

Lanterman Petris Short (LPS) Designated Provider SB 43 Discussion Meeting February 24, 2025



BHS

Behavioral Health Services

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- I. Welcome and Introductions**
- II. Readiness Survey**
- III. Review of Regulation Changes**
- IV. Break**
- V. Planning Updates**
- VI. SUD System of Care**
- VII. Q & A**

Agenda

Readiness Survey Part 1



Overview of Senate Bill (SB) 43

- Most significant reform to the LPS Act since it was enacted in 1967.
- **Significantly expands California's criteria for involuntary detention and conservatorship by creating a new set of eligibility criteria that are based solely on a person's mental health disorder or "severe" substance use disorder (SUD), if that disorder will result in someone being unable to provide for their basic needs of food, clothing, shelter, personal safety or necessary medical care.**
- Impacts adult population only
- Signed into law Oct 2023 but allows counties to delay implementation of the new grave disability criteria until 1/1/26 through adoption of a county board resolution. On 12/5/23 the BOS of Orange County voted to approve said resolution with a 4-1 vote.

Overview of Senate Bill (SB) 43



Portions of SB 43 effective 1/1/24:

- Allows health records to be used as evidence in LPS conservatorship proceedings, ensuring individuals can be conserved without requiring testimony from their treating team.
- Requires counties to consider less restrictive alternatives such as assisted outpatient treatment (AOT) and CARE Court in conducting conservatorship investigations; and all other less restrictive alternatives.

New reporting requirements effective 5/1/24:

- # placed on holds or conservatorships due to:
 - Danger to self
 - Danger to others
 - GD due to MH
 - GD due to SUD
 - GD due to Co-occurring MH SUD

Revised Definition of Grave Disability



Current grave disability definition: A condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter.

NEW* grave disability definition under SB 43:** A condition in which a person, as result of a mental health disorder, **severe substance use disorder or a co-occurring mental health disorder and severe substance use disorder, is at risk for serious harm or currently experiencing serious harm as a result of being unable to provide for their basic needs of food, clothing, shelter, **personal safety*** or **necessary medical care***.

**New/expanded criteria to meet grave disability under SB 43*

Definition of Severe Substance Use Disorder



DSM-5 TR Criteria for SUDs



Mild:

2-3 symptoms

Moderate:

4-5 symptoms

Severe:

6+ symptoms

1. Taking the substance in larger amounts or for longer than you're meant to
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at work, home, or school because of substance use
6. Continuing to use, even when it causes problems in relationships
7. Giving up important social, occupational, or recreational activities because of substance use
8. Using substances again and again, even when it puts you in danger
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
10. Needing more of the substance to get the effect you want (tolerance)
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance

Definition of Severe Substance Use Disorder



“Severe” SUD is defined as a diagnosed substance-related disorder that meets the diagnostic criteria of “severe” according to the most current version of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) at the time of the evaluation for involuntary detention.

Importantly, non-clinicians who are LPS designated to place holds (e.g., law enforcement) are not expected to make a DSM diagnosis for a SUD but simply need to describe the **observable** behavior or conditions that justify a 5150 being placed due to a severe SUD, which should include and be consistent with the DSM criteria noted above and which would meet probable cause for detaining someone due to a severe SUD.

Definition of Necessary Medical Care



“Necessary medical care” means care that a licensed health care practitioner, while **operating within the scope of their practice**, determines to be necessary to prevent serious deterioration of an existing physical medical condition which, if left untreated, is likely to result in serious bodily injury as defined in W&I Code § 15610.67.

Indications of Grave Disability: Necessary Medical Care



The following are examples; **not an exhaustive list**. These observable functioning impairments must be resulting in a serious deterioration of an existing physical medical condition which, if left untreated, is likely to result in serious bodily injury or the person's inability to survive safely in the community without involuntary detention or treatment.

Necessary Medical Care – due to mental health and/or severe substance use disorder:

- Signs of significant malnourishment (loss of weight or dehydration) which puts the individual's life or long-term functioning at risk.
- Perceived cognitive and/or emotional impairment resulting in a lack of decision-making capacity to pursue medical treatment for life-threatening conditions in the moment including but not limited to: Inability to utilize medical care when needed and available.
- Wound care and infection issues that are likely to lead to loss of limb or life if not treated.

Definition of Personal Safety



“Personal safety” means the ability of one to survive safely in the community without involuntary detention or treatment pursuant to [the LPS Act].

