

ADMISSIONS AND REFERRALS

A clear path from referral to admission.

NPCRS works directly with hospital social workers, VA clinicians, county behavioral health teams, community providers, families and individuals. One intake contact helps guide the referral from the first conversation through placement.

- 1 Intake screening**
Call or submit a referral form. Our team reviews the presenting needs, current safety and requested level of care.
- 2 Clinical and insurance review**
Program fit and insurance verification are typically confirmed within 24-48 hours.
- 3 Admission planning**
When clinically appropriate and a bed is available, admission can often be arranged the same day.

For inpatient and residential referrals

NPCRS application	Psychiatric evaluation
History and physical	Recent progress notes
Recent labs	PPD or chest X-ray
Insurance information	Current safety / acute risks

Insurance and access

Most major insurance plans are accepted, with free verification through intake. Coverage varies by location, plan, authorization, medical necessity and clinical fit.

Same-day response in most cases	Multilingual intake support
Defined clinical criteria	One intake contact



Scan to contact intake

1-800-566-1856

Scan to contact intake, request a call, or access referral information at npcrs.com/contact.

Built for time-sensitive transitions

Most referrals arrive 24-72 hours before discharge. NPCRS supports placement decisions with direct communication and established referral pathways.

Hospital and residential referrals	VA and county partnerships
Fast eligibility screening	Clear program criteria
Six regional NPCRS centers	Family and community coordination

"The intake coordinator listened without judgment and walked me through every step."
Former client testimonial



CARF Accredited

NPCRS maintains CARF accreditation as part of its commitment to high standards, quality improvement and person-centered behavioral health care.



CARF Accredited - DHCS & CCL Licensed - HIPAA Compliant
If this is a medical or psychiatric emergency, call 911 or go to the nearest emergency department.

UNDERSTANDING NPCRS

Structured support without returning to a locked hospital setting.

NPCRS is designed for adults who need more than weekly outpatient care but can be safely supported in a voluntary, home-like residential environment.

A good fit for adults who:

- Have stabilized after inpatient psychiatric care and need a step-down before returning home
- Have acute psychiatric symptoms that can be safely supported outside a hospital
- Need daily psychiatric structure that outpatient care alone cannot provide
- Have experienced a recent decline in functioning noticed by family or providers

WE HELP PEOPLE EXPERIENCING

- Anxiety / panic
- Severe depression
- Psychosis
- Mood instability
- Trauma triggers
- Functional decline
- Recent hospitalization / 5150
- Substance use / relapse risk

WHAT DAILY CARE CAN LOOK LIKE

Psychiatric care

Psychiatrist check-ins, monitoring and medication oversight

Therapy

Individual and group sessions with skills-based programming

Daily structure

Shared community meetings, routines and recovery-focused activities

Whole-person support

Catered meals, mindfulness, art and small celebrations of progress

For clarity: NPCRS is not

- A locked psychiatric unit
- A detox center for severe withdrawal
- An emergency or crisis hotline
- Appropriate for acute violence risk or constant 1:1 observation



NPCRS

COMPREHENSIVE MENTAL HEALTH SERVICES FOR ADULTS

Psychiatric care between the hospital and home.

Residential psychiatric treatment, crisis stabilization, rehabilitation and coordinated medical-psychiatric care across Northern and Central California.

Crisis Residential MHRC Medical-Psychiatric

Voluntary and unlocked

Home-like residential care with 24/7 support.

Person-centered

Clients help shape treatment goals and next steps.

6 NPCRS centers

Across Northern and Central California.

Rapid intake support

Same-day response in most cases.

CALL NOW, CONFIDENTIALLY

1-800-566-1856
npcrs.com

Adults 18+ - Voluntary, unlocked residential care - Supportive staff on-site around the clock



SHORT-TERM STABILIZATION

Crisis Residential Treatment

Short-term residential care for adults leaving inpatient hospitalization or experiencing an acute psychiatric episode. Treatment focuses on symptom stabilization, daily psychiatric structure and preparation for home, MHRC or outpatient care.

1-4 weeks Typical stay	18+ Adults served	24/7 On-site support
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WHO THIS PROGRAM SERVES

- Adults stepping down from inpatient psychiatric hospitalization
- Adults with acute mood, psychotic, anxiety or trauma-related symptoms who do not require a locked setting
- Clients who need daily support while rebuilding coping, routines and community stability

TREATMENT CAN INCLUDE

Psychiatric monitoring	Medication management
Individual therapy	Group therapy
CBT / DBT skills	Psychoeducation
SUD counseling	Mindfulness
Family involvement	Discharge planning

CRISIS RESIDENTIAL LOCATIONS

Manteca 401 S. Airport Way - (209) 456-5805	14 beds
San Jose 650 S 5th St - (707) 732-8105	14 beds
Walnut Creek 2181 Tice Valley Blvd - (925) 478-2994	12 beds
Vallejo 3467 Edgewater Place - (707) 732-8105	6 beds

A bridge forward

Aftercare starts on day one. The team coordinates outpatient referrals, community linkage and follow-up so each client leaves with a clear plan for continuing care.

