed for those exiting the UCC.

Work with DMH to reestablish hospital liaison workers to enhance care transitions from hospitals to ongoing services. Collaborate with the Hospital Association of Southern California (HASC) to develop a task force to help address this issue and network with hospitals receiving SPA 5 clients.

While PHF beds are considered a countywide resource, it might be advantageous to advocate for additional PHF beds on the Westside. Although centralized gatekeeping is provided by DMH, an increase in beds would alleviate pent-up demand across the County, including Santa Monica.

Opportunities for enhanced case management (i.e., adult hospital linkage staff in psychiatric hospitals can ensure care coordination and successful linkage to DMH resources). Data-driven reports and information sharing with contracted providers can enhance communication and contract monitoring efforts, as well as identifying gaps and barriers in services and modifying program policies and procedures within the system of care when needed.

Approaches for Developing a New Westside Behavioral Health Center

Finally, given the current status and gaps in behavioral healthcare in Santa Monica and SPA 5, the following three options for the development of a behavioral health center are presented. A truly transformative intensive behavioral health system for Santa Monica and/or SPA 5 will contain multiple programs, requiring collaboration with the County Departments of Health, Mental Health and Public Health. This array can be conceptualized and implemented as a whole (see options 1 and 2 below) or incrementally. In addition, given limitations of real estate on the Westside, while some services are best co-located within a single campus, consideration should also be given to decentralized approaches. Each of these approaches are considered as follows:

Transformational Approaches: Campus Behavioral Health Center and Safe Landing +

Transformational Approach 1: Campus Behavioral Health Center
This option focuses on the development of a free-standing campus with points of entry for the community. It is intended to address the needs of individuals with acute behavioral health crises as well as those who experience episodically worsening conditions due to the chronic nature of their illness. While not specifically focused on the needs of unhoused individuals, it will allow immediate attention to those with acute behavioral health conditions.

- **An expanded Mental Health UCC** will enhance 24/7 access for individuals who walk in to be seen as well as those brought in by first responders and mobile teams. The expanded UCC will offer medication evaluation and support so that those who require an evaluation or renewal of medication in the absence of an available outpatient appointment have an alternative.
- **An on-site sobering center** will provide immediate attention to individuals who are acutely intoxicated outside an emergency department setting when appropriate.

- **Detoxification beds** for those who require a more extended medically-managed withdrawal process should be built or arranged through one of several providers that offer this service, with clear processes for coordination of admission and transition of care upon discharge. It is also recommended that SUD residential treatment beds be increased.
- **Available pathways for transition into three kinds of residential treatment,** including a CRTP, special needs interim housing (with recuperative care support), and Enriched Residential Services. Each serves a slightly different function. It is possible to focus on one or several options and/or add these programs incrementally.
- **Expansion of an existing mental health outpatient program** through co-location of a small satellite or linkage with a larger organization that will provide the mental health services for individuals housed in the interim housing or enriched residential facilities. (Note: Crisis residential treatment facilities are bundled programs with in-house mental health services and therefore do not require services from an outpatient mental health satellite provider.)

Transformational Approach 2: Safe Landing+

This option, currently delivered by Exodus Recovery, Inc. in SPA 6, offers many of the elements of an acute behavioral health center but is intended to focus more deliberately on the needs of those who are unhoused. Safe Landing is a bundled program. It provides 24/7 intake and evaluation, temporary housing, some medical support services and behavioral health supports. It is not an UCC although it serves some of the same functions. Since interim housing is a component, this model contemplates both the immediate front-end services as well as interim housing with the behavioral health supports that will begin to build stability. Intensive case management, rehabilitation services (e.g., occupational therapy), some onsite physical health service with linkage to primary care and transition planning are hallmarks. Components include:

- 24/7 intake and evaluation services with medication support
- Interim housing with behavioral health support
- Limited recuperative services with linkage to primary care
- Medication support and counseling
- Some sobering center capacity (sober coaches)
- In addition, it is recommended that detoxification capacity be built or purchased, and residential substance abuse treatment beds be increased.

Transitional Approach
The transitional model is a decentralized approach that does not rely on a campus. It considers augmenting programs with additional capacity and staff. In this treatment intensive model, the UCC in SPA 5 moves to a larger space that can accommodate more people. It adds sobering center capacity to the UCC or to a community-based organization that will deliver these services in collaboration with the UCC. Finally, mental health and SUD staff would be added to an existing provider organization to deliver field-based services for existing interim housing programs. In addition, if possible, it is recommended that community-based substance abuse residential beds be added to support individuals who are newly sober with support for maintaining their sobriety. As above, it is also recommended that detoxification services be built if possible or purchased in a dedicated manner. In addition, the contract with an existing behavioral health provider could be augmented to enhance psychiatric and social work aftercare services for individuals exiting the UCC to provide ongoing care. Finally, enhanced focus on the interface between programs and coordination of care among providers will be a key consideration, ensuring that clients successfully utilize services and transition between programs.

While most of the elements of the Transitional Approach are included in the models above, this alternative relies on incrementally adding capacity as opportunities present themselves over time.

