



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

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**DATE:** March 12, 2024

# DRAFT

# XX

**TO:** Board of Supervisors

### SUBJECT

**UPDATE ON READINESS FOR CHANGES TO INVOLUNTARY BEHAVIORAL HEALTH TREATMENT IN SAN DIEGO COUNTY (DISTRICTS: ALL)**

### OVERVIEW

On October 10, 2023, the Governor signed into law Senate Bill (SB) 43. SB 43 amends the Lanterman-Petris-Short Act and significantly expands the definition of “gravely disabled”, by including severe substance use disorder as an allowable category for someone to be compelled into involuntary behavioral health evaluation and treatment, and if clinical standards are met, placed under conservatorship. This law also expands the criteria that can be considered in determining whether a person, as a result of their behavioral health condition, is unable to meet their personal needs, to include “personal safety” and “necessary medical care”. Other significant changes brought forth through SB 43 include the expansion of the array of testimony that can be submitted into conservatorship proceedings without requiring in-person cross examination; a requirement that counties consider less restrictive alternatives in conducting conservatorship investigations; and expansion of State reporting requirements. Together, these updates will make new populations of individuals eligible for involuntary holds for evaluation and treatment, and in some cases, conservatorship.

On December 5, 2023 (6), the San Diego County Board of Supervisors (Board) adopted a resolution to implement SB 43 on January 1, 2025, and directed staff to establish a multi-sectoral implementation planning process inclusive of key parties and agencies impacted by and/or involved with the implementation of SB 43; add to the County of San Diego's (County) 2024 State Budget Advocacy support for additional funding needed to implement SB 43, and apply for any available funding that will support implementation; and return to the Board in 90 days for an update on the implementation plan.

Today’s item provides a report on progress on the implementation plan for SB 43 and outlines key actions needed to support readiness for the changes brought forth by this major update to State law. This item supports the County’s vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished by providing the necessary resources and infrastructure needed to ensure all individuals with behavioral health needs have the best possible outcomes.

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**RECOMMENDATION(S)**

**CHIEF ADMINISTRATIVE OFFICER**

1. Receive the 90-day update on Senate Bill 43 implementation plan as directed by the San Diego County Board of Supervisors on December 5, 2023 (6).

**EQUITY IMPACT STATEMENT**

Senate Bill (SB) 43 introduces major changes that influence the rights of people with severe substance use disorder (SUD), and how they interface with the healthcare system, law enforcement, and other facets of our communities. Aspects of the legislation may support a more equitable healthcare landscape by focusing on expanding access to treatment rather than punitive measures; considering less restrictive alternatives to treatment before conservatorship; and considering personal safety and necessary medical care as elements of well-being. Much care must be taken, however, in implementing the legislation to ensure that the dignity and autonomy of individuals with severe SUD are at the center of the conversation and that the application of involuntary treatment is not disproportionately applied across demographic groups.

The County is facilitating an inclusive, multi-sectoral planning process for implementation of SB 43 to ensure a thoughtful, rights-based approach that prioritizes the dignity and autonomy of individuals and invites community stakeholders into the conversation. The approach outlined in this Board action represents a collaborative, community-driven effort to address the behavioral health needs of our community members.

**SUSTAINABILITY IMPACT STATEMENT**

Today's action supports the County's Sustainability Goal #1 to engage the community in meaningful ways and continually seek stakeholder input to foster inclusive and sustainable communities. The implementation of SB 43 as outlined in this Board action is designed to ensure that implementation is informed by the community including those with lived experience. Today's action also supports the County's Sustainability Goal #2 to provide just and equitable access to County services, by supporting efforts to create parity and integration amongst mental health and substance use as disciplines within behavioral health.

