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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 CHANGES TO INVOLUNTARY BEHAVIORAL HEALTH TREATMENT IN SAN DIEGO COUNTY

On December 5, 2023 (6) the San Diego County Board of Supervisors (Board) directed the Chief Administrative Officer to establish a process to implement Senate Bill (SB) 43 on January 1, 2025. SB 43 was signed into law in October 2023 and amends the Lanterman-Petris-Short (LPS) Act, which governs the involuntary detention and conservatorship of individuals with behavioral health conditions. On April 9, 2024 (19), the Board received an update on the progress and key actions needed to support readiness for the changes brought forth by SB 43. Since then, the County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) advanced activities to establish critical readiness for the effective implementation of SB 43. This includes updating involuntary hold evaluation criteria and assessment policies, which not only affect individuals with behavioral health conditions but also have key operational impacts across sectors such as health care providers and law enforcement. Additional updates on readiness were provided to the Board via memoranda dated July 12, 2024, October 11, 2024, and January 10, 2025.

This memorandum provides a summary of readiness activities for SB 43 implementation and on the interpretation of initial data post-implementation.

Summary of Readiness Activities for SB 43 Implementation

Prior to SB 43 implementation, BHS conducted efforts across the four distinct categories of Training and Education; Alternatives to Emergency Departments (EDs) for 5150 Transports; Updating Procedures and Adding Capacity for the Office of the Public Conservator; and Expanded Treatment, Services, and Supports.

Training and Education
As of April 30, 2025, BHS has conducted 258 trainings on SB 43, reaching a wide range of stakeholders countywide. These stakeholders included hospital staff, community-based providers and law enforcement agencies, such as the San Diego Police Department and the San Diego County Sheriff's Office. The trainings supported over 5,900 individuals from law enforcement and Psychiatric Emergency Response Teams (PERT), more than 1,100 staff from LPS-designated facilities, over 1,900 individuals from non-designated facilities, and over 3,300 individuals representing community partners. In addition, BHS launched a dedicated SB 43 webpage to centralize educational resources, convened collaborative workgroup sessions with diverse stakeholders, including emergency medical services, hospital systems, individuals with lived experience, and other partners to support coordinated implementation.

Alternatives to EDs for 5150 Transports
To reduce reliance on EDs for 5150 transports, BHS updated contracts with Crisis Stabilization Units (CSUs) to align with SB 43 regulations and support evaluation and treatment of individuals presenting with primary substance use disorders (SUD). Technical support and training were provided to CSU staff to ensure that all relevant clinical information related to SB 43 criteria is recorded through documentation of services in the electronic health record and promote continuity of care. BHS partnered with Jewish Family Service to educate law enforcement and community providers on the appropriate use of CSUs as an alternative to EDs. Infrastructure expansion is underway, with the Sharp CSU in South Region anticipated to begin operations by Fall 2025 and a new CSU in East Region expected to open early 2026. BHS also supported the development of the San Diego Relay program, which connects Medi-Cal patients to treatment and community resources following an involuntary behavioral health hold or nonfatal overdose. San Diego Relay is a partnership with the County, the County's contractor Strive Government Services Inc., and local participating hospitals such as Scripps Mercy and Scripps Chula Vista.

Updating Procedures and Adding Capacity for the Office of the Public Conservator
The County Office of the Public Conservator (Public Conservator) implemented several changes to ensure SB 43 readiness. A revised LPS referral form, updated to include the expanded eligibility criteria for grave disability under SB 43, was distributed to all county LPS-designated hospitals in January 2025. The Public Conservator website was updated with clear information about the revised grave disability criteria and the LPS conservatorship process. The Public Conservator also established processes to track SB 43-related referrals and actively participates in County Case Conferences to provide consultation on individuals who may be eligible for conservatorship.

Expanded Treatment, Services, and Supports
To expand access to care for people with SUD, BHS took the following actions to ramp up substance use services:

- Updated psychiatric acute inpatient hospital contracts to allow for reimbursement when Medi-Cal reimbursement is not allowable.
- Amended the Alvarado Parkway Institute contract to add chemical dependency recovery hospital beds for inpatient treatment.
- Continued planning and renovations to ramp up the Substance Use Recovery Treatment Services (SURTS) facility in the South Region, which will add approximately 89 new

substance use residential beds, including withdrawal management and 16 recuperative care beds, that are planned to be operational in July 2026.

