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TO: Supervisor Terra Lawson-Remer, Vice Chair
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FROM: Kimberly Giardina, DSW, MSW, Deputy Chief Administrative Officer
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UPDATE ON READINESS FOR CHANGES TO INVOLUNTARY BEHAVIORAL HEALTH TREATMENT IN SAN DIEGO COUNTY

On April 9, 2024 (19), the San Diego County Board of Supervisors (Board) received an update on the progress and key actions needed to support readiness for the changes brought forth by Senate Bill (SB) 43, which was signed into law in October 2023. SB 43 amends the Lanterman-Petris-Short (LPS) Act, which governs the involuntary detention and conservatorship of individuals with behavioral health conditions. The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) has advanced activities within four distinct areas to establish the infrastructure that is essential to effectively prepare for implementation of this major update to State law which occurred on January 1, 2025. Specifically, these efforts span: (1) Education and Training; (2) Expanded Treatment, Services, and Supports for People with Substance Use Disorder; (3) Alternatives to Emergency Departments for 5150 Transports; and (4) Updating Procedures and Adding Capacity for the Office of the Public Conservator (PC). Today's memorandum provides the fourth update on progress of these activities in addition to prior updates that were shared on April 9, 2024 (19), and via a memorandum on July 12, 2024 and October 11, 2024.

Education and Training

Internal and external stakeholders previously identified SB 43 training as a key need. BHS contracted with Jewish Family Service of San Diego (JFS) to develop and conduct SB 43-related trainings. As of December 9, 2024, a total of 162 introductory SB 43 trainings have been conducted. Among these, 32 introductory training courses were conducted for 1,133 law enforcement and Psychiatric Emergency Response Team (PERT) individuals; 19 training courses were conducted for 678 individuals representing 14 Lanterman-Petris-Short (LPS)-designated facilities countywide and 111 training courses were conducted for 1,560 individuals representing 79 non-LPS-designated facilities countywide, including sub-departments and community partners.

Expanded Treatment, Services, and Supports for People with Substance Use Disorder (SUD)
Over the last two years, BHS has increased capacity in opioid treatment programs by 300 treatment slots, and increased treatment capacity by 10% in the County adult general substance use outpatient programs. These increases include expanded services of medication for addiction treatment and ambulatory withdrawal management with the goal of having these medical services at the majority of County outpatient SUD locations by the end of fiscal year 2024-25.

BHS will increase substance use residential capacity with the addition of the Substance Use Recovery and Treatment Services (SURTS) program in the South Region. It is anticipated that the SURTS program will include approximately 89 new substance use residential treatment and recuperative care beds all within a single facility. This program is expected to be operational by July 2026. BHS secured $12.4M of Behavioral Health Bridge Housing Grant funds for up to 49 new recuperative care beds countywide, boosting hospital-SUD treatment coordination for quicker access to care. While approximately 16 beds will be part of the SURTS program, the remaining beds will be contracted to providers in the community. These contracted recuperative care beds are estimated to be operational in Summer 2025.

Additionally, BHS has continued to work toward implementation of San Diego Relay (SD Relay), a behavioral health peer response system delivered in selected emergency departments (EDs) by people with lived experience. Program services will be provided to individuals referred for services after experiencing a non-fatal overdose and/or due to an involuntary behavioral health hold. SD Relay will support readiness for SB 43 by facilitating connections from EDs for those with severe SUD (i.e., not limited to nonfatal overdose) with the aim to support and improve care transitions for referred participants. Implementation of SD Relay also supports feedback from hospital system partners who have emphasized the benefit of having hospital team members dedicated to SUD-related work to improve ED care and community connections. The contract to perform these services was awarded to Strive Government Services Inc., with the contract effective as of October 1, 2024. Since then, 13 Peer Support Specialists have been hired. Three EDs will participate in this program; final approvals of these sites are underway. In collaboration with BHS epidemiologists, a data collection mechanism for demographics, assessment, linkage to care, and other categories is also underway. Go live date for SD Relay is anticipated to occur prior to February 1st.

BHS continues to collaborate with the County Office of Economic Development and Governmental Affairs (EDGA), as well as statewide associations, to advocate for regulatory and payment changes that will enhance the development of involuntary SUD treatment in LPS settings. Simultaneously, BHS has amended existing contracts with County-contracted hospitals to ensure reimbursement for patients presenting involuntarily and requiring inpatient level of care under SB 43, whether for serious mental illness (SMI), SUD or co-occurring SMI/SUD. For patients requiring inpatient level of care in a Chemical Dependency Recovery Hospital (CDRH) bed, when treatment needs exceed 72 hours, BHS has partnered with Alvarado Parkway Institute to access these beds when needed. SB 1238 (chaptered 2024) authorized the inclusion of psychiatric health facilities to admit persons diagnosed only with severe SUD. The State Department of Health Care Services (DHCS) has through December 2027 to provide direction on these provisions. This guidance will potentially increase capacity for the system of care, as the Tri-City Psychiatric Health Facility in the North Region is anticipated to be operational in Spring 2025 and will be able to serve clients with SMI and co-occurring SMI/SUD.

BHS' long-term objective is to create a sustainable fiscal model for SUD treatment services. As such, BHS is currently conducting a comprehensive mapping and capacity analysis of the SUD system of care in San Diego County, through the Optimal Care Pathways (OCP) model. The goal of this analysis is to optimize how individuals access SUD services and supports, identifying and reducing access barriers while effectively supporting recovery across the continuum of behavioral health services. To date, BHS has completed a preliminary work on the SUD model, including capacity estimates for existing services and proposed additions to the continuum. Next steps include continued refinement of recommendations for broader review and feedback with the goal to finalize the model in Spring 2025.