CONCLUSION

Communities across the country, including the City of Santa Monica currently face critical challenges related to the severity of behavioral health conditions in their populations, including those who are unhoused. These challenges are complex and multi-layered. Building on the extensive Initium analysis, this report sought to specifically identify the opportunities to improve intensive behavioral health services for adults in Santa Monica and SPA5. While there will always be a need to provide intensive services for those with severe and chronic behavioral health conditions, these services represent only one part of a much more complex system. For example, while residential treatment and linkages to housing are often part of the services provided by behavioral health agencies and were mentioned in this report, the scope of this analysis did not include a focus on housing. Given the discontinuities in care that occur when clients must move miles away from agencies where they are receiving treatment, and the difficulties of achieving recovery when unhoused, the City should continue efforts to address the lack of affordable housing and need for Permanent Supportive Housing within Santa Monica and SPA 5. Likewise, the full array of outpatient and prevention behavioral health services were outside of the scope of this project. Over the long-term, a focus on all levels of care, including prevention may help to alleviate or reduce the ultimate emphasis on intensive services. Just as the challenges are complex, the City will need to simultaneously partner in addressing the needs of those who suffer from debilitating behavioral disorders, while seeking opportunities to work upstream whenever possible.

Appendix A – Provisional Analysis of Recommended Programs and Cost Considerations

Introduction

In April 2024 Capstone Solutions Consulting Group (CSCG) was retained to build upon ongoing efforts to address behavioral health needs in Santa Monica by analyzing the intensive level of behavioral health services for adults in the City and the surrounding area of Service Planning Area (SPA) 5. This analysis was intended to serve as a prelude to planning for expansion of intensive behavioral health services. The final report, *Strengthening the Intensive System of Behavioral Healthcare Services for Adults in Santa Monica and Service Planning Area 5* achieved the following:

- Provided a description of the continuum of intensive behavioral health services in Santa Monica and SPA 5;
- Analyzed intensive behavioral health services that currently exist for adults in Santa Monica and SPA 5;
- Identified gaps and capacity limitations in the service array; and
- Provided recommendations for the future development and expansion of behavioral health services in Santa Monica and SPA 5, including three options for the development of a behavioral health center.

After receiving the report, City of Santa Monica staff requested that CSCG provide cost estimates for the programs contained in each of the three approaches. *It should be noted that the numbers reflected in the following pages are for illustration only. They are based upon the actual contracted revenue of similar programs in Los Angeles County as reported by providers delivering these services (at the time this report was developed). Future program costs may be higher and will depend upon a variety of factors including intended size of programs, location and the extent to which clients served have benefits such as health insurance coverage that help to defray the cost.* These considerations are explored further below.

Cost Considerations:

While a review of the complexities of specialty behavioral health funding is beyond the scope of this paper, it is essential to understand three considerations:

1. **Capital Costs vs. Operating Revenue.** New programs (particularly free-standing treatment facilities) typically require a one-time infusion of funding for capital costs which include building acquisition or remodeling required to meet the service delivery needs of clients. One-time costs can also include expenditures for essential items such as telephony, computers and furniture which may be amortized but will not recur. Since capital costs are heavily dependent on facility size, location, and the extent of any build-out, they cannot be

estimated absent identification of actual locations at this time.
Personnel expenditures are the largest cost component required to operate behavioral health programs, typically constituting up to 75% or more of agencies' budgets. Additionally, operating costs include the overhead required to run the programs. These costs are bundled together into a rate for services which is currently reimbursed as a fee for service. Different types of behavioral health services are paid at different rates.

2. **Gross vs. Net Revenue.** The numbers reported in the analysis to follow reflect the total projected revenues on which agencies base their budgets. They are dependent upon the size of the programs and rates currently in place. The budgets do not necessarily capture the actual cost to the parent organization which may be supplemented by private fundraising or grants.

3. **Oversight for the Delivery of Medi-Cal Reimbursable Services.** In California, responsibility for overseeing the delivery of specialty behavioral health services (i.e., mental health and substance use disorder services) rests with the Counties. Specialty behavioral health services are those intended to address the needs of individuals who have serious behavioral health concerns, including individuals who are functionally limited/impaired by their illness. Local cities are required to work with the County Departments (Mental Health and Public Health) who are responsible for identifying the local match for these services and for processing claims through the State, ultimately enabling local funds to be matched by the federal government.

Summary of Proposed Approaches with Associated Costs

Three approaches for a behavioral healthcare center are recommended for consideration by the City of Santa Monica and the Cities that compose the Westside Council of Governments including Service Planning Area 5. Specific programs within these approaches may be found in more than one approach.

Transformational Approach 1: Campus Behavioral Health Center

This option focuses on the development of a free-standing campus with points of entry for the community. It is intended to address the needs of individuals with acute behavioral health crises as well as those who experience episodically worsening conditions due to the chronic nature of their illness. While not specifically focused on the needs of unhoused individuals, it will allow immediate attention to those with acute behavioral health conditions.

