

SB 43 Overview Meeting

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Behavioral Health Services

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- **Introductions**
- **Review of Regulation Changes**
- **Planning Updates**
- **OC SUD Continuum of Care**
- **Q & A**

Agenda

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.

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 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.

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.

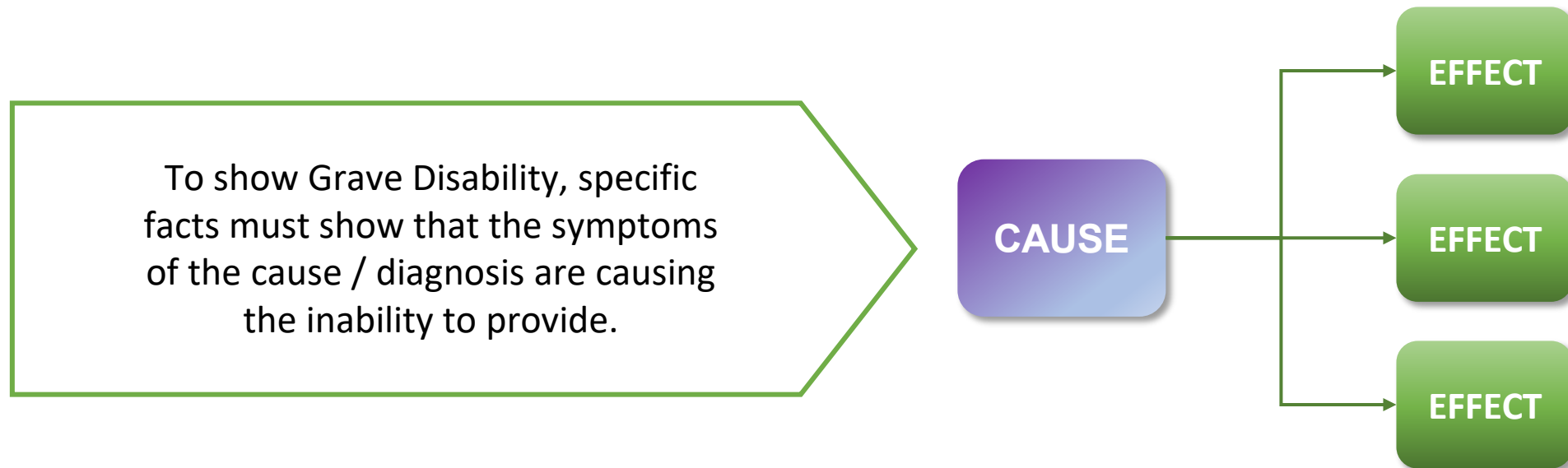
Necessary Medical Care – due to mental health and/or severe substance use disorder:

- 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.

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.



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

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

New 5150 Form effective 1/2026



Application for up to 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment Confidential Client/Patient Information

Welfare and Institutions Code (W&I Code), section 5150(g)(1), requires that each person, at the time they are first taken into custody under this section, shall be provided, by the person who takes them into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing.

☐ Complete Advisement ☐ Incomplete Advisement Good Cause for Incomplete Advisement:
Date of Advisement/Attempt: _____

Detainment Advisement

My name is _____. I am a (peace officer/behavioral health professional) with (name of agency). You are not under criminal arrest, but I am taking you for examination by behavioral health professionals at (name of facility).
You will be told your rights by the behavioral health staff.

If taken into custody at their residence, the person shall also be told the following:

You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You may make a phone call and leave a note to tell your friends or family where you have been taken

Advisement Completed/Attempted By: _____ Position: _____ Language or Modality Used: _____

To (name of 5150 designated facility): _____

Application is hereby made for the assessment and evaluation of _____,
date of birth _____, and residing at _____,
California, for up to 72-hour assessment, evaluation, and crisis intervention, or placement for evaluation and treatment at a designated facility pursuant to Section 5150, et seq. (adult) or Section 5585 et seq. (minor), of the W&I Code. **Detainment Start Date:** _____ **Detainment Start Time:** _____
(The 72-hour period begins at the time when the person is first detained.)

If the authorization for voluntary treatment is not available for a minor/conservatee, indicate to the best of your knowledge who has legal authority to make medical decisions on behalf of the minor/conservatee: (name & contact information, if available)

(Check one): ☐ Parent(s) ☐ Legal Guardian(s) ☐ Conservator ☐ Other: _____

Indicate to the best of your knowledge whether the minor is under the jurisdiction of the juvenile court:

(Check one): ☐ W&I Code 300 (dependent) ☐ W&I Code 601, 602 (ward)

The detained person's condition was called to my attention under the following circumstances:

Specific facts that I have considered that lead me to believe that this person is a danger to self or others as a result of a mental health disorder or gravely disabled as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder:

Please Note: A copy of this application shall be treated as the original.

☐ I have considered the historical course of the person's mental health disorder, severe substance use disorder, or co-occurring mental health disorder and a severe substance use disorder, as follows:

☐ No reasonable bearing on the determination ☐ No information because: _____

Optional Information

History Provided by (Name)	Address	Phone Number	Relation

☐ Based upon the above information, there is probable cause to believe that said person is a:

☐ Danger to Self (DTS) as a result of a mental health disorder.

