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**Addressing the Shortage of Mental Health Hospital Beds**

In 1967 the Lanterman-Petris-Short Act (LPS) was signed into law by Governor Ronald Reagan with the intent of moving away from institutionalization and moving towards community based care as an effort to protect the civil liberties of those who are living with a mental illness. Part of this effort included judicial oversight of cases in which the individual is being assessed for conservatorship. A conservatorship is a legal arrangement which gives one adult (conservator) the responsibility for overseeing the comprehensive medical treatment for another adult (conservatee) who has a serious mental illness and is found to be gravely disabled by the court. The enactment of LPS shifted the responsibility of care for those living with a serious mental illness from the State to the counties. This was despite the fact that counties were not equipped to effectively serve those who were being released from the State Mental Hospitals.

The population of state mental hospitals was highest in 1959 under Governor Edmund G. Brown Sr., and at that time there were 37,500 patients statewide. By 1967 when LPS was signed into law, this population fell to 22,000 and has continued to drop under subsequent administrations. Today, the California Department of State Hospitals (DSH) operates only five facilities: Atascadero, Coalinga, Metropolitan, Napa, and Patton. The total number of beds available at these facilities is 6,078. The current wait time for a placement in one of these State hospitals is estimated to be one year or more. This leaves thousands of individuals who are in need of an inpatient hospital placement on what seems to be an endless wait list, which can be detrimental to their condition.

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The shortage of State Mental Hospital beds means that the individuals in need of this level of care, and their families, would be forced to search for a placement elsewhere. However, when examining California Office of Statewide Health Planning and Development (OSHPD) data, there is a tremendous deficit in non-State options as well. According to OSHPD data, the number of mental health hospitals (excluding State hospitals) fell from 181 in 1995, to 144 in 2016, a reduction of over 20%. The reduction in the number of facilities resulted in a loss of 2,651 non-State beds between 1995 and 2016. According to leading mental health experts, the minimum number of beds required to appropriately meet the need is 50 public mental health beds per 100,000 individuals. In Los Angeles County, there are only 22.7 beds per 100,000 individuals; and California has only 17.05 beds per 100,000 individuals.

For far too long, the number of mental health hospital beds has dwindled, leaving a significant number of patients and their families without access to the appropriate level of care. As a result, we have seen growing prevalence of mental illness among the homeless population and in our jails. As a County, we must explore all options to provide additional mental health hospital beds for those who are in need of this level of care.

**WE, THEREFORE, MOVE** that the Board of Supervisors:

1. Direct the Department of Mental Health, in coordination with the Chief Executive Officer, to draft a plan for the creation of Mental Health Hospital beds to include potential sites, funding options, patient population, and all other pertinent details, and report back to the Board in 120 days.
2. Direct the Department of Mental Health, in coordination with the Chief Executive Officer and the Sheriff's Department, to assess current and future need for Mental Health Hospital beds that support the jail population and include this as part of the report back due in 120 days.
3. Direct the Department of Mental Health to provide an assessment of all contracted mental health hospital beds, and make recommendations that allow the County to maintain and/or increase the number of beds available and include this as part of the report back due in 120 days.

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