



County of San Diego

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TO: Supervisor Nora Vargas, Chairwoman
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FROM: Caroline Smith, Interim Deputy Chief Administrative Officer
Health and Human Services Agency

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 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 Public Conservator's Office. Today's memorandum provides further updates on progress of these activities.

Education and Training

In response to needs identified by internal and external stakeholders as part of extensive community engagement activities, SB 43 introductory trainings have been developed that outline key components of the new legislation and expansion of definitions for grave disability under Welfare and Institutions Code (WIC) § 5008 (h)(1)(A). A County contract with Jewish Family Service (JFS) was amended in April 2024 to provide trainings for law enforcement agencies (LEAs), Psychiatric Emergency Response Teams (PERT), LPS-designated facilities, as well as other agencies and community partners. JFS has been communicating with these entities regarding training opportunities, noting training materials will be available through various platforms including written materials, videos, webinars, and in-person meetings. As of May 30, 2024, a total of 564 individuals have participated in 22 introductory SB 43 trainings. Additionally, JFS is updating existing LPS training materials to incorporate changes related to SB 43 for designated facilities and individuals by Fall 2024. JFS will be working closely with LEAs and treatment facilities to ensure all relevant staff are trained by January 2025 and will continue to communicate with stakeholders about available resources.

Expanded Treatment, Services, and Supports for People with Substance Use Disorder (SUD)

In 2022, there were over 142,000 emergency department (ED) encounters related to substance use, abuse, or dependence in San Diego County, with rates highest among residents who identified as non-Hispanic Black, between 46-59 years old, or male. Additionally, on average 20 individuals were discharged from the EDs daily due to overdose, with a third of those involving opioids. Given the state of overdose and substance use related morbidity and mortality in San Diego County, BHS has been working toward implementation of San Diego Relay (SD Relay), a behavioral health peer response system delivered in EDs by people with lived experience. The program will support people who present in EDs who have experienced a non-fatal overdose through a crucial period, as they transition from EDs back into the community. Currently, the procurement process is underway with services scheduled to launch Summer 2024. Once operational, SD Relay will support readiness for SB 43 by supporting connections from EDs for those with severe SUD (i.e., not limited to nonfatal overdose) to voluntary harm reduction and SUD treatment services.

BHS has gathered input from health care system partners and related stakeholders, including hospitals, SUD treatment programs, organizations serving people experiencing homelessness, and people with lived experience. Input has been gathered through convenings specifically for this purpose, as well as by attending recurring external meetings with impacted stakeholders such as the Emergency Medicine Oversight Commission.

As an integral component of the next iteration of the Optimal Care Pathways model, BHS is currently conducting a comprehensive mapping and capacity analysis of the SUD system of care in San Diego County. 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 made significant progress working across programs to: (1) document critical pathways to access SUD services; and (2) analyze utilization data. Next steps will include identification of programmatic changes and enhancements to best meet identified needs, followed by modeling of future capacity by program and population served.

BHS continues to discuss the anticipated impacts of SB 43 with hospital partners. This includes the flow of patients from EDs, acute care psychiatric care and acute care medical care, as well as transitions to community-based care. As part of this effort, BHS has engaged with the Hospital Association of San Diego and Imperial Counties to outline the community need to develop LPS-designated locked SUD treatment capacity. Recently, the California Department of Health Care Services (DHCS) provided new guidance, *Behavioral Health Information Notice (BHIN)-24-011*, which clarifies that although existing LPS-designated facilities can evaluate, assess, and treat individuals for up to 72 hours on a 5150, those that extend to a 14-day hold for grave disability due to a severe SUD only require an LPS facility with a distinct part unit providing chemical dependency recovery services as a supplemental service. Currently, there are no facilities that accept Medi-Cal beneficiaries that meet the DHCS guidance in San Diego County. BHS continues to collaborate with the County Office of Economic Development and Government Affairs, as well as statewide associations, to engage with the State and convey the limitations of the current guidance in addressing critical SB 43 implementation considerations.

Alternatives to EDs for 5150 Transports

As identified via internal and external stakeholder input, SB 43 readiness in the area of alternatives to EDs for 5150 transports includes reviewing regulatory parameters for maximal use of crisis stabilization units (CSUs) for primary and stand-alone SUD evaluation and treatment, among other

actions. BHS has been meeting regularly with CSU program leadership to provide technical assistance which includes discussion of strategies to support clients who have substance use issues and may be experiencing withdrawal. Additionally, BHS is offering education and support to ensure that CSU clients are successfully linked to outpatient and residential substance use treatment facilities. It is anticipated that CSU contracts will be amended accordingly for this work to be in effect by January 1, 2025. While the current capacity of CSUs can accommodate additional patient volumes, BHS staff will continue to closely monitor the number of admissions and make necessary adjustments as needed.

Updating Procedures and Adding Capacity to Support the County Office of the Public Conservator

The County Office of the Public Conservator (PC) has reviewed, identified, and updated existing policies and procedures that require adaptation in preparation for SB 43 implementation. These updates are anticipated to be finalized by Fall 2024. Following this step, staff will be trained on updated policies and procedures by the SB 43 implementation date of January 1, 2025.