☐ Danger to Others (DTO) as a result of a mental health disorder.

☐ Gravely disabled adult as a result of a ☐ mental health disorder, ☐ severe substance use disorder, or ☐ co-occurring mental health disorder and severe substance use disorder (as defined in W&I Code section 5008(n)).

☐ Gravely disabled minor as a result of a mental health disorder (as defined in W&I Code section 5585.25).

Notifications to be Provided Pursuant to Section 5152.1 and/or 8102 of the W&I Code

Notify behavioral health director/designee: _____ (Name) _____ (Phone)

and peace officer/designee: _____ (Name) _____ (Phone) of _____ (Name) _____ (Phone)

Person's release or end of detention if either of the boxes below are checked.

Notification of person's release is requested by the referring peace officer because:

☐ The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.

☐ Weapon was confiscated pursuant to W&I Code Section 8102.

Signature, title, and badge number of peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, designated members of a mobile crisis team, or professional person designated by the county.

Name of Law Enforcement Agency or Evaluation Facility/Person:

Address: _____ City: _____ State: _____ Zip Code: _____
Name: _____ Title: _____ Badge Number: _____ Phone: _____
Signature: _____ Date: _____

References

SUD Training Topics and Resources



- Required Hazelden Trainings for Identified County staff and Training Topics for Identified Contracted Providers:
 - An Overview of Substance Use Disorder
 - Naloxone Education Training
 - Motivational Interviewing
 - Overview of Medications for Addiction Treatment
 - Brief SUD Screening and SUD Continuum of Care
- Recommend Training Topics:
 - 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

SUD Training Topics and Resources continued



- 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](#)

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 First Responder Planning Meetings



→ CIT Steering Committee subgroup:

- SB 43 First Responder Training video modules
- Scenario Based Training
- SB 43 Field Quick Pocket Guide

Field Quick Pocket Guide



Quick Pocket Guide Updates to LPS Grave Disability

Observable considerations for **grave disability (GD)** due to mental health symptoms and/or a severe substance use disorder:

Unable to articulate a plan for food, clothing, shelter
Irrational beliefs about food that is available or offered (e.g. poisoned)
Inability to engage in personal hygiene
Refusal to utilize food, clothing, shelter when offered resources
Urinating or defecating on oneself
Impacted speech: tangential, rambling, difficult to understand (e.g. "word salad")
Violent or threatening statements
Fluctuation between calm and agitation
Creating a public disturbance
Yelling obscenities, screaming
Paranoid or delusional thought content
Disorganized thought content
Catatonic/blank stare
Hallucinating (talking to, hearing voices, responding to unseen others)

In accordance with SB-43, additional observable factors to consider for GD determinations:

Severe Substance Use

Overwhelming odor of alcohol or marijuana
Dilated or constricted pupils/bloodshot or watery eyes
Eyes wide open or droopy, heavy lidded, nodding off
Unsteady gait/slurred speech/unable to walk or stand by oneself/fumbles simple tasks
Scratching, picking or clawing at skin (e.g. noticeable sores on face, hands or arms)
Unintelligible speech: loud, yelling, slurring words
Multiple/pattern of contacts for similar presentation (intoxication) in 12-month period

Neglecting to seek/obtain Necessary Medical Care

Not seeking or obtaining necessary medical care due to mental health symptoms and/or substance use

Uncontrollable vomiting
Diminished responsiveness or loss of consciousness
Potential loss of limb(s) due to untreated condition

Neglecting to seek/obtain Necessary Medical Care (continued)

Uncontrolled bleeding/Coughing or vomiting blood
Cold/Clammy skin
Seizure/convulsions
Complaint of severe pain or severe injury
Non-healing wound, wound care or potential infection
Extreme or profuse sweating
Disclosure of untreated medical conditions causing risk for serious harm

Neglecting Personal Safety:

Not tending to personal safety due to mental health symptoms and/or substance use

Wandering, walking or running in and out of traffic
Unhygienic/uninhabitable conditions at home or other home safety issues such as not attending to appliances (e.g., leaving the stove on) due to intoxication or mental health symptoms
Inability to care for hygiene and cleanliness which could or has led to illness
Hoarding to an extreme causing safety concerns or hazardous (dangerous) conditions

WIC5150

OC SB 43 Website



→ [California Senate Bill 43 \(SB43\) | Orange County California - Health Care Agency](#)

- What is SB 43?
- Grave Disability Observations
- Severe SUD
- Necessary Medical Care and Personal Safety
- FAQs
- Training Videos

OC SB 43 Mailbox



→ SB43@ochca.com

- Inquiries will be responded to and posted on SB 43 website FAQs

OC SB 43 Treatment Continuum



→ Treatment Continuum

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

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](#)
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 - American Academy of Addiction Psychiatry (AAAP) [Upcoming Webinars - AAAP](#)



Questions?

Thank you!



Behavioral Health Service Line

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