On February 27, 2024 (11), the Board approved $15 million to support SB 43 readiness and serve as a bridge until more sustainable funding is identified by the State. Since that time, SB 1238 has been passed which gives DHCS the regulatory authority to provide updates and guidance for where involuntary SUD treatment can be provided and the mechanisms for reimbursement. Expenditure of the local bridge funds will be monitored closely as implementation activities move forward. BHS will continue to maximize the use of allowable and reimbursable settings during the period of time between January 1, 2025, and the time that DHCS establishes reimbursement and new capacity opportunities.

Alternatives to EDs for 5150 Transports

As identified through input from both internal and external stakeholders, SB 43 readiness in the area of alternatives to ED for 5150 transports requires a review of regulatory parameters to optimize the use of crisis stabilization units (CSUs) for primary and stand-alone SUD evaluation and treatment, among other measures. To support this initiative, amendments to CSU contracts became effective on January 1, 2025. BHS continues to provide technical assistance to CSUs to ensure their operational readiness for SB 43 implementation. This includes training on the proper documentation of services in the electronic health record and guidance on accessing substance use treatment programs to ensure continuity of care. Additionally, in partnership with JFS, BHS is working to educate community providers and law enforcement about CSUs as viable alternatives to EDs for 5150 transports.

Updating Procedures and Adding Capacity for the Office of the Public Conservator

PC has updated and finalized existing policies and procedures effective January 1, 2025. The updated LPS referral, which includes SB 43 expanded criteria, is available to referring stakeholders and partners prior to implementation.

Additionally, PC will continually evaluate resourcing and capacity to support the anticipated influx of additional conservatorship referrals and subsequent permanent conservatorships that may result from the implementation of SB 43. To enhance staff knowledge of SUD resources within San Diego County system of care, staff have participated in multiple in-service presentations to learn about available services via fellow BHS partners. In the spirit of cross system collaboration, PC will participate in anticipated County Case Conferences held specifically to review potentially eligible patients under SB 43 criteria.

For broader reporting capabilities, PC is in collaboration with Panosoft to enhance the existing legacy data system program to improve reporting structures and data collection, which are estimated to be completed by May 2025.

Additional Updates

Liaising with External Stakeholders

BHS has continued to seek input from external stakeholders to inform County efforts. Since the last update in October 2024, one additional collaborative workgroup meeting was held in November 2024, for a cumulative total of five collaborative workgroup meetings; an additional meeting is planned for January 29, 2025. BHS staff have also continued to regularly attend a variety of recurring external stakeholder meetings, with the goal of providing brief updates and presentations on SB 43 upon request and receive feedback. Meetings include those with the Emergency Medicine Oversight Commission, CSUs, LPS facilities, Hospital Partners, Healthy San Diego Operations, Mental Health Contractors Association, and the Alcohol and Drug Services Provider Association.

SB 43 Data Efforts

In September 2022, SB 929 was passed, making counties responsible for collecting data on involuntary detentions and holds from both LPS facilities and other entities, such as law enforcement and EDs. As outlined in the previous Memo from October 2024, data collection efforts were rolled out by DHCS in phases. To date, BHS has reviewed the data dictionary published by DHCS and completed internal BHS dashboards as planned. Additionally, BHS has successfully implemented collection of additional data points required by DHCS in phases two and three and are still awaiting details regarding clearly defined clinical outcomes from DHCS. Within these new data collection efforts, however, the regulations only mandate the reporting of aggregate data by facility and entity. This aggregate data will be valuable for analyzing volume trends over time.

BHS has initiated discussions with law enforcement agencies regarding SB 929 to identify opportunities for collecting data on detained individuals under Welfare and Institutions Code Section 5150 (WIC 5150). Law enforcement partners are actively engaging with the Automated Regional Justice Information System (ARJIS) to address the data requirements of SB 929, assess the availability of relevant information, and facilitate a collaborative information exchange among all law enforcement agencies and BHS. BHS is currently awaiting further guidance as law enforcement partners continue to coordinate their efforts. BHS collaborated with the Hospital Association of San Diego and Imperial Counties (HASDIC) to send a data collection communication to the hospital associations membership in November 2024. The communication included background on SB 929, which reflects the need to collect LPS data from "other entities", as well as a comprehensive data collection tool with instructions. The LPS data dictionary defines "other entities" to include any facility, entity, or person not included as a designated facility involved in implementing WIC 5150, which includes EDs. Hospitals were asked to provide data quarterly (effective October 2024) via the data collection tool provided. The data is to be submitted 15 days after the reporting period.

The data will be collected quarterly, with the first set of data available for analysis and reporting in May 2025. In the initial weeks and months after the implementation of SB 43, BHS will use

County utilization data, including information on the hold status of clients, to monitor immediate operational impacts. Additionally, BHS will leverage existing Local Emergency Medical Services Information System (LEMSIS) data in collaboration with our EMS partners to assess any impacts on EDs.

Staff will continue to provide updates to the Board on progress with implementing SB 43 on a quarterly basis via future memorandums, or to coincide with significant developments. BHS will return to the Board should additional funding or procurement authority be required. For questions, please contact Dr. Luke Bergmann, Director, with Behavioral Health Services via phone at (619) 563-2700 or email Luke.Bergmann@sdcounty.ca.gov.

Respectfully,

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c: Ebony N. Shelton, Chief Administrative Officer