What clients work on during the stay

Stabilize Understand symptoms, medication needs, warning signs and immediate coping strategies.	Practice Use skills in groups, individual therapy and the shared residential community.	Prepare Strengthen supports, plan follow-up care and build a realistic transition home.
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INSURANCE & PAYMENT

ALL CRISIS RESIDENTIAL LOCATIONS

Evernorth Behavioral Health • Cigna • Kaiser Permanente • Valley Health Plan • Blue Shield • Health Net • Aetna • Anthem Blue Cross • Western Care Advantage • Optum • TriWest/Tricare • United Healthcare • Sutter Select • VA-Community Care • Celeron Behavioral Health • Private Pay • UMR • GEHA

MEDI-CAL

All Crisis Residential locations now accept Medi-Cal members from San Joaquin County.



LONG-TERM REHABILITATION

Mental Health Rehabilitation Center

Longer-term residential care for adults with serious, persistent mental illness who need structured support beyond the acute phase. The focus shifts from crisis stabilization toward functional rehabilitation, skill-building and preparation for community living.

3-12 mo. Typical stay	38 beds Across 2 centers	18+ Conserved and non-conserved
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REHABILITATION EMPHASIZES

Illness self-management	Functional life skills
Psychiatric stability	Medication support
Community integration	Recovery planning
Individual / group therapy	Greater independence

MHRC LOCATIONS

Sacramento 1532 Rosalind St - (408) 568-9834 Long-term rehabilitation	18 beds
San Lorenzo 268 Lewelling Blvd - (341) 777-5415 Long-term rehabilitation	20 beds

OUR CLINICAL TEAM

Psychiatry Board-certified psychiatrists	Advanced practice Psychiatric nurse practitioners
Therapy LMFT, LCSW, LPCC and registered associates	Recovery support SUD counselors, mental health workers and supportive staff

One individualized clinical approach

Plans may draw from evidence-informed modalities according to clinical need and treatment goals.

CBT	DBT Skills	ACT-informed	EMDR*	Motivational Interviewing
SUD Counseling	Mindfulness			

*Site availability varies.

Longer-term recovery goals may include

Recognizing early warning signs	Medication self-management
Daily living and self-care routines	Communication and relationship skills
Coping with persistent symptoms	Community participation and access
Relapse-prevention planning	Preparation for the next placement

INSURANCE & PAYMENT

SACRAMENTO

Evernorth Behavioral Health • Cigna • Kaiser Permanente • Valley Health Plan • Blue Shield • Health Net • Aetna • Anthem Blue Cross • Western Care Advantage • Optum • TriWest/Tricare • United Healthcare • Sutter Select • VA-Community Care • Celeron Behavioral Health • Private Pay • UMR • GEHA

SAN LORENZO

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BEYOND OUR SIX NPCRS CENTERS

Affiliated Medical-Psychiatric Programs

Affiliated programs provide residential care for patients with medically complex needs and co-occurring psychiatric disorders in small, home-like settings.

Integrated medical and psychiatric support

24-hour skilled nursing, medical supervision and coordinated psychiatric consultation support patients whose medical needs complicate psychiatric placement or recovery.

AFFILIATED PROGRAMS

Fair Oaks Residential Treatment Facility

Medical and psychiatric residential care

Virosa, Inc. Central Valley Congregate Living

Medical / psychiatric residential care

Hayward Residential Treatment

Medical / psychiatric residential care

CONTINUITY OF CARE

Every NPCRS client receives an early biopsychosocial assessment and individualized treatment plan. Aftercare begins immediately, with referrals and coordination with VA, county, hospital and community teams.

Assess Early biopsychosocial evaluation	Plan Individualized goals and treatment	Practice Skills, therapy and daily structure	Transition Referrals and community linkage
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WHY CLIENTS AND FAMILIES CHOOSE NPCRS

6 residential centers	Multilingual staff
CARF accredited	15+ years serving California
Trauma-informed care	Insurance varies by program
Family involvement encouraged	Individualized treatment

"The home-like setting made all the difference - it never felt like a hospital, so I could actually focus on getting better."
Former client testimonial

Family and transition support

Family visits are welcome within program guidelines, and families are encouraged to remain involved through discharge and aftercare planning when clinically appropriate.

Major depression	Bipolar disorder	Psychotic disorders	Severe anxiety
PTSD / trauma	Dual diagnosis		

Ready to discuss a referral?

1-800-566-1856 - Confidential intake support for referral partners, individuals and families.

INSURANCE & PAYMENT

All affiliated Medical-Psychiatric programs

Kaiser Permanente	Private Pay
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Coverage and admission remain subject to eligibility, authorization, medical necessity, bed availability, and clinical fit.