**FISCAL IMPACT**

Funds for the initial implementation of SB 43 are included in Fiscal Year (FY) 2023-24 Operational Plan in the Health and Human Services Agency. It is estimated that the initial implementation of SB 43 will result in estimated costs and revenue of up to \$0.4 million in FY 2023-24 and \$14.6 million in FY 2024-25. On February 27, 2024 (11), the Board approved bridge funding totaling \$15 million from the ARPA Evergreen component to fund one-time costs to support SB 43 implementation. The funding source for the initial cost will be American Rescue Plan Act (ARPA) funds for costs that can be obligated before December 31, 2024, and General Purpose Revenue through the lost revenue strategy for programs that cannot be obligated before the end of 2024. As additional resource needs are identified, staff would return to the Board with mid-year action to adjust the budget if necessary and/or incorporate future budgets. At this time, there will be no change in net General Fund cost and no additional staff years as a result of today's recommendation.

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## **BUSINESS IMPACT STATEMENT**

N/A

## **ADVISORY BOARD STATEMENT**

This item was presented to the Behavioral Health Advisory Board on March 7, 2024, for review and comment.

## **BACKGROUND**

On October 10, 2023, Governor Newsom signed into law Senate Bill (SB) 43, amending the Lanterman-Petris-Short (LPS) Act, which governs the involuntary detention and conservatorship of individuals with behavioral health conditions. Prior to SB 43, involuntary treatment law under the LPS Act had remained largely unchanged since the 1960s.

### *LPS Act Prior to SB 43*

The LPS Act allows for individuals deemed to be a danger to self or others, or “gravely disabled”, to be detained, and if certain clinical standards are met, compelled into treatment and/or placed under conservatorship. Prior to SB 43, the LPS Act defined “gravely disabled” as a condition in which a person as a result of a mental health disorder or impairment by chronic alcoholism is unable to provide for their basic needs for food, clothing, or shelter. The process usually begins with the initiation of a “5150 hold” of an individual by a peace officer, or other designated personnel like a mobile crisis response team member, where they will be transported to a designated facility. Prior to SB 43, Emergency Departments (EDs) have been the most common facility type to which individuals under a “5150 hold” were transported. The initial 5150 hold can last up to 72 hours, during which a clinician must evaluate if the hold should be extended for a longer period. If the 5150 hold is released before or at the 72-hour mark, an individual is generally offered information on or connected to any clinically appropriate voluntary services.

At any stage of the evaluation, if the person chooses to accept voluntary treatment, then a hold is not necessary. If the 5150 hold is not released before or at the 72-hour mark, and if clinically indicated, the individual may be transferred to an LPS-designated psychiatric facility or unit. From there, additional holds of 14 days, 30 days, an additional 30 days, may be initiated as clinically indicated.

A psychiatrist and/or licensed clinician from the facility at which the person is under a hold may refer the person’s case to the County of San Diego (County) Public Conservator’s Office to determine if conservatorship is appropriate. From there, the matter is brought before the Court by the Public Conservator and the judge may determine that an LPS conservatorship is appropriate based upon clinical recommendations. LPS conservatorship is for the most severely impaired individuals and involves a court-appointed conservator making decisions for individuals when they are unable to care for themselves. Placement for conservatees is determined based on the least restrictive level of care to maintain stability, and may include locked facilities. Conservatorship may last for up to one year and is evaluated for renewal annually.

### *LPS Act After SB 43*

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SB 43 significantly expands the eligibility criteria for who can be detained for involuntary care and subjected to conservatorship under LPS Act to include people with severe substance use disorder (SUD). As a result of SB 43, “gravely disabled” under the LPS Act is defined as a condition in which a person 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, is unable to provide for their basic needs for food, clothing, shelter, access to medical care or personal safety.

Due to the high prevalence of substance use conditions and as a result of the new “basic needs” criteria to consider someone gravely disabled under the LPS Act, it is anticipated that SB 43 will result in an increase in the number of individuals detained and transported to EDs under 5150 holds. People with SUD have historically presented to EDs for various reasons, however, it is anticipated that implementation of SB 43 will result in more people with SUD to be brought into EDs under a 5150 hold. Many individuals with SUD who present in EDs under a 5150 hold will have their symptoms subside by the time the initial 72-hour hold times out or may have willingness to accept voluntary services which would result in the hold being dropped. If they are no longer subject to a hold under the LPS Act, they can be offered services and treatment, but it must be on a voluntary basis.