Indications of Grave Disability: Personal Safety



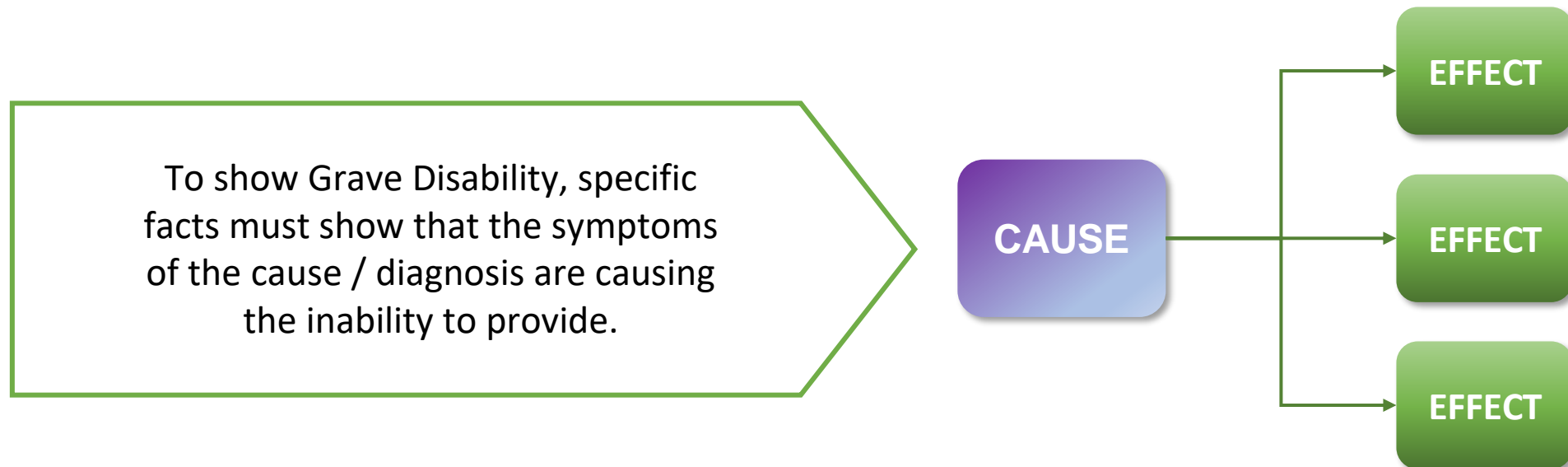
The following are examples; **not an exhaustive list**. One incident alone would not automatically meet the standard to detain a person. These examples must be significant and severe enough to cause serious bodily injury or death and must be related to a severe mental illness or severe SUDs but not some form of dementia.

- Placing oneself in harm's way in traffic that risk their own life or those of others.
- An individual incapable of defending themselves against ongoing victimization due to a lack of awareness of their vulnerability.
- Severe impaired judgement resulting in risky situations that threaten the person's own life or those of others.
- Unhygienic/uninhabitable living conditions or behaviors which are so severe and significant to contribute to an unsafe physical environment. Poor hygiene alone and/or being unhoused is not sufficient.
- Repeated severe substance use that is medically life-threatening, for example, multiple near-fatal overdoses requiring medical intervention.

Identifying Grave Disability for Involuntary Holds

The two main legal criteria that MUST be connected to show "cause" and "effect":

- **Cause (the diagnosis):** Mental Health Disorder OR Severe Substance Use Disorder OR Mental Health + Substance Use Disorder.
- **Effect:** Inability to provide for food, clothing, shelter, personal safety OR necessary medical care.



- Signed by the Governor September 2024
- Companion bill to help implement SB 43
- Expands the types of facilities DHCS can designate
- Requires DHCS to issue guidance regarding Medi-Cal reimbursement for covered Medi-Cal services provided to an individual receiving involuntary treatment for a severe substance use disorder
- Requires DHCS to convene stakeholder representatives to establish updated regulations to develop LPS designation requirements for facilities serving the expanded population
- Establishes minimum requirements for these regulations

Overview of SB 1238



SB 1238:

List of Expanded Designated Facility Types



- **Psychiatric health facilities** licensed by the State Department of Health Care Services (DHCS).
- **Psychiatric residential treatment facilities** licensed by DHCS.
- **Mental health rehabilitation centers** licensed by DHCS.
- Provider sites certified by DHCS or a Mental Health Plan to provide **crisis stabilization**.
- **General acute care hospitals** licensed by the State Department of Public Health (CDPH).
- **Acute psychiatric hospitals** licensed by CDPH.
- **Chemical dependency recovery hospitals** licensed by the CDPH.
- **Hospitals operated by the United States Department of Veterans Affairs.**

SB 1238: Minimum Requirements for SUD



- Minimum substance use disorder related service requirements with sufficient substance use disorder staff to maintain appropriate substance use disorder only and cooccurring disorder programs, treatment setting, services, and safety measures, based on the individual patient's substance use disorder needs.
- Standards for offering medications for addiction treatment (MAT) or an effective referral process in place with narcotic treatment programs, community health centers, or other MAT providers.
- Length of stay standards consistent with evidence-based care for substance use disorders.
- Discharge planning for substance use disorder services, consistent with existing requirements.