Components and Costs:

Component	Services Offered	Cost
Expanded Mental Health UCC	• Expand 24/7 access for individuals who walk in to be seen as well as those brought in by first responders and mobile teams • Expand medication evaluation and support • Expand crisis evaluation & stabilization	$2.0 million (as a supplement to the existing investment of $8.9 million)
On-site sobering center	• Immediate attention for individuals who are acutely intoxicated • Estimated required capacity is 25 beds.	$3.0 million
Detoxification beds	• Extended medically-managed withdrawal process • Two purchased/ arranged dedicated beds to facilitate access • Clear processes for coordination of admission and transition of care upon discharge.	$753,360
Residential substance use treatment beds	• Longer term stabilization • 10 additional beds to expand capacity	$1,485,550
Enriched residential services	• Extended mental health stabilization • Off-site mental health services • Coordination with primary care	$6.55 million
Outpatient Mental Health Services	• Aftercare for UCC • Support for ERS (above) • Expansion of nearby mental health center/ satellite	Approximately $700,000

Component	Services Offered	Cost
Special Needs Housing (Interim)	• Supportive interim housing for individuals who require assistance to remain stable in housing • Expand capacity by 10 beds	$912,500
Total Estimated Gross Operating Cost		$19.2 million

Transformational Approach 2: Safe Landing+

This option offers many of the elements of an acute behavioral health center but is intended to focus more deliberately on the needs of those who are unhoused. Although not an Urgent Care Center, it serves some of the same functions. Since interim housing is a component, this model contemplates both the immediate front-end services as well as interim housing with the behavioral health supports that will begin to build stability. Intensive case management, rehabilitation services (e.g., occupational therapy), some onsite physical health services with linkage to primary care and transition planning are hallmarks.

Components and Costs:

Component	Services Offered	Cost
Safe Landing	• 24/7 intake and evaluation • Temporary housing • Medical support services • Behavioral health supports	$14.7 million
Detoxification beds	• Extended medically-managed withdrawal process • Two purchased/ arranged dedicated beds to facilitate access • Clear processes for coordination of admission and transition of care upon discharge.	$753,360
Residential substance use treatment beds	• Longer term stabilization • 10 additional beds to expand capacity	$1,485,550

Component	Services Offered	Cost
Enriched residential services	• Extended mental health stabilization • Off-site mental health services • Coordination with primary care	$6.55 million
Outpatient mental health services	• Aftercare for UCC • Support for ERS (above) • Expansion of nearby mental health center/ satellite	Approximately $700,000
Total Estimated Gross Operating Cost		$24.1 million

Transitional Approach

The transitional model is a decentralized approach that does not rely on a campus. It considers augmenting programs with additional capacity and staff. In this treatment intensive model, the UCC in SPA 5 moves to a larger space that can accommodate more people. It adds sobering center capacity to the UCC or to a community-based organization that will deliver these services in collaboration with the UCC. Finally, mental health and SUD staff would be added to an existing provider organization to deliver field-based services for existing interim housing programs. In addition, if possible, it is recommended that community-based substance abuse residential beds be added to support individuals who are newly sober with support for maintaining their sobriety. As above, it is also recommended that detoxification services be built if possible or purchased in a dedicated manner. In addition, the contract with an existing behavioral health provider could be augmented to enhance psychiatric and social work aftercare services for individuals exiting the UCC to provide ongoing care. Finally, enhanced focus on the interface between programs and coordination of care among providers will be a key consideration, ensuring that clients successfully utilize services and transition between programs.

Components and Costs:

Component	Services Offered	Cost
Expanded Mental Health UCC	• Expand 24/7 access for individuals who walk in to be seen as well as those brought in by first responders and mobile teams • Expand medication evaluation and support • Expand crisis evaluation & stabilization	$2.0 million (as a supplement to the existing investment of $8.9 million)

Component	Services Offered	Cost
Detoxification beds	• Extended medically-managed withdrawal process • Two purchased/ arranged dedicated beds to facilitate access • Clear processes for coordination of admission and transition of care upon discharge.	$753,360
Residential substance use treatment beds	• Longer term stabilization • 10 additional beds to expand capacity	$1,485,550
Outpatient Mental Health Services	• Aftercare for UCC • Support for ERS (above) • Expansion of nearby mental health center/ satellite	Approximately $700,000
Special Needs Housing (Interim)	• Supportive interim housing for individuals who require assistance to remain stable in the community • Expand capacity by 10 beds	$912,500
Total (Note that in this model any individual component(s) can be added to augment the existing array of services)		$8.7 million

Appendix B – Program References

Some of the research for this report included programs outside of Santa Monica and SPA 5, including:

Fully Integrated Physical and Behavioral Health Care Services

- Martin Luther King, Jr. Behavioral Health Center – one location, multiple provider types co-located
- Tarzana Treatment Centers

Integrated Behavioral Health Services

- Exodus Recovery: Safe Landing
- Gateways-Percy Village
- HealthRight 360

Appendix C - Background on Funding and Policy Efforts

While the state of behavioral health in the United States is worrisome, this has also been a period in which the federal government and the California DHCS have attempted to innovate while dedicating funding to support new initiatives. Although this report cannot identify all efforts, it is important to highlight several federal and state initiatives designed to enhance behavioral health services, including the 2004 passage of Proposition 63 (the Mental Health Services Act), the 2015 federal approval (and subsequent extensions) of the Drug Medi-Cal Organized Delivery System in California, California Advancing and Innovating Medi-Cal (CalAIM) in 2022, and the 2023 roll-out of the 988 Suicide and Crisis Lifeline. Details on these initiatives are included below.

