

CALIFORNIA SENATE BILL 43 COMMUNITY FORUM

Orange County Health Care Agency

April 22, 2026 | Behavioral Health Advisory Board

FORUM AGENDA

1. **Overview of Senate Bill 43**
2. **Planning Efforts**
3. **Receiving Facilities**
4. **Treatment Continuum**
5. **Orange County Implementation to date**
6. **Substance Use Disorder Care & Treatment**
7. **Question and Answer**

OVERVIEW OF SENATE BILL (SB 43)

- Most significant reform to the LPS Act since it was enacted in 1967
- SB 43 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.
- Unfunded Mandate
- Impacts adult population only
- Consider individual's situation in totality



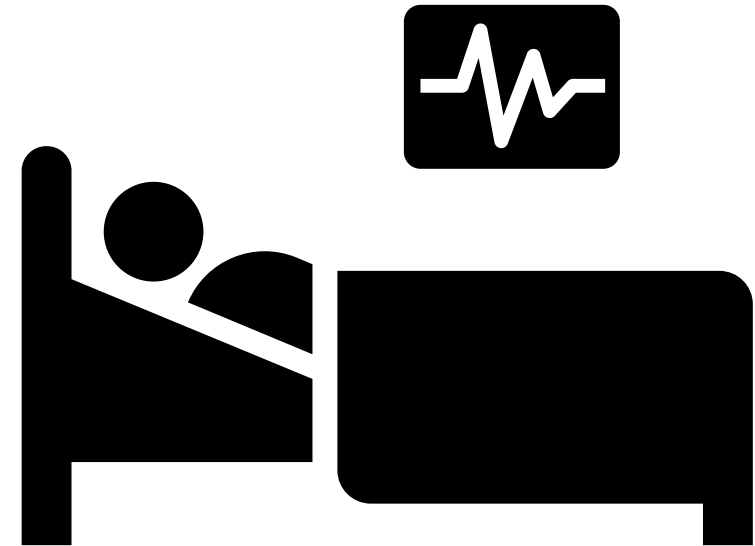
REVISED DEFINITION OF GRAVE DISABILITY

- Previous 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 a 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 or food, clothing, shelter, ***personal safety**** or ***necessary medical care****.



DEFINITION OF PERSONAL SAFETY AND NECESSARY MEDICAL CARE

- **“Personal safety”** means the ability of one to survive safely in the community without involuntary detention or treatment pursuant to [the LPS Act].
- **“Necessary medical care”** means care that a licensed health care practitioner, while **operating within the scope of their practice**, determines to be necessary to prevent serious deterioration of an existing physical medical condition which, if left untreated, is likely to result in serious bodily injury as defined in W&I Code § 15610.67.



INDICATIONS OF GRAVE DISABILITY: PERSONAL SAFETY

The following examples are **not an exhaustive list**. One incident alone would not automatically meet the standard to detain a person. These examples must be significant and severe enough to cause serious bodily injury or death and must be related to a severe mental health disorder and/or severe SUD:

- Placing oneself in harm's way in traffic that risks their own life or those of others.
- An individual incapable of defending themselves against ongoing victimization due to a lack of awareness of their vulnerability.
- Severe impaired judgement resulting in risky situations that threaten the person's own life or those of others.
- Unhygienic/uninhabitable living conditions or behaviors which are so severe and significant to contribute to an unsafe physical environment. Poor hygiene alone and/or being unhoused is not sufficient.
- Repeated severe substance use that is medically life-threatening, for example, multiple near-fatal overdoses requiring medical intervention.



INDICATIONS OF GRAVE DISABILITY: NECESSARY MEDICAL CARE

The following examples are **not an exhaustive list**. These observable functional impairments must result in serious deterioration of an existing physical medical condition which, if left untreated, is likely to result in serious bodily injury or the person's inability to survive safely in the community without involuntary detention or treatment.

- **Necessary Medical Care** – due to mental health, severe substance use disorder or a combination of both:
- Signs of significant malnourishment (loss of weight or dehydration) which puts the individual's life or long-term functioning at risk.
- Perceived cognitive and/or emotional impairment resulting in a lack of decision-making capacity to pursue medical treatment for life-threatening conditions in the moment including but not limited to: Inability to utilize medical care when needed and available.
- Wound care and infection issues that are likely to lead to loss of limb or life if not treated.

DEFINITION OF SEVERE SUBSTANCE USE DISORDER

- Taking the substance in larger amounts or for longer than you are meant to
- Wanting to cut down or stop using the substance but not managing to
- Spending a lot of time getting, using or recovering from the use of the substance
- Cravings and urges to use the substance
- Not managing to do what you should at work, home or school because of substance use
- Continuing to use, even when it causes problems in relationships
- Giving up important social, occupational or recreational activities because of substance use
- Using substances again and again, even when it puts you in danger
- 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
- Needing more of the substance to get the effect you want (tolerance)
- Development of withdrawal symptoms, which can be relieved by taking more of the substance