SB 1238: Minimum Requirements for SUD



- Privacy and data sharing requirements, including, but not limited to developing guidance and tools to facilitate data sharing for care coordination and discharge purposes.
- The process for transitioning and assisting designated facilities to meet updated regulatory requirements, including, but not limited to, providing substance use disorder services.
- Systems of public accountability and oversight that include, but are not limited to, readiness to meet, and ongoing maintenance of, required standards for staffing, facilities, and care established pursuant to this section.



Questions?



Intermission

Planning Updates



- HCA Needs Assessment Survey completed in 2024
- Invited input from Hospitals, Law Enforcement Agencies and the Public Guardian
- Surveyed Resource Capacity and Concerns

Statewide Planning



- Statewide workgroup developing guidelines and tools for implementing SB 43
- Input sought from California Hospital Association (CHA) and the California Association of Public Administrators, Public Guardians, and Public Conservators (PA/PG/PC)
- Established proposed guidelines for defining Severe Substance Use Disorder, Medical and Personal Safety criteria
- Feedback from early adopters

OC SB 43 Planning



→ BHS Planning Meeting Focus:

- Community Education and Collaboration
- Training
- Treatment Continuum
- Staffing and Budget

OC SB 43 Community Education and Collaboration



→Presentations/Updates provided to:

- OC Sheriff Dept
- OC Chief of Police and Sheriffs Association
- Hospital Association of Southern CA (HASC)
- Behavioral Health Advisory Board (BHAB)
- Orange County Public Guardians Office (OCPG)
- Crisis Intervention Team Steering Committee (CIT)
- Designated Facilities Meeting
- Contract Hospital Provider Meeting
- OC Judges

OC SB 43 Training



→ LPS Designation Training

- LPS Designation Training Revision
- Training County and Contract Provider LPS staff
- Training Designated Facility LPS Trainers
- New 5150 form

→ SUD Training

- County and Contract Provider staff

OC SB 43 Treatment Continuum



→ Treatment Continuum

- Initial Receiving Sites for the Expanded Population
- Treatment Sites
- Placement Sites

→ Staffing and Budget

Orange County's Drug Medi-Cal Continuum of Care



The HCA serves adult and adolescent Medi-Cal beneficiaries through the **Drug Medi-Cal Organized Delivery System**

The Level of Care is determined by the American Society of Addiction Medicine (**ASAM**), the most widely used and comprehensive set of guidelines for placement, continued stay, and transfer/discharge of clients with SUD and/or co-occurring conditions

Assessment is a continual process, and clients are transitioned into higher and lower levels of care depending on assessed medical necessity

Orange County's Drug Medi-Cal Continuum of Care



The Drug Medi-Cal Continuum of Care includes:

- Outpatient Treatment
- Medications for Addiction Treatment (MAT)
- Narcotic Treatment Programs (NTP)
- Withdrawal Management
- Residential Treatment
- Recovery Services and Supports

Outpatient Treatment

- Includes two levels of care, including **Outpatient Drug Free** (up to 9 hours of treatment) and increased service delivery in **Intensive Outpatient Treatment** (9.5 hours plus)
- **Services Include:**
 - Assessment and Evaluation
 - Treatment Planning
 - Individual and Group Counseling
 - Care Coordination
 - Substance Use Education
 - Drug Screening
 - Referral and Linkage to Services
- **12 Outpatient Clinics serving adults located in 12 cities**

Medications for Addiction Treatment



- Medications for Addiction Treatment also known as Medication Assisted Treatment (MAT) is the use of prescription medications for Opioid Use Disorder and Alcohol Use Disorder
- There are several FDA approved medications, most are taken orally, and some are administered by injection
- These medications are a vital part of treatment and may be used throughout a person's recovery journey
- These medications are especially effective in combination with counseling and behavioral therapies.
- Access to these medication services are made available in all of SUD levels of care, and some treatment programs provide these medications directly