Additional funding has also been made available to support various behavioral health initiatives at the federal and state levels. Federal priorities are reflected in the Biden Administration's commitment to funding the following areas:

- Block grants to support enhanced behavioral health services (MH/SUD) (Note: This funding flows to states and then to counties which determine local priorities).
- Funding for expansion of Certified Community Behavioral Health Clinics
- Mental health awareness training through Project Aware
- 988 Behavioral Health Crisis Services including mobile response teams
- SUD prevention and treatment of opioid addiction
- Efforts aimed at solving the behavioral health workforce shortages

The state of California has also committed funding to expand behavioral health services including:

- Peer service delivery as a Medi-Cal reimbursable intervention
- Medication Assisted Treatment (MAT), particularly for justice-involved individuals
- CARE Court for individuals who are homeless on the streets and unable or unwilling to receive treatment for mental illness
- Behavioral health interventions offered under the auspices of the managed care plans
- Medi-Cal reimbursement for in-reach into jails and prisons for up to 90 days prior to release, which received federal approval during the generation of this report.
- 2022 legislative authorization for DHCS to establish the Behavioral Health Continuum Infrastructure Program (BHCIP) and award $2.2 billion to construct, acquire, and expand properties, and invest in mobile crisis infrastructure related to behavior health.
- March 2024 passage of Proposition 1, a two-bill package including the Behavioral Health Services Act (BHSA) (Senate Bill 326) and the Behavioral Health Infrastructure Bond Act of 2024 (BHIBA) (Assembly Bill 531). The BHIBA portion is a $6.38 billion general obligation

bond to develop an array of behavioral health treatment, residential care settings, and supportive housing to help provide appropriate care facilities for individuals experiencing mental health and substance use disorders. DHCS is developing plans for distribution of up to $4.4 billion in BHIBA bond funding for BHCIP competitive grants.

Despite what appears to be positive news, some promising initiatives have also created uncertainty. California's Proposition 1 alters the MHSA funding formula by dedicating 30% of MHSA funding for housing and extending this funding to SUD programs, not just mental health facilities. Some outpatient programs currently funded with MHSA may see existing program resources rededicated to FSP programs for those with high intensity needs, creating uncertainty about the future of less intensive outpatient services. Payment reform, one component of CalAIM, has also created questions about future reimbursement to providers. Passage of SB43 means that involuntary detention laws now include individuals who are gravely disabled by their substance use, although the implications for implementation have yet to be fully identified. Finally, the most recent budget for LA County DMH appears to project a decrease in available MHSA funding two years in the future.

Nevertheless, against this backdrop, the experience of the last two decades has resulted in:

- Many counties and cities having implemented intensive services – including residential treatment services – that are novel, recovery-oriented, and incorporate an integrated behavioral health approach.
- An acknowledgement that it is important to consider intensive service programs within the context of the programs that feed into them, and those that will accept clients graduating from this level of care.
- An understanding that it is possible and essential to prioritize investments to maximize both the continuum of services and strategies for ensuring care coordination and flow.
- Finally, a recognition that to solve the complicated issues communities face, an integrated delivery system that considers mental health, substance use, social determinants of health and physical health care is needed.

Proposition 63, the Mental Health Service Act
The 2004 passage of the MHSA enabled Counties to develop a true continuum of mental health care, implementing intensive mental health programs designed to address the needs of the most vulnerable in each county. In Los Angeles (LA) County, high intensity services were implemented using MHSA funding include Full Service Partnerships (FSPs). These are wraparound services intended to be delivered 24/7 in locations appropriate to and desired by individuals with serious mental illness, including those who are unhoused. Mental Health UCCs and Enriched Residential Services were also designed and implemented using MHSA funds, largely matched to federal dollars.

