All Treatment Provider Meeting

- Welcome
- Radical Hospitality Training
- FY 2024-25 Payment Reform Rates Prep
- Part 2: Senate Bill 32 and the Specialty SUD System (LPS Facilities)

Bureau of Substance Abuse Prevention and Control
Los Angeles County Department of Public Health

Radical Hospitality Training

- Focused on optimizing customer service and client-centered services, consistent with the aims of R95
- Aims to have our staff think about our clients in a different way that brings us back to when we first started working in the SUD field, with a key focus on how to establish stronger connections with our clients (with appropriate boundaries)

Preparing for Year 2 of Payment Rates for FY24-25

Preparing for FY24-25

Establishing FY24-25 Reimbursement Rates

- DHCS FY24-25 Revised Rates
  - Market Basket Inflator
- Confirming Provider Tiers (LOC, Accreditation)
- SAPC Analysis
  - Provider Billing Activity
  - Utilization of Services
  - Practitioner Level Service delivery

Preparing for FY24-25

Establishing FY24-5 Reimbursement Rates

- Assessment of FY23-24 Rates
  - Provider Fiscal Reporting Information
- Inform Reimbursement Structure for FY24-25
  - Capacity Building 2.0
  - Incentives 2.0

Preparing for FY24-25

Reimbursement Structure FY24-25

Incentive Payments: Payments as a result of achieving a particular goal/benchmark.

Capacity Building: Payments to providers to support specific activities that improve or grow service delivery.

FFS Base Rates: Fee paid to providers based for the delivery of a particular service. May vary based on practitioner and/or Tier of provider agency.

Provider Reimbursement

- Incentives
- Capacity Building
- Treatment Base Rates

Part 2 – Senate Bill 43 and the Specialty SUD System

LPS Facility Requirements

Bureau of Substance Abuse Prevention and Control
Los Angeles County Department of Public Health

Outline

Part 1

1. Overview of Lanterman-Petris-Short (LPS) Act and Senate Bill (SB) 43
2. Involuntary SUD Treatment Considerations
3. Summary of SB 43 Implementation in Los Angeles County
4. Case Examples *(if there is time)*

Part 2 – Meeting with SUD Treatment Agencies Considering Pursuing LPS Designation (March 5, 2024 @ All Treatment Provider Meeting)

- **Review of LPS and Senate Bill (SB) 43**
- **LPS Facility Requirements**
  - Licensure, Certification, & Designation
  - Staffing
  - Physical Environment

Review of LPS and SB 43

Overview of Lanterman-Petris-Short (LPS) Act

- **Understanding Senate Bill (SB) 43 first requires an understanding of the Lanterman-Petris-Short (LPS) Act**
  – LPS was first enacted in 1967 given widespread use of institutionalization prior to the 1960s and long history of abuse and patients' rights concerns in state hospitals across the country
  – LPS established due process to avoid the widespread inappropriate application of involuntary psychiatric care

- **"LPS 101"**
  – **LPS laws** – Govern involuntary psychiatric care throughout California
  – **LPS designated people** – People designated by DMH who can place people on involuntary holds, most notably 5150's
  – **LPS facilities** – Facilities with specific safeguards and staffing requirements that are approved to provide locked, involuntary psychiatric care throughout California

Overview of Senate Bill (SB) 43

- Signed into law by Governor Newsom in Oct 2023.
- 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.**
- Allows health records to be used as evidence in LPS conservatorship proceedings, ensuring individuals can be conserved without requiring testimony from their treating team.

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*

Overview of Senate Bill (SB) 43

- **Functionally, SB 43 allows people to be placed on 5150's and other involuntary holds based on their "severe" SUD.**
  - "Severe" SUD is defined as a diagnosed substance-related disorder that meets the diagnosis criteria of "severe" according to the most current version of Diagnostic and Statistical Manual of Mental Disorders (DSM-5 currently).
  - According to DSM-5, severity of SUDs are measured on a continuum based on the number of symptoms present of the eleven (11) criteria, with a "severe" diagnosis being defined as when 6 or more of the 11 criteria are present.

