

Minding the Gap: How Chinatown Service Center's Alternate Response Program is Building a Bridge Between Primary and Behavioral Healthcare for LA County Residents

With additional funding from BHJIS for staffing and outreach, Chinatown Service Center (CSC) has been able to provide real-time assistance to local police departments and other healthcare mediums to bolster mental health support, education, and linkage to care.

Recognizing the Opportunity for Change

Since 1971, CSC has been providing community healthcare with a mission to provide outstanding services and advocacy that promote better quality of life and equal opportunity for immigrants and other communities. However, staffing shortages across behavioral health today have made it nearly impossible to conduct outreach or effectively bridge primary care and behavioral health services. Many individuals experiencing mental health crises - especially those from underserved or culturally specific communities – have relied heavily on emergency rooms, even when their needs weren't urgent.

Additionally, the prevailing response to psychiatric crises involved short-term involuntary holds in overburdened inpatient settings that lacked continuity plans. With no follow-up support, individuals were often released without a sustainable recovery path, leading to repeat ER visits, high readmission rates, and untreated behavioral health issues.

Cultural misunderstandings added to the challenges around Los Angeles. In one case referred to CSC, a Chinese-speaking new mother expressed childbirth pain in a culturally normative idiom that translated to suicidal ideation. Without proper linguistic and cultural interpretation, she risked unnecessary psychiatric hospitalization.

A Better Way Forward

With the assistance of Behavioral Health Justice Intervention Services (BHJIS) grant funding, CSC transformed its outreach and case management infrastructure to create a seamless, culturally competent bridge between emergency departments, law enforcement, and behavioral health services:

1. Strategic Partnerships

- **Quarterly Meetings with Local Agencies:** Strengthened collaboration with local medical hospitals, law enforcement, and community agencies.
- **Responsive Staffing:** Initially piloted clinician-led calls but shifted to a specialized team of case managers with inpatient/outpatient experience to handle follow-ups and assessments effectively.

2. Comprehensive Case Management

- **Rapid Follow-up:** Case managers contacted clients within 24 hours of release and arranged follow-up care within three days.
- **Continuous Care:** Clients received support for 1–2 months post-discharge until they were stable and capable of managing appointments independently.
- **Family Involvement:** Families were included in care coordination, particularly in ER or inpatient settings, to support step-down planning and recovery.

3. Culturally Competent Care

- **Multilingual Staff:** The majority of CSC staff are bilingual in English and at least one dialect of Chinese, with Spanish coverage included.
- **Cultural Interpretation:** Staff are trained to recognize culturally specific expressions of distress, reducing unnecessary hospitalizations due to misinterpretation.

4. Outreach & Community Education

- **Public Service Announcements (PSAs)** and distribution of brochures have helped destigmatize behavioral health support – especially among AAPI and Latino communities.
- **Personal Communication in Hospitals:** Clinicians spoke with individuals at ERs, gaining their trust and initiating lower-level, trauma-informed care as needed.

The Impact

The outcomes of these advancements can be seen at the individual level through the broader community. Over the grant period, several hundred individuals of all ages have received emotional support, linkage to care, and help with navigation of social benefits and respite care with generally faster response times.

Most clients were able to avoid inpatient treatment once engaged in ongoing outpatient care, driving an overall reduction in hospitalizations and inpatient care. One notable

case involved a patient with a 10-year inpatient history who avoided further hospitalization after engagement.

At the broader community level, the program has also driven stronger engagement with mental health services. Hospitals and law enforcement agencies observed more openness among individuals –particularly in AAPI and Latino communities – toward seeking mental health support. Warm hand-offs from ERs and law enforcement have built trust and provided greater access to culturally appropriate care. And regular check-ins and multilingual educational materials have lowered barriers to behavioral health care.

The program's success has even prompted CSC to advocate for continued services regardless of grant funding, emphasizing warm hand-offs and stronger partnerships with inpatient mental health providers. Future efforts are expected to include further integration with inpatient services and more consistent step-down plans to support long-term recovery.

To learn more about the CSC's Services, visit: <https://www.cscla.org/>

Improving Behavioral Health Justice in California

*This program and others like it are made possible by the **Behavioral Health Justice Intervention Services (BHJIS)** program.*

BHJIS provides funding to help local communities address critical intervention points through which individuals with mental and substance use disorders can be diverted from criminal justice involvement.

To learn more, visit:

<https://www.infrastructure.buildingcalhhs.com/grantees/ccmu/>