In addition, SB 43 makes other significant changes to LPS Act. This includes expanding the array of testimony that can be submitted into conservatorship proceedings without requiring in-person cross examination; requiring counties to consider less restrictive alternatives in conducting conservatorship investigations, such as assisted outpatient treatment (AOT) and the Community Assistance, Recovery and Empowerment (CARE) Act program; and expanding State reporting requirements, with the potential for civil penalties and plans of correction for counties not reporting data to the State timely and accurately. Together, the changes brought forth by SB 43 will have impacts across San Diego County’s communities, affecting the rights of those with behavioral health conditions and how they interface with the healthcare and justice systems.

*Involuntary Behavioral Health Treatment in San Diego County*

On December 5, 2023 (6), the San Diego County Board of Supervisors (Board) adopted a resolution to implement SB 43 on January 1, 2025, and directed staff to:

- Establish a multi-sectoral implementation planning process inclusive of key parties and agencies impacted by and/or involved with implementation of SB 43;
- Add to the County of San Diego's (County) 2024 State Budget Advocacy support for additional funding needed to implement SB 43, and apply for any available funding that will support implementation; and
- Return to the Board in 90 days for an update on the implementation plan.

Today’s update provides a report on progress on the above areas.

*Convening Key Parties and Agencies*

The County Health and Human Services Agency (HHS), Behavioral Health Services (BHS) has engaged and convened key partners and stakeholders to collaboratively advance the region’s readiness to implement SB 43 on January 1, 2025. Stakeholders have included hospital and health system partners, housing providers, justice partners including law enforcement, client advocates

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and people with lived experience, community-based behavioral health providers, health plans, and County government. These stakeholders have brought unique perspectives and contributed valuable input at these convenings.

On January 17, 2024, the Involuntary Behavioral Health Treatment Collaborative Workgroup (Collaborative Workgroup) discussed strategies to implement SB 43 on January 1, 2025. The group defined what readiness for SB 43 would look like across critical priority bodies of work. These priorities were utilized as the basis for forming the following subcommittees, which were convened in February 2024:

- The Alternatives to EDs Subcommittee met on February 22. Areas of focus included: crisis stabilization unit (CSU) readiness and capacity development; client journey-mapping across levels of care; and policy considerations related to siting of and billing for services.
- The Training and Education Subcommittee met on February 15 and 21. Areas of focus included: the legal and clinical framework for holds, including distinction of severe SUD; law enforcement officer training; clinician training; and education and public awareness efforts.
- The Expanded Treatment, Services and Supports for Those with SUD Subcommittee met on February 21 and 27. Areas of focus included: hospital-based treatment; community-based treatment; complementary supports (e.g., housing).
- On March 1, the Collaborative Workgroup reconvened to review the outputs of the three subcommittees outlined above and discuss overall community readiness for implementation.

*Advocate and Pursue Necessary Funding for Implementation*

The County continues to advocate to the State for funding to support implementation of SB 43. This includes addressing mechanisms for reimbursement for services for Medi-Cal beneficiaries who have a primary and stand-alone SUD diagnosis in settings such as CSUs, inpatient settings, and other diversionary and step-down mental health programs; as well as funding needed for the County's operationalization of the new State requirements associated with SB 43. As the State Legislature begins its budget hearing process, the County will highlight the need for funding for implementation through advocacy letters, and ongoing engagement and partnership with other counties and statewide advocacy organizations.

*Update on Implementation Plan*

In preparing for the implementation of SB 43, BHS has advanced activities on four distinct bodies of work needed to establish the infrastructure needed to effectively prepare for implementation on January 1, 2025.