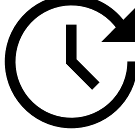
DSM-5 TR Criteria for SUDs

***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

Implications of Senate Bill (SB) 43

- **Anticipated initial impacts of SB 43 on people with SUD**
  - Anticipate fidelity challenge with DSM-5 “severe” SUD diagnosis: most LPS designated people who place holds are law enforcement (and not clinicians) who are not able to make DSM-5 diagnoses
  - More 5150s overall, including for people with ”severe” SUD
  - Likely to result in more people on longer-term involuntary holds (5250s, conservatorships), though its unclear the extent to which this will impact people with ”severe” SUD
  - Likely to result in LPS capacity constraints
  - Unlikely to result in significant numbers of people conserved who have SUD only

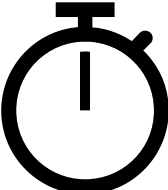


- **Potential Benefits**
  - **More people receiving services they need** → if 5150s translate to meaningful SUD treatment engagement, whether it be voluntary in traditional SUD treatment settings or in LPS facilities

- **Potential Drawbacks**
  - **Patient rights violations** → Widening equity gaps
  - **Further deterring people from disclosing substance use** → Widening treatment gaps
  - **Constraints in LPS capacity** → Longer wait times for placements and further shortening admissions
  - **LPS settings not familiar with SUD** → Suboptimal care with revolving door readmissions

SB 43 Implementation in LA County

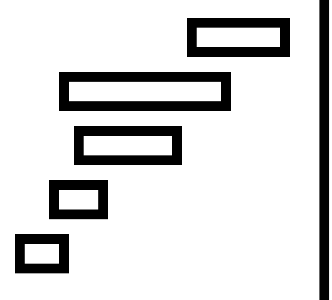
- **Given SB 43's broad implications on both the specialty mental health and SUD system (capacity, workforce, stigma, etc.) → multi-year planning process led by the Department of Mental Health (DMH) and SAPC**
  - Counties are also working together across the State to ensure a consistent standard to the application of this expanded grave disability definition as defined under SB 43.



- **January 2026 →** Implementation date of SB 43 in Los Angeles County

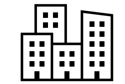
Summary of SB 43 Implementation in LA County

- **Key focuses of SB 43 planning**
  - Client Flow, System Mapping and System Guidelines → Including standardizing operationalization of “severe” SUD
  - LPS Designation and Training → Need to train on new definition of grave disability
  - Treatment and Care Planning → Determine how care delivery will change under SB 43
  - Court Processes/Adherence to Court Orders
  - Community Education and Collaboration → Robust stakeholder process
  - Staffing and Budgetary
  - Managed Care Plan Coordination
  - Management of Individuals Ineligible for New Criteria



Review of LPS Facilities* & Requirements

*The focus of these slides is on Psychiatric Health Facilities (PHF) and Crisis Stabilization Units (CSU) given their greater potential applicability to specialty SUD settings, and is not intended to be a comprehensive review of all potential LPS facility options

Types of LPS Facilities 

- **Licensure/Certification**
  - The State Department of Health Care Services (DHCS) and California Dept of Public Health (CDPH) govern licensure/certification of mental health facilities.
- **LPS Designation**
  - The Los Angeles County Department of Mental Health (DMH) is the authorized entity to designate LPS facilities and individuals (those allowed to place people on holds under the LPS Act).
- **The following facilities are the only types allowable for LPS designation:**
  - General Acute Care Hospital
  - Skilled Nursing Facilities
  - Jail Inpatient Units
  - **Psychiatric Urgent Care Center*** (aka: Crisis Stabilization Units)
    - Outpatient setting that people can stay in for < 24 hours
  - **Psychiatric Health Facility***
    - Inpatient psychiatric hospital setting

*These are the two facility types compatible with specialty SUD system facilities that are also potentially eligible for LPS designation

** CSU's and PHF's are licensed to serve people with MH conditions **and** co-occurring MH and SUD conditions, but not people without a MH condition (such as SUD only)

Psychiatric Health Facility (PHF)

- **Facility Type**
  - PHF's are licensed for inpatient psychiatric treatment.
- **Services**
  - **PHF's provide acute short-term treatment and care includes, but is not limited to:**
    - Psychiatry
    - Clinical Psychology
    - Psychiatric nursing
    - Social work
    - Rehabilitation
    - Medication administration
    - Appropriate food services
    - **PHF's are not permitted to admit any person who is non-ambulatory, requires a level or levels of medical care not provided, who would be appropriately served by an acute psychiatric hospital, or <u>who is only diagnosed with a SUD (as opposed to having a co-occurring SUD)</u>** (California Code of Regulations (CCR)., tit. 9, § 784.26(d) [Mental Health Rehabilitation Centers])
      - While PHF's cannot admit SUD-only patients, given the high prevalence of co-occurring mental health disorders that often present alongside SUDs, integrated services for co-occurring mental health and substance use disorders can and should be provided in PHF's.

