

9 - Inpatient Beds

- 1. Program Area:**
COMMUNITY SERVICES
- 2. Identify agencies and departments involved.**
Health Care Agency (HCA)
- 3. Is the Strategic Priority new or previously identified in an earlier Strategic Financial Plan; if previously identified, indicate what has changed and why; identify any progress made in reaching the goals/expectations of the previously identified priority; and identify dollar amounts, by major object category, for any funding related to the Strategic Priority that is included in the FY 07-08 Budget.**

New

- 4. Provide a description of the project/program – what it is and what it will achieve. Identify how the strategic priority is consistent with the mission and values of the County and, if applicable, how it relates to the health and/or safety of the community.**

HCA currently has 13.5 inpatient psychiatric beds for unfunded patients. This limited number of beds has resulted in patients having to wait for extended periods of time, regularly well beyond the 24-hour time frame allowed by law, in hospital emergency rooms for inpatient psychiatric treatment. A person in a psychiatric crisis suffering from psychosis, suicidal or homicidal thoughts presents a clear safety risk to themselves and all those around them. Hospitals are bearing the cost of inpatient psychiatric care for unfunded patients admitted to their units at a time when costs related to mandated nursing staff ratios and seismic retrofitting serve to reduce the already razor thin margin for psychiatric units. This has created significant concern to hospital, law enforcement, and community stakeholders.

There has also been an increase in the number of clients requiring medical detoxification, which cannot be accommodated by HCA's current social model detoxification programs. HCA currently contracts with a provider in Los Angeles for medical detoxification but does not have any inpatient detoxification service in Orange County. Social model detoxification programs expect to see increasing medical emergencies without additional funding for medical detoxification in a medical setting.

Extended wait times for inpatient psychiatric beds will result in the diversion of patients with medical emergencies to other hospitals, thus delaying urgent medical treatment. We have lost several contracted hospitals over the years, and risk the loss of more inpatient psychiatric providers as they are struggling to bear the costs of care for the unfunded they are currently treating.

Additional medical detoxification and inpatient psychiatric bed capacity will not only reduce the emergency health risks to these individuals but will reduce the pressure on emergency rooms.

Ensuring adequate resources/compensation for emergency psychiatric care will help ensure timely access to treatment for these clients and ensure continued availability and access to emergency medical care in the community.

5. Identify personnel – will the program/project require additional staffing? If so, estimate the number of positions by classification.

No new personnel will be required as a result of increased County general funds.

6. Identify cost – estimate and identify separately one-time (e.g., equipment purchases) and ongoing costs (e.g., maintenance contracts).

FY 2008-09 – \$0 one-time; \$5,110,000 ongoing
FY 2009-10 – \$0 one-time; \$5,263,300 ongoing
FY 2010-11 – \$0 one-time; \$5,421,199 ongoing
FY 2011-12 – \$0 one-time; \$5,583,835 ongoing
FY 2012-13 – \$0 one-time; \$5,751,350 ongoing
FY 2013-14 – \$0 one-time; \$5,923,891 ongoing
FY 2014-15 – \$0 one-time; \$6,101,607 ongoing
FY 2015-16 – \$0 one-time; \$6,284,655 ongoing
FY 2016-17 – \$0 one-time; \$6,473,195 ongoing
FY 2017-18 – \$0 one-time; \$6,667,391 ongoing

7. Identify potential funding sources (e.g., State, Federal, General Fund, fees) and any possible limitations on those sources.

County general funds are the only known potential funding source.

Please refer to the attached spreadsheet for funding information.

8. Identify community awareness (stakeholders).

Hospital Association of Southern California – Orange County
Police and Sheriff Departments
Orange County Medical Association
Emergency Room Nurse Committee
College Hospital Costa Mesa Crisis Response Team
St. Joseph Hospital Psychiatric Evaluation Team
Alcohol and Drug Advisory Board
Mental Health Advisory Board

Various committees addressing this issue include but are not limited to:

Joint Hospital Association of Southern California/Behavioral Health Services Task Force
Hospital Association of Southern California – Orange County Executive Board
Hospital Association of Southern California – Emergency Medical Services
Hospital Association of Southern California – Behavioral Health Subcommittee
Emergency Treatment Services/Emergency Room physician meeting
Police Chief Association
Comprehensive Coalition for Mental Health

9. Is the program/project mandated or discretionary?

Discretionary

10. Identify the implementation period if funding were available.

The program would be implemented July 1, 2008.

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	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18
I. Cost											
Services & Supplies	0	5,110,000	5,263,300	5,421,199	5,583,835	5,751,350	5,923,891	6,101,607	6,284,655	6,473,195	6,667,391
Agency Expense Total	0	5,110,000	5,263,300	5,421,199	5,583,835	5,751,350	5,923,891	6,101,607	6,284,655	6,473,195	6,667,391
II. Non-General Fund Revenue											
No Revenue	0	0	0	0	0	0	0	0	0	0	0
Agency Revenue Total	0	0	0	0	0	0	0	0	0	0	0
III. General Fund Requirement	0	5,110,000	5,263,300	5,421,199	5,583,835	5,751,350	5,923,891	6,101,607	6,284,655	6,473,195	6,667,391
IV. Staffing											
No Positions	0	0	0	0	0	0	0	0	0	0	0