**A. Education and Training**

As identified via internal and external stakeholder input, and through analyses conducted by BHS staff, SB 43 education and training readiness would include: Developing content for new LPS trainings; implementing LPS trainings for law enforcement and LPS facility staff; and preparing initial educational messaging for community stakeholders. The following outlines immediate, mid-, and long-term actions to support education and training for SB 43

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implementation, including an anticipated timeline of actions and descriptions of known and potential barriers and opportunities.

**Immediate Actions – Next 0-3 months**

Develop LPS Training

The existing contract for BHS' Patient Advocacy Services will be amended to include developing and delivering new trainings for each local law enforcement jurisdiction and LPS facility staff, as well as support coordination of the individual 5150 certification process for qualified facilities and personnel.

BHS will coordinate with local law enforcement entities to ensure training and education offered through the County's contractor takes into account the SB 43 messaging provided through various law enforcement organizations and membership associations, including the California Commission on Peace Officers Standards and Testing (POST).

Focused Education and Public Awareness Efforts

BHS is engaging with stakeholders to plan a community "roadshow" on involuntary behavioral health treatment and associated topics. This includes assessing appropriate content, format, and frequency. Initial activities will be conducted by existing County staff and supported by existing contracted resources, as needed.

Development of SB 43 Public Website

County BHS has developed a public-facing website that outlines key information about SB 43, including Frequently Asked Questions (FAQs), to support public education and awareness. Website content will continue to be added as need is identified and supportive materials are developed. The website went live in March 2024.

**Mid-Term Actions – Next 3-6 Months**

Conduct LPS Trainings

Introductory SB 43 trainings will be conducted for each law enforcement jurisdiction, no later than June 2024. Updated LPS trainings would be delivered to law enforcement jurisdictions and LPS facility staff, no later than September 2024.

Develop Focused Education and Public Awareness Efforts

Trainings for law enforcement and clinicians would be promoted via in-person, print, and digital media content. Announcements of upcoming trainings would be amplified via existing distribution lists and communication channels, including but not limited to HHSA's regional community newsletters, continuing education associations, *Live Well San Diego* Sectors (e.g., Health Professionals Sector Telebriefings), local behavioral health academic programs' alumni newsletters/websites and academies (e.g., SDSU Academy for Professional Excellence), and community-based coalitions and councils (e.g., Suicide Prevention Council). Initial ad-hoc presentations to cities, health systems, justice partners, and housing programs would be conducted by July 2024.

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### **Long-Term Actions – Next 6-12+ Months**

#### Reassessment of LPS Trainings

A reassessment would be conducted in collaboration with stakeholders 90 days after communitywide implementation of SB 43 to review learnings and explore if new materials and engagement activities would add value for community education efforts for specific sectors and groups.

#### Continue Focused Education and Public Awareness Efforts

Roadshow presentations to specific stakeholder groups would continue. The SB 43 website would be refreshed with additional content as needed. General public information sessions (similar to CARE Act Program workshops) will be conducted, anticipated in September 2024.

### **B. Expanded Treatment, Services and Supports for People with SUD**

As identified via internal and external stakeholder input, and through analyses conducted by BHS staff, readiness for SB 43 in this area would include: estimating the anticipated need for locked and voluntary SUD treatment; and alignment of resource availability to meet critical operational needs across emergency departments, inpatient facilities, residential and community-based treatment providers. The following outlines actions to support community readiness for SB 43 implementation, including a timeline of actions and a description of known and potential barriers and opportunities.

### **Immediate Actions – Next 0-3 Months**

#### Implementation of San Diego (SD) Relay Program

SD Relay is a new program that is being competitively procured by the County, with services anticipated to begin in summer 2024. SD Relay is a behavioral health peer response system delivered in EDs by people with lived experience. The program will support people who present in EDs and have experienced a non-fatal overdose through a crucial period, as they transition from the ED back into the community. SD Relay will provide overdose prevention education, naloxone, support, and linkage to care for opioid overdose survivors after an overdose event. Trained peers are deployed to collaborating EDs immediately after a reported overdose to initiate engagement and offer noncoercive services and resources. Following this initial engagement, peers contact and stay connected with participants after discharge.