Licensure, Certification, & LPS Designation Requirements to Provide LPS Services

Licensing, Certifications, & Designations	Facility type		Estimated Timeline for Obtaining Licensure/Certification
	Psychiatric Health Facilities (PHF)	Crisis Stabilization (CSU)	
CDPH License and CMS Certification (for Medicare/Medi-Cal Participants)	Yes	No	6-12+ months
DHCS (LCD) Licensure	Yes	No	6-12+ months
DHCS Certification	No	Yes	3-10+ months
DMH LPS Designation	Yes	Yes	6+ weeks

Note: DHCS Medi-Cal certification is required for all facility types delivering services to Medi-Cal members

Crisis Stabilization Units (CSU)

- **Facility Type**
  - CSU's can be health care facilities, hospital-based outpatient programs, or a provider site certified by DHCS or DMH to perform crisis stabilization.
- **Services**
  - CSU's are freestanding facilities that provide rapid access to MH and co-occurring disorders (COD) evaluation and assessment, crisis intervention and medication support, and case management, and services are focused on stabilization and linkage to recovery-oriented, community-based resources.
  - Open 24 hours per day, 7 days per week (24/7), but patients must stay less than 24 hours (up to 23 hrs and 59 min).
  - DMH's Scope of Work for CSU's does not include services to SUD-only patients (who don't have co-occurring disorders) and only includes integrated services for patients with CODs with both MH and SUD conditions.
  - **Similar to PHF's, CSU's are certified to serve people with MH conditions and co-occurring MH and SUD conditions, but not SUD-only patients** [CCR Title 9, 1840.338 (a) & CCR Title 9, 1840.338 (b)]

DMH's LPS Facility Designation Requirement Examples

**NOTE*: This is not intended to be a comprehensive list of all requirements, but rather a sampling of requirements*

- Compliance with all applicable laws and regulations
- Maintaining all licenses and certifications
- Maintaining a Fee-For-Service Contract with DMH
- 24 hrs per day and 7 days per week capability to provide admission, evaluation, referral and treatment for full period individual is held
- Implementation of policies and procedures for legal, ethical, and clinical standards
- Upholding physical environment requirements such as separate psychiatric area, separate observation room, secure outdoor areas, capability to secure belongings
- Inpatient facilities must remain accredited through the Joint Commission
- DMH has a number of other physical environment requirements of LPS facilities.

PHF Minimum Staffing Requirements

- Facilities are required to meet the minimum staffing requirements outlined in Title 9, § 663
  - PHF staffing and ratio is dependent on the patient census
- All staff involved in the evaluation and treatment of involuntary patients must be fully conversant with the involuntary detention, patient rights, and mandated reporting statutes.
- Maintain methodology used to make staffing determinations that at minimum include: medical director, psychologist, social worker, registered nurse, and other nursing personnel.
- Physicians/psychiatrists, registered nurses, and other MH personnel shall be present or available at all times.
- A registered nurse must be employed 40 hrs/week per PHF's Licensing Requirements Article 3 Services 77061 Staffing.
- There must be a registered nurse, licensed vocational nurse, or psychiatric technician awake and on duty at all times.
- The minimum ratio of the full-time staff is based on Inpatient Census in PHFs as follows:

(1) Inpatient Census:	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
Staff										
Psychiatrist or Clinical Psychologist or Clinical Social Worker or Marriage, Family and Child Counselor	1	2	3	4	5	6	7	8	9	10
Registered Nurse or Licensed Vocational Nurse or Psychiatric Technician	4	5	6	8	10	12	14	16	18	20
Mental Health Worker	3	5	8	10	13	15	18	20	23	25
Totals	8	12	17	22	28	33	39	44	50	55

CSU Minimum Staffing Requirements (CCR Title 9 1840.348)

**NOTE: This is not intended to be a comprehensive list of all requirements, but rather a sampling of requirements*

- A physician shall be available (on call) at all times for provision of CSS that may only be provided by a physician.
- One Registered Nurse, Psychiatric Technical, or Licensed Vocational Nurse on site at all times patients are present.
- Ratio of one licensed mental health or waivered/registered practitioner on site for each 4 patients receiving Crisis Stabilization at any given time.
- If the patient is evaluated as needing service activities that can only be provided by a specific type of licensed professional, such persons shall be available.
- Other practitioners may be utilized by the program, according to need.
- If CSS are co-located with other specialty mental health services, persons providing Crisis Stabilization must be separate and distinct from practitioners providing other services.
- Practitioners included in required Crisis Stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.