- **Narcotic Treatment Programs (NTP), also known as Opioid Treatment Program (OTP).** Services are available seven (7) days a week and are provided by licensed NTP facilities
- **Services Include:**
 - Assessment and Evaluation
 - Medication for Substance Use Disorder, including methadone
 - Individual and Group Counseling
 - Care Coordination
 - Substance Use Educational Groups
 - Referral and Linkage to Services
 - Coordination of dosing needs to client in residential and withdrawal management programs
- **Clinics locations in 5 cities**

Narcotic Treatment Programs



Withdrawal Management



- Clinically supervised withdrawal management programs serve individuals 12 years and older who experience moderate withdrawal symptoms and need 24-hour support to safely withdraw from substances. Average length of stay is 4 to 5 days.
- **Services include:**
 - Assessment and Evaluation
 - Observation
 - Medication services
 - Linkage to continuing care
- **9 Residential Facilities in 8 cities with a 94-bed capacity**

- **Residential Treatment** is a 24-hour, non-medical, short-term residential program that provides rehabilitation services when determined as medically necessary. Residential services require prior authorization by the County Plan. Average Length of stay is 45 days.

- **Services Include:**

- Assessment and Evaluation
- Treatment Planning
- Individual and Group Counseling
- Substance Use Education
- Care Coordination
- Structured Activities



- **9 Residential Facilities in 8 cities with a 246-bed capacity**

Residential Treatment

Recovery Services and Supports



- **Recovery Services** include on-going recovery and wellness supports, such as support groups, that continue after treatment ends to support individual's recovery journeys.
- **Recovery Residence housing** is offered to adults 18 years and older that need a sober living environment. All residents must be enrolled and actively participating in a recovery service to maintain their sobriety. Housing is available up to 4 months.
- Recovery Residence homes are currently available in 5 cities

How a person can access SUD services:

- **Beneficiary Access Line** available 24/7, 365 days at 800-723-8641
- **OC Links** available 24/7, 365 days at 855-625-4657
- Walk-ins at any County-operated Mental Health and SUD outpatient clinics, including Open Access locations
- Clients can contact contract providers directly to schedule an intake and appointment



Navigation Services and Supports



Authorization for Residential Treatment (ART)



- Referrals for residential treatment for adults go through the **Authorization for Residential Treatment (ART) Team**. The ART Team provides a brief level of care assessment and authorizes and places adults into residential treatment.
- To schedule an appointment, individuals may contact the **Beneficiary Access Line at 800-723-8641** or can contact the Westminster ART Team directly at 714-934-4600.
- **Priority populations for admission into treatment, include:**
 - Pregnant Women
 - Individuals who use IV Drugs
 - Individuals with a Fentanyl Use Disorder
 - Individuals receiving Withdrawal Management Services

Expansion of SUD Services Anticipated in 2025



- **Mobile Narcotic Treatment Program Services**
- **BeWell Orange Campus:**
 - Reopening of Sobering Center
- **BeWell Irvine Campus:**
 - Sobering Center
 - Adult Residential Treatment Program
 - Perinatal Residential Treatment Program
 - Adolescent Male Residential Treatment Program
 - Adolescent Female Residential Treatment Program
- **System Wide Expansions**
 - Residential Treatment Bed Capacity
 - MAT Services and Recovery Incentives
 - Certified Peers

SUD Training Resources



- Hazelden Training Program
 - The Impacted Brain: Substances, Mental Health, and Recovery
 - Pharmacotherapy for Opioid and Alcohol Use Disorders
 - Trauma Informed Care Training
 - CBT: Cognitive Behavioral Therapy
 - Motivational Interviewing Beyond the Basics
 - Medications for SUD Training (online)
 - MOUD & After-hours calls (online)
 - Naloxone Training (online)
- MAT Training/CME Opportunities
 - Providers Clinical Support System (PCSS) [Medications for Opioid Use Disorder \(MOUD\) - PCSS-MOUD](#)
 - 8-hour MOUD Training
 - UCLA Opioid and Stimulant Implementation Support Training and Technical Assistance (OASIS-TTA) [Opioid and Stimulant Implementation Support - Training and Technical Assistance \(OASIS-TTA\)](#)
 - On-Demand Learning Opportunities Catalog
 - Opioid Response Network [Events - Opioid Response Network](#)
 - American Society of Addiction Medicine (ASAM) [ASAM eLearning: Home](#)
 - American Academy of Addiction Psychiatry (AAAP) [Upcoming Webinars - AAAP](#)



Questions?

Readiness Survey Part 2



Contact Info



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Thank you!



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