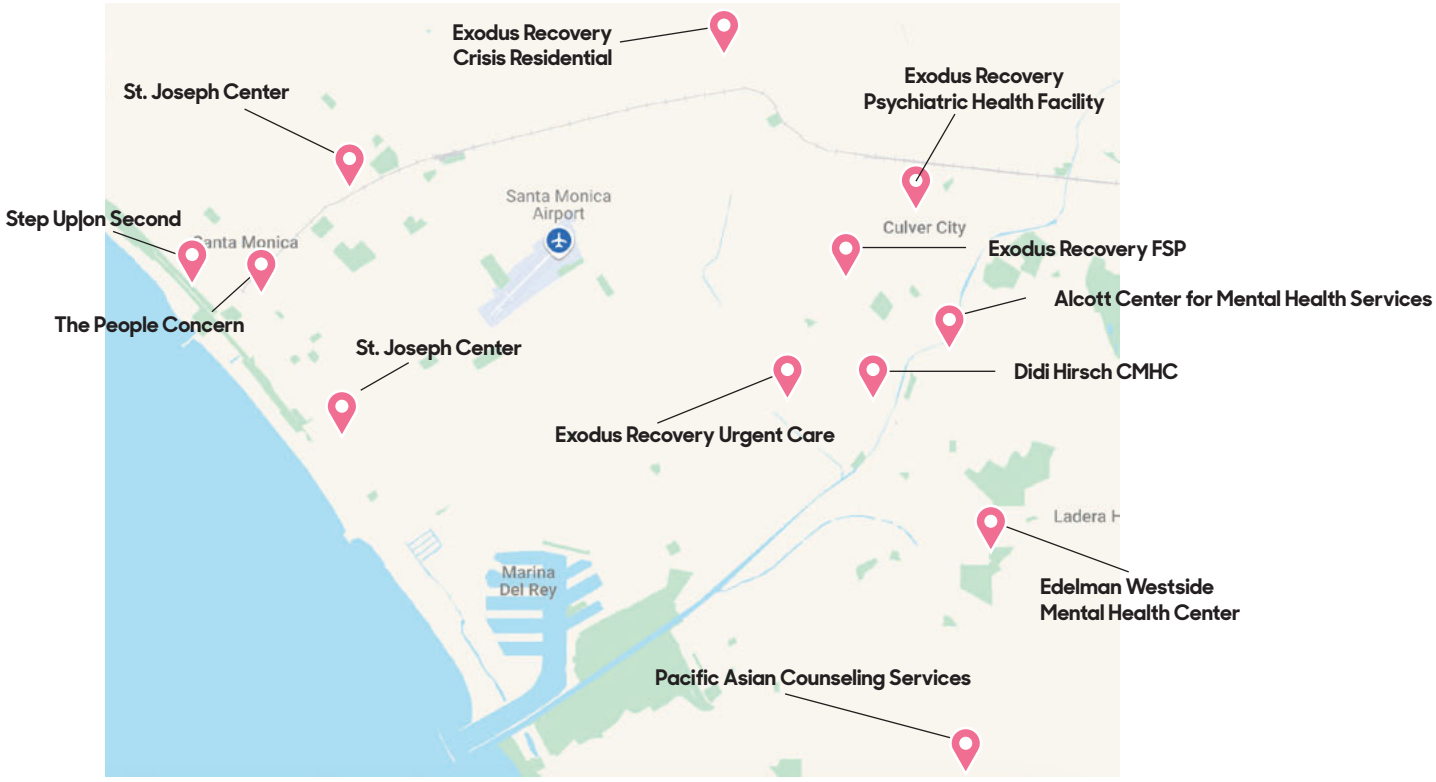
Drug Medi-Cal Organized Delivery System
The 2015 federal approval of the Drug Medi-Cal Organized Delivery System in California (and its subsequent extension) provided the platform for counties' development of a continuum of care utilizing the American Society of Addiction Medicine (ASAM) Criteria model for SUD treatment services.

California Advancing and Innovating Medi-Cal
Beginning in 2022, the State – and by extension the counties – began the implementation of CalAIM. This is a federally approved program designed to ensure vulnerable Californians (e.g., adults experiencing homelessness, justice-involvement or frequent admissions to institutions) receive enhanced case management and / or community supports (e.g., housing navigation, respite care) to enable them to live successfully in their communities without the need for higher levels of care. Community based organizations in LA County are in the process of braiding services covered under CalAIM into their existing array of programs. In addition, as these services are delivered under the auspices of managed care, agencies are developing strategies for interacting with additional oversight bodies.

988
The 2023 national roll-out of the 988 call option has been accompanied by the expansion of mobile teams that can respond to individuals in crisis any time of the day or night. These teams are organized and funded by LA City and County, as well as smaller cities such as Santa Monica.

Appendix D - Map of Services in Santa Monica and SPA 5

Map 1. LA County DMH Agencies that deliver Intensive Mental Health Services for Adults



Santa Monica

- The People Concern – 503 Olympic Bl., Santa Monica 90404
- Step Up on Second – 1328 Second Street, Santa Monica 90401
- St. Joseph Center - 450 20th Street, Santa Monica 90404

SPA 5

- Alcott Center for Mental Health Services – 10559 Jefferson Bl., Culver City 90232
- Didi Hirsch CMHC – 4760 So. Sepulveda Bl., Culver City 90230
- Edelman Westside Mental Health Center – 5860 Uplander Way, Culver City
- Exodus Recovery Urgent Care – 11444 W. Washington Bl., LA 90066
- Exodus Recovery FSP – 10811 Washington Bl., Culver City 90232
- Exodus Recovery Crisis Residential - 1754 Overland Avenue, LA 90034
- Exodus Recovery Psychiatric Health Facility – 9808 Venice Bl., Culver City 90232
- Pacific Asian Counseling Services – 8616 La Tijera Bl., LA 90045
- St. Joseph Center – 204 Hampton Drive, Venice 90291