LPS Facility – Physical Environment Requirements

Note: This is not intended to be a comprehensive list of all requirements, but rather a sampling of requirements

- **Examples of LPS facility requirements established by Health and Safety Code (HSC), California Building Code (CBC), and DMH:**
  - Examination rooms shall have a minimum clear floor area of 120 square feet.
  - Patient rooms shall have a minimum clear floor area of 100 square feet (9.29 m2) for single-bed rooms and 80 square feet (7.43 m2) per bed for multiple-bed rooms.
  - Door lever handles shall point downward unless specifically designed ligature-resistant hardware are used.
  - All door hardware shall have tamper-resistant fasteners.
  - Windows located in patient care areas, or areas used by patients, shall limit the opportunities for patients to inflict harm to themselves or others.
  - The minimum height of ceilings shall be 8 feet.
  - Grab bars, including those that are part of fixtures such as soap dishes, shall be sufficiently anchored to sustain a concentrated load of 250 pounds. Grab bars shall be graspable and shall be ligature resistant.
  - Each patient shall have access to a toilet room without having to enter a corridor. One toilet room shall serve no more than two patient bedrooms and no more than four patients. The toilet room shall contain a toilet and a handwashing station.
  - Outdoor areas shall have fences and walls that are to be installed with tamper-resistant hardware and have a minimum height of 10 feet above the outdoor area elevation.

Important Considerations for SUD Agencies Considering LPS Designation

- **LPS facilities are contracted through DMH and not SAPC**
- **Both PHF's and CSU's are not intended for patients with only SUD (and no MH condition) but are designed for patients with either MH-only or patients with co-occurring MH and SUD conditions**
  - SUD agencies pursuing LPS designation will likely not be able to serve SUD-only patients unless they have co-occurring MH conditions
- **Significantly higher staffing requirements of LPS designated facilities**
  - Most specialty SUD agencies do not currently meet these staffing requirements and also don't have staffing designed to specifically serve MH or co-occurring populations, so these will be additional investments
- **LPS facilities require investments in modifications to the physical environment of these settings** (e.g., anti-ligature door handles, special windows, space and bathroom requirements)
- **Financial considerations related to costs and anticipated revenue**

Discussion

- **Foundational questions re: LPS designation?**
- **What aspects of LPS designation seem feasible?**
- **What are key barriers to LPS designation?**

- **What would be needed for SUD agencies to consider LPS designation?**

Case Examples

Case Examples that MAY Qualify Under SB 43

- D is a **middle-aged woman with Alcohol Use Disorder** who **continues to drink despite severe damage of her liver** along with physical symptoms of liver failure (e.g., jaundice). She has numerous prior attempts to stop drinking including in previous SUD treatment programs, but she cannot get below a 0.08 blood alcohol level. Multiple agencies are working to connect her to services as she drinks continuously and is **no longer able to demonstrate understanding of her situation or reasoning in her decision-making regarding treatment**.

- J is a **middle-aged man with Stimulant Use Disorder** who is **severely malnourished, unhoused, and medically compromised with an antibiotic-resistant infection**. He repeatedly **declines to be assisted with medical care or housing placement** in order to keep using methamphetamine. Even when he stops using meth for several days and clears the active drug from his system, he **refuses assistance without being able to articulate a plan for managing his infection or nutrition**.

Case Examples that Would Likely NOT Quality for SB 43

- M is a **middle-aged person with multiple substance use disorders**. On admission to the emergency department **2 days ago, he was intoxicated and unable to describe where he was or how to find shelter and food**. **Today, he has metabolized the substances he used and his behavior has returned to baseline and he requests transport to a shelter where he's been living and has been receiving medical care and food**. He declined receiving mental health/substance use treatment services despite demonstrating understanding about his behaviors when he was admitted and the short- and long-term consequences of doing so.

- C is an **older adult who has been seen in the emergency department multiple times due to wandering into the street while intoxicated**. **She displays some insight into her inability to stop using drugs and the risks associated with use and is seeking help**. **While she AWOL'ed from care once before, she demonstrates a willingness to pursue substance use treatment and to receive harm reduction services**.