

COUNTY STATE HOSPITAL SURVEY

Summary of Results

COUNTY	PASO FACILITY					STOCKTON FACILITY				
	Interest in LPS Beds?	QTY.	Add'l Services?	Bed Types	QTY.	Interest in LPS Beds?	QTY.	Add'l Services?	Bed Types	QTY.
Alameda	Yes	10	Yes	ERP, STP/SNF	5 (ERP) 5 (SNF)	Yes	10	Yes	ERP, STP/SNF	5 (ERP) 5 (SNF)
Alpine	No	-	No	-	-	Yes	Unknown	Yes	ERP, STP/SNF, IMD	Unknown
Contra Costa	Yes	20	Yes	Psych. Res., MHRC, STP/SNF, IST, NGRI	10	No	-	No	-	-
Kern	Yes	2	No	-	-	Yes	2	No	-	-
Kings	Yes	5	Yes	STP/SNF, IMD	Unknown	Yes	2-3	Yes	STP/SNF, IMD	2-3
Los Angeles	Yes	200	Yes	MHRC	140	No	-	No	-	-
Madera	Yes	2-3	No	-	-	Yes	2-3	No	-	-
Mariposa	Yes	2-3	Yes	MHRC, STP/SNF, IMD	2-3	Yes	2-3	Yes	MHRC, STP/SNF, IMD	2-3
Merced	Yes	2-3	No	-	-	Yes	3-4	No	-	-
Monterey	Yes	4-8	Yes	ERP, MHRC, STP/SNF, IMD	2-4	Yes	Unknown	Yes	ERP, MHRC, STP/SNF, IMD	Unknown
Napa	No	-	No	-	-	Yes	3-4	No	-	-
Placer	No	-	No	-	-	Yes	1-2	Yes	MHRC, STP/SNF, IMD	Unknown
Riverside	Yes	45	Yes	STP/SNF, IMD, IST, NGI, MDO	10	Yes	10	Yes	STP/SNF, IMD, IST, NGI, MDO	5
San Diego	Yes	10	Yes	STP/SNF, IMD, IST, NGI, MDO, Other	10	No	-	No	-	-
San Mateo	No	-	No	-	-	Yes	8	Yes	MHRC, STP/SNF	5
Santa Barbara	Yes	3	Yes	MHRC, STP/SNF, IMD	10-20	No	-	Yes	MHRC, STP/SNF, IMD	2
Shasta	Yes	Unknown	No	-	-	Yes	Unknown	Yes	MHRC, STP/SNF, IMD	Unknown
Stanislaus	Yes	10	Yes	ERP, IOP, MHRC, STP/SNF, IMD, Other	10-20	Yes	20	Yes	ERP, IOP, MHRC, STP/SNF, IMD, Other	10-20
Tuolumne	No	-	No	-	-	Yes	1-5	Yes	ERP, IOP, MHRC, STP/SNF, IMD, Other	Unknown
Ventura	Yes	1-2	Yes	STP/SNF, Other	Unknown	No	-	No	-	-
Yolo	No	-	-	-	-	Yes	3	Yes	MHRC, STP/SNF, IMD	3

ADDITIONAL COMMENTS:

Kern:

We would be interested in Stockton site only if Paso Robles site is not developed.

Kings:

We are a small county with small numbers, but we do have a need. Having space for LPS closer to our county would allow for better care coordination. While we are looking for LPS beds, we'd be interested in some additional local options. In addition to LPS beds, having approx. five beds locally for use of SNF or IMD would enhance care.

Our numbers are lower than other counties, and we also seek to try and keep participants closer to home to allow for more effective care coordination and possible transition and step-down.

Madera:

Usage would depend greatly on costs of services, but we have a significant need.

Monterey:

We would be interested in 2-4 MHRC, SNF, or IMD beds depending on the licensing, costs, and services provided. We would be especially interested in approx. 4-6 Enhanced Residential beds, also depending on services provided and costs.

We are very interested in working assertively with clients in a strength-based manner to stabilize and reintegrate into the community as soon as possible. So we would want to see programs that are oriented towards teaching skills and providing step-down activities reconnecting to the community resources whenever possible. This is especially the case for the Enhanced Residential Care Facilities. Would there be a community resource that clients could access in preparation for returning to the community? Also, would your facility have access to local medical and psychiatric facilities in the eventuality that there is any imminent medical or psychiatric emergencies?

Napa:

Paso Robles site is challenging due to the distance from Napa County.

For Stockton, 3-4 beds would be beneficial for 2018-19. In the future, we may need to look at other opportunities for non-LPS individuals to receive additional services such as enhanced board and care services.

Placer:

This Paso Robles location is a 5-hour drive from our county; it would not be the preferred location. Currently the waitlists for a bed in a MHRC, IMD, or STP/SNF are extremely long. Clients end up waiting months in an acute care facility while waiting for bed. These long waits delay their access to the psychological rehabilitation that will help them regain access to living in the community.

Our last conservatee (Murphy's) that we placed in DSH waiting nine months for a bed at Napa. His behavior was aggressive that he had to be moved to the jail for a majority of his wait.

San Mateo:

We would need to understand how services are coordinated with our county programs for discharge planning and returning to their local county with appropriate supports. Also, need to hear how these facilities will work with conservators and family members who may live far away, e.g. will there be telehealth capability?

Santa Barbara:

For Paso Robles, a total of 10-12 patients: 4 in skilled nursing, and the other 608 in MHRC or IMD placement. For Stockton, most likely need 2 beds in the STP/SNF setting and 3 in MHRC/IMD setting. Paso Robles location is preferable since it's closer, but we would also consider Stockton facility.

Shasta:

Always interested in having a facility that could accept clients that no one else will take. It is unclear what the county's needs would be at any given time, as the IMD placements fluctuate; additionally, there is a plan to create a 16-bed facility here in the county.

Stanislaus:

Need beds for sub-acute (between acute and IMD) not meeting medical necessity and waiting for IMD placement.

Tuolumne:

Although we are a small county, placements of clients on LPS conservatorship is a major issue due to lack of bed availability, special populations on LPS, and increased costs of placements. We need all the alternatives mentioned to reduce the frequency of clients placed at the highest levels of care:

1. Please provide more details on your target population, potential rates, and exclusion from admission. Are you seeking to focus on alternatives to State Hospital civil commitments? Are you seeking to divert people prior to admission to State Hospital who are an IST with felony charges or civil?
2. Recently on a state call, several county directors/ reps indicated that misdemeanor IST is an increasing problem. Would you consider misdemeanor IST?
3. Would all units within the facility be locked or an IOP would have people return home each night?
4. Fiscal rates are a concern for civil commitments. If the daily bed costs is less than State Hospital beds, then this would be a welcome alternative facility.
5. Location: the Stockton location is also ideal moving people closer to their region the same way that the IMDs were designed to do.
6. The survey mentions MHRC/IMD services, and there is a great need for more beds. Currently, problem clients are turned away because MHRC/IMDs are full and can be elective in admission.
7. SNF services for LPS clients is greatly needed, because SNFS don't take people on LPS with mental health symptoms, complex presentation, or any violent history.

Ventura:

Distance to Paso Robles (approx. 2.5 hour drive time) would be something of an issue for the county. Closer proximity would increase the utility of this facility.