Map 2. LA County DMH Mental Health UCCs

SPA 5

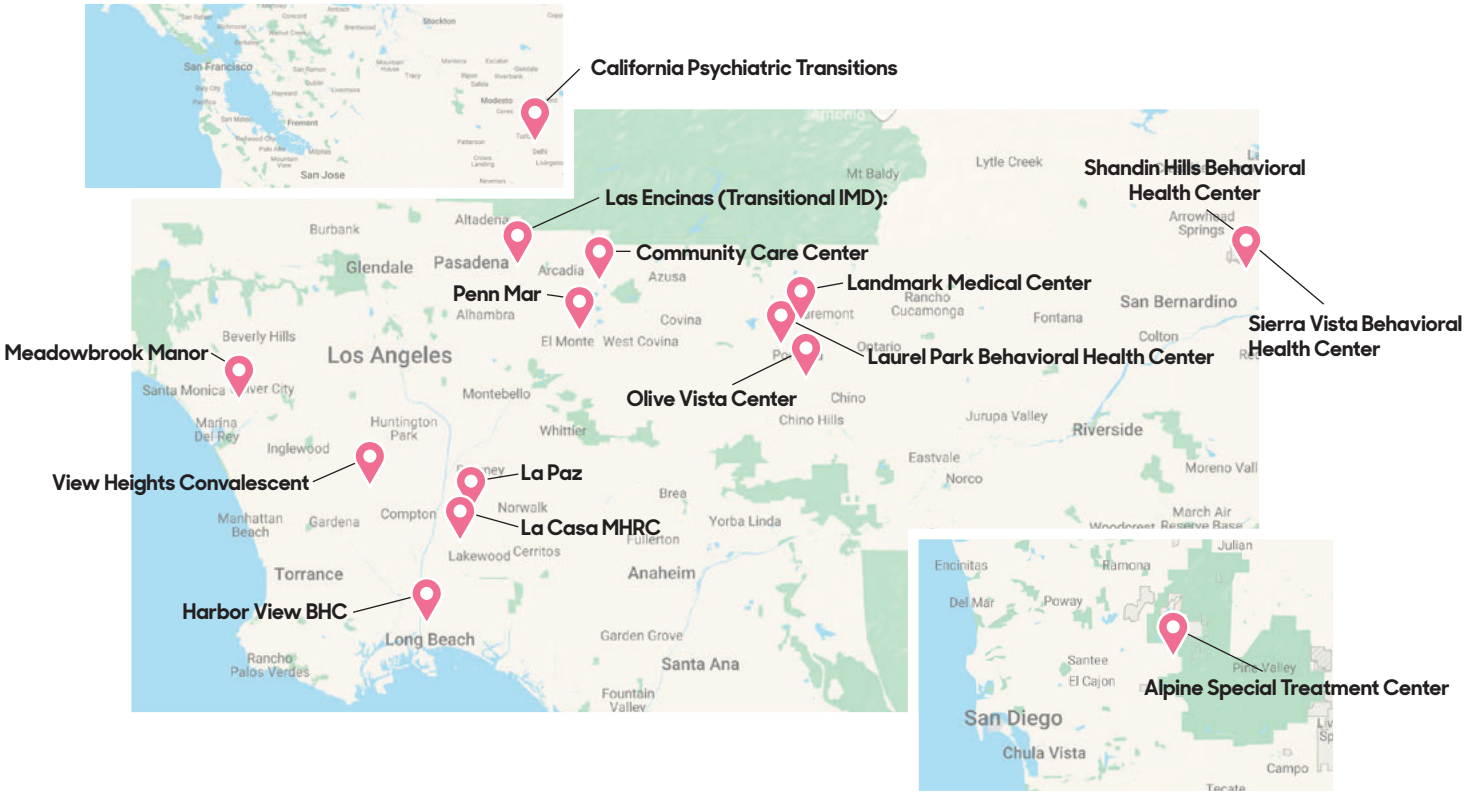
- (Eastside) Exodus UCC – 1920 Marengo Street LA, CA 90033
- (Westside) Exodus UCC – 11444 W. Washington Blvd., Suite D LA, CA 90066
- Harbor UCLA Exodus UCC – 1000 W. Carson Street, Bldg. 2 South Torrance, CA 90502
- La Casa UCC – 6060 Paramount Boulevard Long Beach, CA 90805 (not open 24/7)
- MLK Exodus UCC – 12021 S. Wilmington Avenue LA, CA 90059
- Pacifica Hospital of the Valley Behavioral Health Urgent Care Clinic – 14228 Saranac Lane Sylmar, CA 91342
- Providence Little Company of Mary – 1300 W. 7th Street San Pedro, CA 90723
- Stars UCC – 3210 Long Beach Boulevard Long Beach, CA 90807
- Stars UCC – 18501 Gale Avenue, Suite 100 City of Industry, CA 91748
- Starview High Desert UCC – 415 East Avenue I Lancaster, CA 9353

Map 3. LA County DMH CRTPs

SPA 5

- Hillview Crisis Residential – 12408 Van Nuys Blvd, BLDG C Pacoima, CA 91331
- Excelsior House – 1007 Myrtle Ave. Inglewood, CA 90301
- Exodus CRTP – 3754-3756 Overland Ave. LA, CA 90034
- Freehab CRTP – 8140 Sunland Blvd. Sun Valley, CA 91352
- Gateways CRTP – 423 N. Hoover Street LA, CA 90004
- Hillview CRTP – 12408 Van Nuys Blvd, BLDG C Pacoima, CA 91331
- Jump Street: 1233 S. La Cienega Blvd. LA, CA 90035
- Exodus CRTP:3754-3756 Overland Ave. LA, CA 90034
- Gateways CRTP: 423 N. Hoover Street LA, CA 90004
- Safe Haven CRTP – 12580 Lakeland Rd. Santa Fe Springs, CA 90670
- Special Services Group Florence House – 8627 Juniper St. LA, CA 9002