- Allocated $12.4 million to develop 49 recuperative care beds, including the 16 beds within the SURTS facility, that will enhance transitions from hospital settings to appropriate care environments for individuals with complex behavioral and medical needs.
- Increased access to medication assisted treatment (MAT) and ambulatory withdrawal management services (AWM) with the goal of making both available at most outpatient sites by the end of Fiscal Year 2024–25. As of January 1, 2025, four outpatient perinatal programs provide on-site MAT and are certified for Level 1 AWM services. Four other existing programs launched AWM this fiscal year with seven more expected in FY 2025-26 pending licensure.
- Increased system capacity by adding 300 opioid treatment slots and expanded adult outpatient substance use programs by 10%.
- Continued negotiations with Tri-City Health and Exodus Recovery, Inc. to finalize the operational and service agreements for the Psychiatric Health Facility in the North Region, which is expected to open in Fall 2025. This facility will serve individuals with serious mental illness and co-occurring SUD.

BHS will continue to take steps to ensure San Diego County residents have access to care. On March 4, 2025 (1), BHS presented a systemwide SUD Optimal Care Pathway (SUD OCP) service map to support ongoing planning and coordination. Using a combination of local and national data along with best practice research, the SUD OCP model estimates the optimal service levels and capacity needed to meet client needs more efficiently and sustainably. BHS will return to the Board with an update on SUD OCP activities on August 26, 2025.

Finally, with the recent transition of SUD treatment and support systems to a new reimbursement structure under CalAIM, there may be new opportunities to improve treatment initiation and support ongoing engagement. Expansion planning will continue to be informed by federal Medicaid policy changes as additional guidance becomes available. Several of the expansion efforts referenced are ongoing. This includes prioritizing the development of hospital-level SUD services previously unavailable within our system of care. Future expansion will be aligned with the sustainability of services under the current Medi-Cal rate structure and associated federal matching funds, while continuing to pursue grant funding and other opportunities to support ongoing capital investments.

Interpretation of Initial Data Post-Implementation

Initial operational data collected in early 2025 have been used to monitor system impacts of SB 43 implementation. As of May 30, 2025, the data does not show any significant trends that could be linked to the expanded LPS criteria. Daily point-in-time counts from the Local EMS Information System indicate that the number of individuals awaiting psychiatric hospitalization remains within expected ranges. This stability has also been observed across other crisis services, including mobile crisis response, PERT, crisis stabilization and inpatient Medi-Cal admissions.

Preliminary data indicate that there are no substantive changes or upward trends in the total number of involuntary behavioral health holds over the past 12 months (Table 1). Additionally, in the most

recent quarter (Q3 of FY 2024-25), only 1% of holds (29 out of 2,713) were associated with grave disability due to a severe SUD. Similarly, the number of individuals entering conservatorship has also remained relatively stable during this time period (Table 2). Notably, between January and March 2025, there were four referrals for conservatorship due to SUD only.

Table 1. Lanterman-Petris-Short (LPS) Act Involuntary Holds, Past 12 Months

Time Period	FY 23-24 Q4 *4/1/24 - 6/30/24*	FY 24-25 Q1 *7/1/24 - 9/30/24*	FY 24-25 Q2 *10/1/24 - 12/31/24*	FY 24-25 Q3 *1/1/25 - 3/31/25*
Total Holds	3,187	3,177	3,120	3,094

Table 2. Individuals Entering Conservatorship by Month and Type of Conservatorship, Past 12 Months

Conservatorship[1]	2024						2025		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar*
Temporary Conservatorship	20	23	17	13	20	19	21	17	20
Permanent Conservatorship	62	66	60	64	57	50	59	50	17
Total	82	89	77	77	77	69	80	67	37

[1]Counts are not mutually exclusive. Duplicates may be present if an individual transitioned from temporary to permanent conservatorship within the same month.
*March data is incomplete

The County remains proactive and continues to monitor the effects of SB 43. While immediate systemwide changes have not occurred, it is anticipated that the number of involuntary holds may increase over time as providers become more familiar with the revised criteria and adapt operational and clinical practices accordingly. The Department of Health Care Services is expected to release updated reimbursement guidance, which may contribute to increased demand for locked inpatient SUD treatment. Additionally, BHS remains engaged in reviewing active and proposed legislation to maintain readiness for further changes in involuntary behavioral health treatment policy. BHS is implementing the changes associated with California's Behavioral Health Transformation and monitoring the potential impacts of proposed federal changes to Medi-Cal. BHS will continue to identify opportunities to expand SUD capacity in alignment with the priorities outlined in the SUD OCP model. Staff will provide updates to the Board to coincide with significant developments.

For questions, please contact Nadia Privara Brahms, Acting Director, with Behavioral Health Services via phone at (619) 563-2700 or email Nadia.Privara@sdcounty.ca.gov.

Respectfully,

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c: Ebony N. Shelton, Chief Administrative Officer
Caroline Smith, Assistant Chief Administrative Officer
Andrew Potter, Clerk of the Board of Supervisors