Once operational, SD Relay will support readiness for SB 43 by supporting connections from EDs to voluntary harm reduction and SUD treatment services. BHS staff will monitor program operations and assess operational components of SD Relay that could be leveraged to support those with severe SUD (i.e., not limited to nonfatal overdose). If additional funding or procurement authority requires authorization by the Board, these items would be brought forward in future Board actions.

### **Mid-Term Actions – Next 3-6 Months**

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Enhance Connections for Patients in EDs to SUD Residential and Outpatient Treatment

BHS staff is exploring opportunities to enhance outreach, engagement, and care coordination work within existing County-contracted SUD outpatient and residential programs to link patients in EDs to voluntary care. These enhancements would support the workforce and operational infrastructure to develop and sustain this service and would be designed to draw down Medi-Cal funding, to offset what would otherwise be County costs to support this service.

**Long-Term Actions – Next 6-12+ Months**

Pursue Policy Changes to Establish Locked Hospital-Based SUD Treatment

Some individuals who are subject to involuntary holds for grave disability due to severe SUD may need to receive care in a locked facility, similar to how individuals who are gravely disabled due to a mental health condition may need to receive care in a locked facility. It is anticipated that developing locked SUD treatment within the existing footprint of existing LPS inpatient hospitals will be both clinically optimal, as well as the most cost- and time-efficient.

To date, the State has not established Medi-Cal reimbursement rates for locked primary and stand-alone SUD treatment, and per the State's Department of Health Care Services (DHCS), State laws and regulations do not designate nor permit DHCS to approve designation of new categories of facilities for evaluation and treatment of individuals on involuntary holds for grave disability due to severe SUD.

County staff will continue to collaborate with the State and local hospitals to inform considerations for establishing Medi-Cal rates and regulatory updates that would allow for Medi-Cal reimbursable services within dedicated areas of hospitals for evaluation and treatment of individuals on involuntary holds for grave disability due to severe SUD. Until the State addresses policy barriers related to Medi-Cal billing, County funding would be necessary or other funding sources would need to be leveraged to cover costs of these services, if this level of care needed to be accessed by Medi-Cal beneficiaries.

County staff will pursue contract actions to establish or amend agreements with local hospitals to develop locked SUD treatment capacity. If additional funding or procurement authority requires authorization by the Board, these items would be brought forward in future Board actions.

Establish New Crisis Residential Treatment for Primary and Stand-Alone SUD

Existing mental health crisis residential treatment programs face the same regulatory challenges and inability to receive Medi-Cal reimbursement for people with severe SUD that impacts inpatient psychiatric care; therefore, crisis residential units would be unable to immediately provide diversion or step-down care for primary or stand-alone SUD treatment. Crisis residential providers are well equipped to collaborate with EDs and inpatient providers for care transitions if policy and regulatory barriers at the State level are addressed. Developing new, crisis residential capacity to serve primary and stand-alone SUD would be a longer-term



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goal. If additional funding or procurement authority for establishing such capacity requires authorization by the Board, these items would be brought forward in future Board actions.

Expand Harm Reduction Housing Options through City Partnerships

Opportunities to partner with local cities and housing authorities to develop housing options for those with severe SUD, such as harm reduction housing, will be explored.

Develop the Optimal Care Pathways 2.0 Model

BHS is continuing the development of a systemwide analysis that identifies the need and capacity for SUD services and supports. The prevalence of SUD within San Diego County is estimated to be 7.98%, i.e., with 7.98% of adults aged 12 and older reporting SUD in the past year (2016-2018, National Survey of Drug Use and Health). According to the 2021 National Survey of Drug Use and Health, 94% of individuals with a SUD are not connected to treatment. This statistic alone suggests that the current ways of delivering care are not effectively meeting the needs of individuals with SUD.