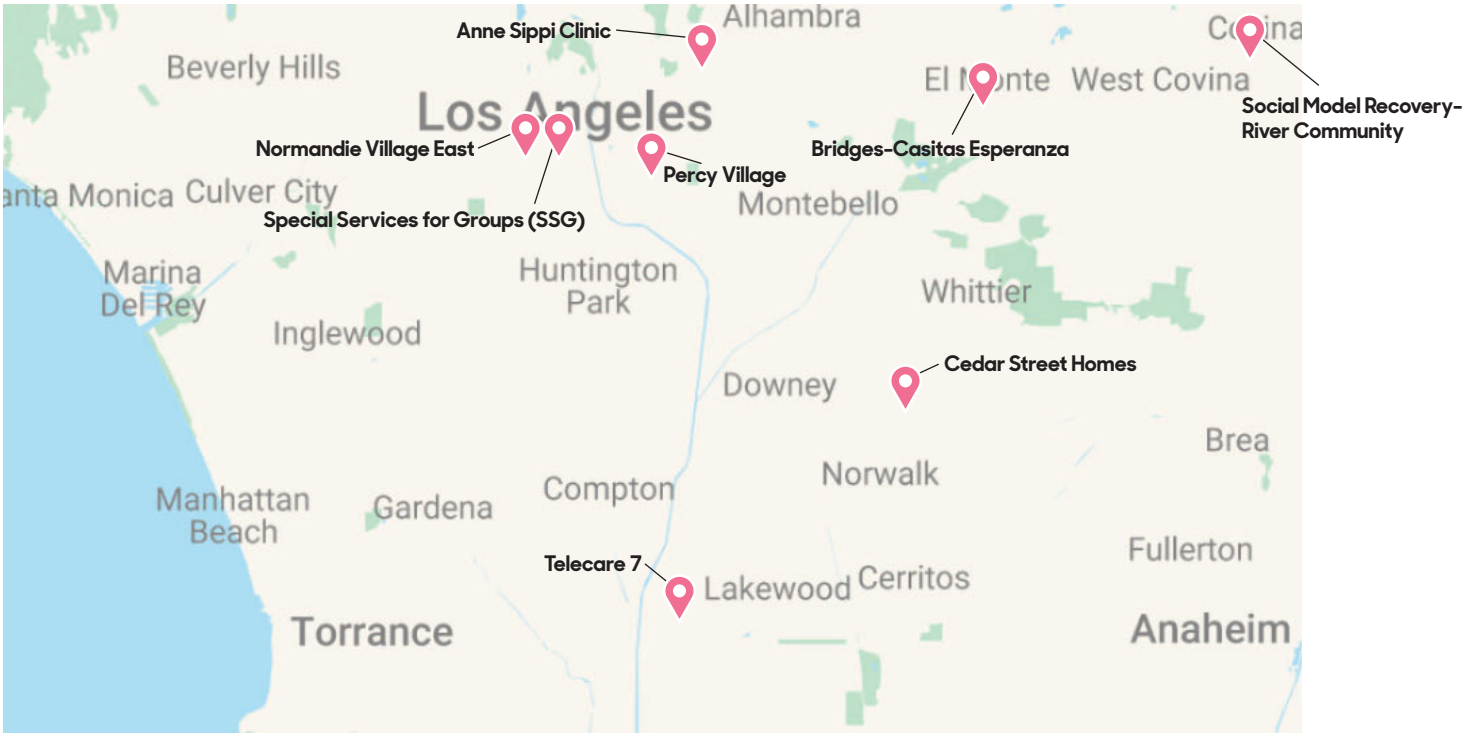
Map 4. LA County DMH Long-term Intensive Residential Treatment Programs



SPA 5

- **Subacute – Specialized**
  - » La Casa MHRC – 6060 Paramount Blvd. Long Beach, CA 90805
  - » La Paz – 8835 Vans Street Paramount, CA 90723
  - » Olive Vista Center – 2335 S. Towne Pomona, CA 91766
  - » Alpine Special Treatment Center – 2120 Alpine Blvd. Alpine, CA 91901
  - » Harbor View BHC – 490 West 14th Street Long Beach, CA 90813
  - » California Psychiatric Transitions – 9226 Hinton Ave, Delhi, CA 95315
  - » Sierra Vista Behavioral Health Center – 3455 E Highland Ave, Highland, CA 92346
  - » Shandin Hills Behavioral Health Center – 4164 N 4th Ave, San Bernardino, CA 92407
- **Subacute – General**
  - » Community Care Center – 2335 S. Mountain Ave. Duarte, CA 91010
  - » Landmark Center – 2030 N. Garey Ave. Pomona, CA 91767
  - » Laurel Park Center – 1425 West Laurel Ave. Pomona, CA 91768
  - » Meadowbrook Manor – 3951 East Blvd. LA, CA 90066
  - » View Heights Convalescent – 12619 South Avalon Blvd. LA, CA 90061
  - » Penn Mar – 3938 Cogswell Road El Monte, CA 91732
  - » Las Encinas (Transitional IMD) – 2900 E. Del Mar Blvd. Pasadena, CA 91107