Additionally, PC has been analyzing existing staffing and other resources to identify resources needed to support the influx of additional conservatorship referrals and subsequent permanent conservatorships that may result from the implementation of SB 43.

Additional Updates: SB 43 Data-Preparedness

Preparation for new data requirements related to SB 43 is occurring within PC as well as within LPS-designated facilities in San Diego County. PC is prepared to meet all new SB 43 data requirements noted in the legislation by updating the existing data collection system before January 1, 2025. In addition, internal dashboards are under development, which will reflect involuntary hold information due to SB 43. Notably, final data requirements (for example, a data dictionary) and related technical assistance have not yet been provided by the State. Additionally, certain data that may be of significance to community stakeholders are not mandated to be collected by law enforcement and EDs. The County anticipates working collaboratively with these partners to maximize voluntary data collection and reporting.

BHS is supporting LPS-designated facilities in San Diego County to meet SB 43 and other new State data requirements outlined in SB 929, which was signed into law in 2022. Both bills expanded data reporting requirements and mandated the publication of an annual report. Passed into law in 2023, AB 118 further clarified the data reporting requirements previously established in SB 929. To comply with the new SB 929 requirements, DHCS has developed a phased implementation plan, which includes input from counties and other behavioral health stakeholders across the state. DHCS has indicated that it will incorporate updates to SB 43 within its phased implementation of SB 929. The current process consists of five phases:

- *Phase 1: Identifying Current Data Collection Processes and Gaps; Notifying Stakeholders*
In 2023, BHS implemented Phase 1. Work completed as part of this phase included identifying the current data collection, data gaps and working with stakeholders to notify them of the new LPS reporting requirements. The new requirements include collection of demographic data to the extent available for 72-hour Evaluation and Treatment admissions, 14-Day Intensive Treatment, Additional 14 days Intensive Treatment, and 180-day Post Certification holds. In addition, the new LPS reporting requirements introduced a new reporting template for LPS facilities.

- *Phase 2: Implementation of Data Elements: Demographic & Utilization Data*
Currently, BHS is in the process of implementing Phase 2, This phase incorporates significant changes such as inclusion of data for 72-hour detainments and additional 30 days Intensive Treatment holds, adjustments to reporting demographic data from a summary perspective to detailed information per type of hold, moving from categorizing youth and adults to identifying specific age cohorts, and inclusion of additional housing categories. New data points also include the number of times each individual has been admitted or detained, and condition at admission. BHS continues to provide regular updates to LPS facilities about updates and changes to LPS reporting requirements as they are released by the State through information notices.
- *Phase 3: Implementation of Data Elements: Waiting Periods, Services Provided & Judicial Council Data*
In this phase, DHCS will continue to expand the new data elements collected to include services provided or offered to individuals placed on each type of hold by payer information/funding source; waiting periods for individuals prior to receiving an evaluation; and source of ED admission. As of January 1, 2025, in alignment with local SB 43 implementation, additional reporting requirements will be included such as the number of persons admitted or detained in the county by length of treatment and condition. Existing dashboards reporting on LPS data will be enhanced to reflect required changes as outlined by the State. Additionally, DHCS will coordinate with the Judicial Council to establish an efficient data reporting and collection process to identify the number of certification review hearings, petitions for writs, judicial review hearings, petitions for capacity hearings and capacity hearings held.
- *Phase 4: Implementation of Data: Clinical Outcomes & Evaluation*
Phase 4 will require counties to report on clinical outcomes for individuals admitted or detained, persons transferred to mental health facilities pursuant to Section 4011.6 of the Penal Code, and persons for whom temporary and permanent conservatorships are established in each county. DHCS will be providing counties with clearly defined clinical outcomes once determined so that counties may begin collecting this data. DHCS will utilize this phase to analyze, recommend, and assess data elements collected throughout the implementation.
- *Phase 5: Preparation of May 1, 2025 Report*
This phase will focus on DHCS preparing the report as outlined by SB 929. The May 2025 report will include the progress made on implementing recommendations and outline the finalized data reporting requirements, data tools, analysis, and recommendations of the data received in accordance with SB 929.

Ongoing Advocacy and Statewide Collaboration

BHS, in close collaboration with the County Office of Economic Development and Government Affairs, has been advocating for solutions to the operational and Medi-Cal reimbursement-related challenges to providing SUD care in LPS-designated facilities. As discussed in this memorandum, the recently issued guidance from DHCS does not resolve pressing reimbursement challenges, so advocacy will continue in the ensuing months. Additionally, BHS is threading with the California Behavioral Health Directors Association and other counties throughout the state to learn about their implementation activities and planning efforts, while sharing strategies and best practices. Financial modeling and projections of operational impacts continue to be refined as the County engages the State to verify assumptions about current policy and shape future policy regarding reimbursement for SUD treatment services provided in LPS-designated settings.

Staff will provide updates to the Board on progress with implementing SB 43 on a quarterly basis via future memorandums, or to coincide with significant developments. If additional funding or procurement authority requires authorization by the Board, these items would be brought forward in future actions for consideration.

For questions, please contact Dr. Luke Bergmann, Director, with Behavioral Health Services via phone at (619) 563-2700 or email Luke.Bergmann@sdcountry.ca.gov.

Respectfully,



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c: Ebony N. Shelton, Chief Administrative Officer