Following a methodology similar to the Optimal Care Pathways (OCP) model – which outlined the need to establish new care pathways that better meet the long-term care needs of individuals through community-based mental health care and divert individuals from unnecessary utilization of acute care – BHS aims to (1) map current and future client pathways to clinically appropriate SUD services and identify access barriers, (2) quantify capacity needed to support seamless transitions between levels of care and prevent bottlenecks, and (3) develop a plan for systemwide resourcing that supports recovery maintenance.

**C. Alternatives to EDs for 5150 Transports**

As identified via internal and external stakeholder input, and through analyses conducted by BHS staff, readiness for SB 43 in this area would include: review of regulatory parameters for maximal use of CSUs for primary and stand-alone SUD evaluation and treatment; exploring opportunities for local bridge funding as Board directed policy advocacy related to funding is pursued; and establishing communication plans to ensure optimal utilization of emergency department alternatives. The following outlines actions to support community readiness for SB 43 implementation, including a timeline of actions and a description of known and potential barriers and opportunities.

**Immediate Actions – Next 0-3 Months**

Pursue State Policy Changes to CSU Medi-Cal Billing and Designation

DHCS has been engaged in addressing the policy barriers that currently prevent CSUs from billing Medi-Cal for primary or stand-alone SUD services. Preliminary discussions support the use of CSUs for those with primary or stand-alone SUD, given their designation as LPS facilities. DHCS has not established Medi-Cal reimbursement guidance for primary and stand-alone SUD that extends the existing CalAIM allowances for reimbursement during assessment periods; as such, engagement of DHCS will continue in order to seek more definitive policy guidance.

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### **Mid-Term Actions – Next 3-6 Months**

#### Contract Actions to Support CSU Capacity for those with Primary and Stand-Alone SUD Diagnoses

If definitive State guidance on billing Medi-Cal for CSU services remains pending, BHS will explore leveraging existing County-contracted CSUs to provide services for those with primary and stand-alone SUD diagnoses, in addition to their existing services for those with primary and stand-alone mental health diagnoses. The CSU services for those with primary and stand-alone SUD diagnoses would not be eligible for Medi-Cal reimbursement, and therefore County bridge funding would be needed to cover costs for the delivery of these services until they became eligible for Medi-Cal reimbursement.

BHS will also support efforts to train and provide technical assistance to existing CSU providers to prepare for the addition of capacity for primary and stand-alone SUD diagnoses, including strategies to optimize billing when services become eligible for Medi-Cal reimbursement.

### **Long-Term Actions – Next 6-12+ Months**

#### Operationalize CSU Capacity for People with Primary and Stand-Alone SUD Diagnoses

Upon receipt of definitive State guidance on billing Medi-Cal for CSU services, County-contracted CSUs would optimize clinical operations and Medi-Cal billing for services provided to those with primary and stand-alone SUD diagnoses under the new regulatory framework that supports integrated care. Capacity of the existing CSUs would be continuously monitored and assessed for further enhancement, if needed. If additional funding or procurement authority requires authorization by the Board, these items would be brought forward in future Board actions.

### **D. Updating Procedures and Adding Capacity to Support the Public Conservator’s Office**

As identified via internal and external stakeholder input, and through analyses conducted by BHS staff, readiness for SB 43 in this area would include: critical Public Conservator’s Office staff hired, trained, and prepared to conduct conservatorship investigations; Public Conservator’s Office policy and procedures updated to reflect most current statutory requirements, along with best practices related to clinical thresholds and evaluation standards; the behavioral health services system of care being prepared to receive referrals from inpatient settings; and capacity developed in hospitals and in the community to accept clients with primary SUD diagnosis.

The following outlines actions to support community readiness for SB 43 implementation, including a timeline of actions and a description of known and potential barriers and opportunities.