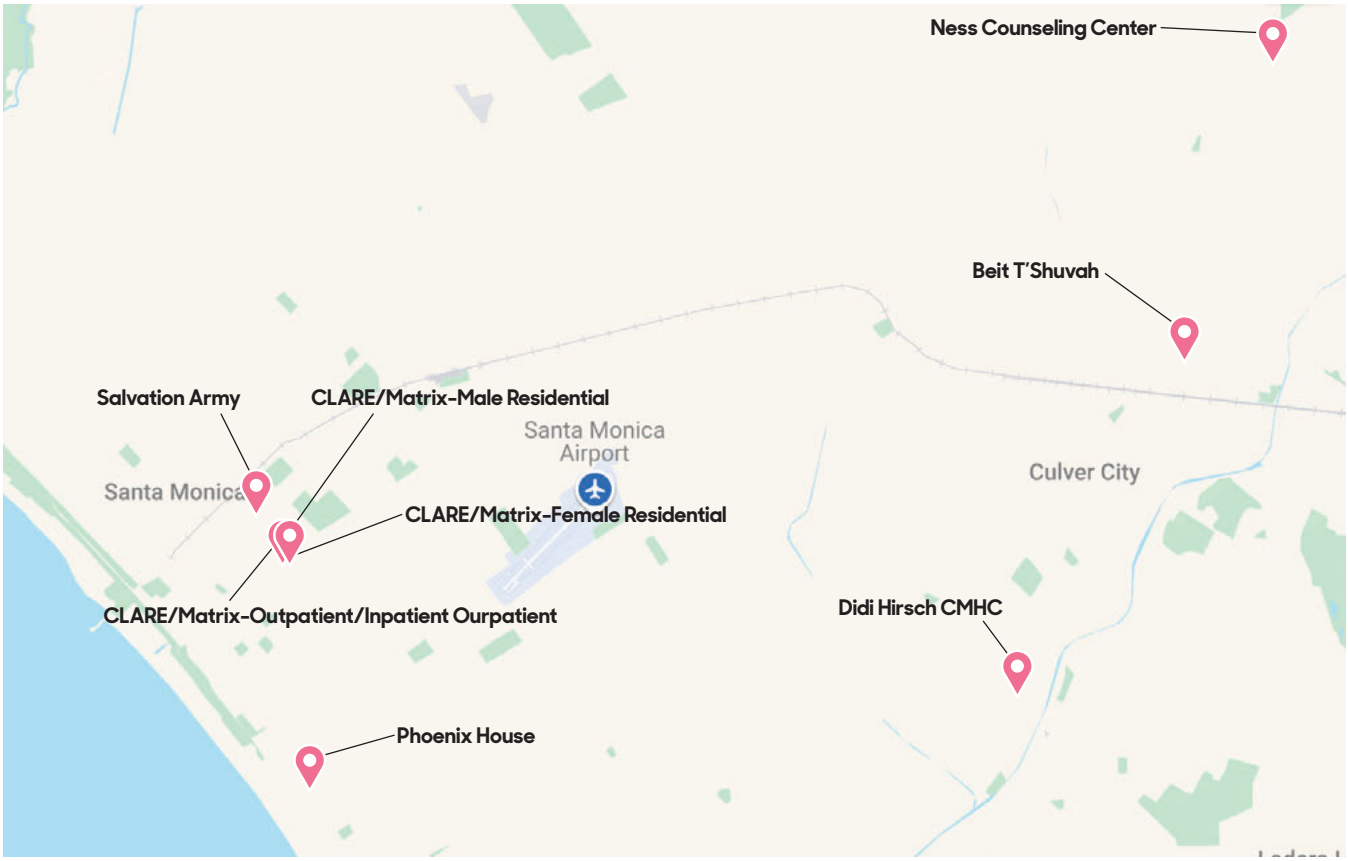
Map 5. LA County DMH Enriched Residential Services



SPA 5

- Anne Sippi Clinic – 2057 S. Atlantic Blvd. Commerce, CA 90040
- Bridges- Casitas Esperanza – 11927 Elliot Ave. El Monte, CA 91732
- Cedar Street Homes – 11401 Bloomfield St. Bldg-305, Norwalk, CA 90650
- Percy Village – 4063 Whittier Blvd, Suite 202 LA, CA 90023
- Normandie Village East – 1338 S. Grand Ave. LA, CA 90015
- Special Services for Groups (SSG) – 11100 Artesia Blvd. Ste A Cerritos, CA 90703
- Telecare 7 – 4335 Atlantic Blvd. Long Beach, CA 90807
- Social Model Recovery-River Community – 223 E. Rowland St. Covina, CA 91723

Map 6. LA County DPH SAPC Intensive Substance Use Disorder Services



Santa Monica

- CLARE|Matrix
  - Male Residential (RS 3.1 and 3.5) – 907 and 909 Pico Boulevard, Santa Monica, CA 90405
  - Female Residential (RS 3.1 and 3.5) – 844 Pico Boulevard, Santa Monica, CA 90405
  - Outpatient / Intensive Outpatient – 1002 Pico Boulevard, Santa Monica, CA 90405
- Salvation Army (not a SAPC contracted provider) – 1665 10th St, Santa Monica 90404

SPA 5

- Didi Hirsch CMHC – 4760 South Sepulveda Bl., Culver City 90230
- Ness Counseling Center – 8512 Whitworth Dr., LA 90035
- Beit T'Shuvah – 8831 Venice Bl., LA 90034
- Phoenix House – 503 Ocean Front Walk, Venice 90291

Appendix E – SPA 5 Data

Level of Care	Number of Providers in SPA5	Capacity
Full Service Partnerships	7	702–784 slots available 65% of slots are authorized for use
Sobering Centers	0	–
Psychiatric units in general acute care hospitals	0	–
Psychiatric Acute Care Hospitals (locked)	1	74 beds
Psychiatric Health Facilities	1	16 beds
CRTP	1	10 beds
Community Treatment Facilities	0	–
UCC/CSU	1	12 chairs