### **Immediate Actions – Next 0-3 Months**

#### Establishing New Policies and Procedures for Conservatorship Evaluations

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The Public Conservator's Office is working to revise policies and procedures to reflect the inclusion of involuntary care for severe SUD, including as a stand-alone condition, in the evaluation for LPS involuntary treatment. Policies and procedures will also include updated training requirements for Public Conservator's Office staff to include American Society for Addiction Medicine (ASAM) and substance use assessment. Additionally, policies and procedures are being updated in alignment with the legislative intent of SB 43 with respect to evaluation and treatment of persons with serious mental health conditions and severe substance use disorder and ensuring the least restrictive setting is provided to meet the needs of that patient.

Participation in Statewide Convenings to Inform Clinical Thresholds

County leadership will participate in California Behavioral Health Director's Association (CBHDA) committees, workgroups, and other statewide convenings to identify clinical thresholds for involuntary care and conservatorship for people with severe SUD, and conversely, thresholds for voluntary care. Information gathered via CBHDA convenings will be threaded into practice and policy as appropriate.

Public Conservator's Office Resourcing

County staff are developing a strategy for recruitment and hiring of staff that will be needed to conduct conservatorship evaluations and other mandated activities. Other operational needs, including vehicles for transporting clients to routine court hearings, are being identified. Resource needs not currently in the County Operational Plan requiring Board approval are anticipated to be brought forward through County operational planning processes.

**Mid-Term Actions – Next 3-6 Months**

Implementing New Policies and Procedures for Conservatorship Evaluations

Policies and procedures will continue to be updated with emerging statutory guidance and best practices from CBHDA and other statewide convenings.

Continued Participation in Statewide Convenings to Inform Clinical Thresholds

County leadership will continue to participate in statewide convenings to ensure we are sharing our region's best practices as well as learning from other early adopters.

Continued Public Conservator's Office Resourcing

Hiring of critical personnel will proceed. Resources needed for personnel including any additional office space and equipment will be identified and pursued. It is anticipated that existing office space can be leveraged initially to house staff and client functions. Public Conservator contracts will be reviewed to ensure they can accommodate projected increase in services (i.e. courier services, ambulance services, IT systems). Data reporting processes will be established in conformance with new State requirements.

Evaluate Assisted Outpatient Treatment (AOT) and Community Assistance, Recovery and Engagement (CARE) Assertive Community Treatment (ACT) Capacity

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Based upon new information on clinical thresholds for involuntary care, as well as current trends in utilization and system capacity, County staff will assess the need to serve additional AOT and CARE clients in their respective ACT programs. Though AOT and CARE require a primary mental health diagnosis, it is anticipated that SB 43 will generate additional referrals to the Public Conservator overall, and that a proportion of those referrals will require mental health outpatient services including those that may be court involved. Contract mechanisms to increase any ACT program capacity will be reviewed and if additional funding or procurement authority requires authorization by the Board, these items would be brought forward in future Board actions.

**Long-Term Actions – Next 6-12+ Months**

Implement Data Collection, Reporting Infrastructure, and Processes

SB 43 outlines substantial new data collection requirements, including new data elements that will be required to be reported to the State on a quarterly basis. County staff will leverage and modify existing data collection systems to capture the required data, along with developing and enhancing new data reporting capability and systems, including Panasoft, to align with mandated reporting requirements.

Assess Ongoing Public Conservator’s Office Resourcing Needs

Resource needs for the Office of the Public Conservator will be continuously evaluated and if major additional operational needs are identified, these would be included in County operational planning processes.

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Today’s proposed actions support the County of San Diego’s 2024-2029 Strategic Plan Initiatives of Equity (Health) and Community (Quality of Life) by providing necessary resources and infrastructure needed to ensure individuals with behavioral health needs have the best possible outcomes.

Respectfully submitted,

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SIGNATURE

SARAH AGHASSI  
Interim Chief Administrative Officer

**ATTACHMENT(S)**

N/A