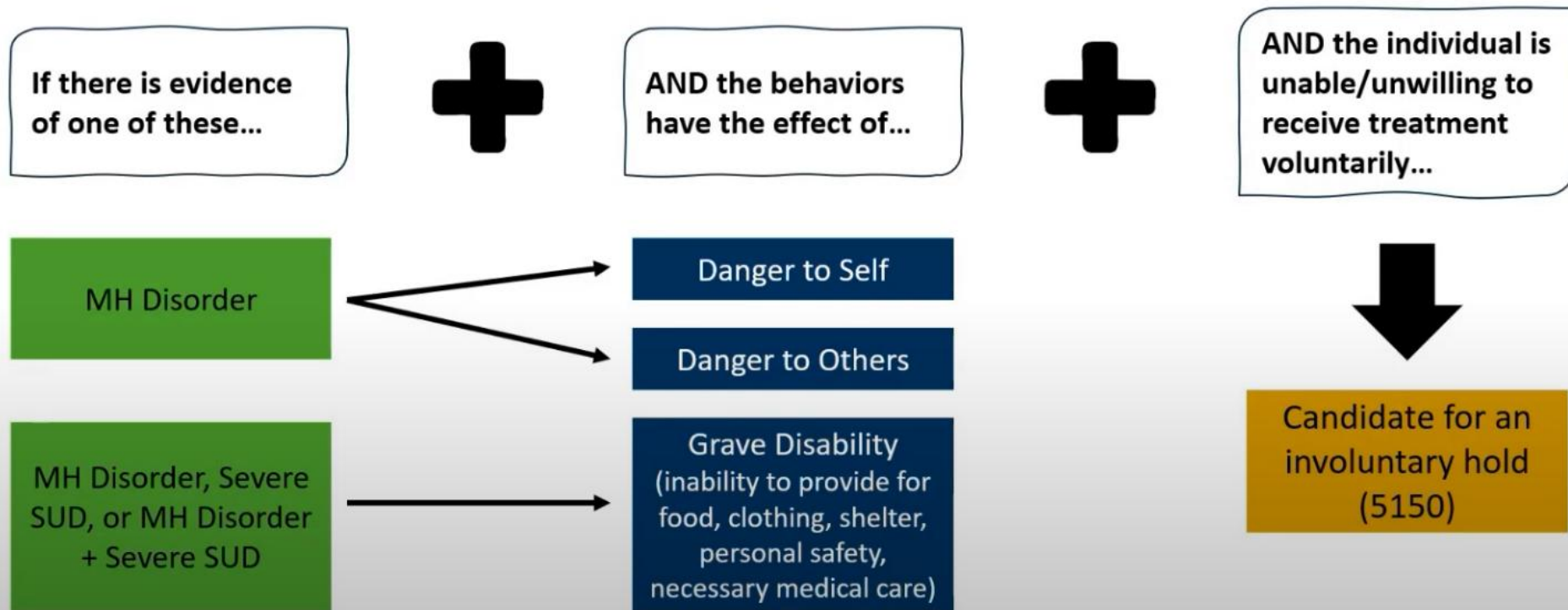


Mild:
2-3
symptoms

Moderate:
4-5
symptoms

Severe:
6+
symptoms

IDENTIFYING GRAVE DISABILITY AS CRITERIA FOR INVOLUNTARY HOLDS

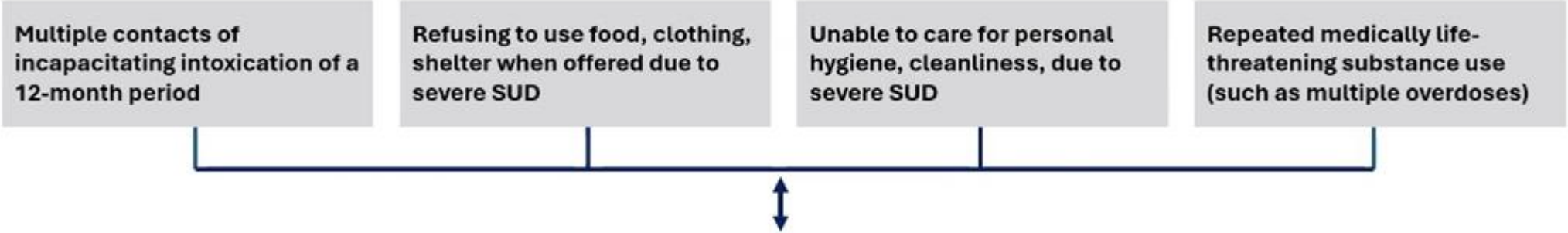


SEVERE SUBSTANCE USE DISORDER: OBSERVABLE CONSIDERATION

Do not rely solely on **one example** of an observable behavior to determine grave disability.

For example, signs of intoxication — slurred speech, strong smell of alcohol or marijuana, or bloodshot eyes — **do not** necessarily mean a severe SUD.

EXAMPLES OF OBSERVABLE BEHAVIORS TO DETERMINE GRAVE DISABILITY FOR SEVERE SUD



Non-Clinical LPS-authorized individuals
(e.g., law enforcement) are only expected to identify and describe **observable behaviors or conditions** that are consistent with DSM criteria, **not diagnose** individuals as having severe SUD.

CONSIDER THE INDIVIDUAL'S ENTIRE SITUATION

SB 43 PLANNING EFFORTS

Statewide Collaboration

- Inform advocacy efforts with the state on SB43 implementation needs
- Standardized Implementation Tools and Training

Hospital Collaboration

- Strengthen partnership
- Building system readiness

First Responder Collaboration

- Align LE, EMS, and hospitals on SB43 protocols.
- Create tools and training for practical, accessible and responsive to implementation

FIELD QUICK POCKET GUIDE



Quick Pocket Guide
Updates to
LPS Grave Disability

Observable considerations for grave disability (GD) due to mental health symptoms and/or a severe substance use disorder:

- Unable to articulate a plan for food, clothing, shelter
- Irrational beliefs about food that is available or offered (e.g. poisoned)
- Inability to engage in personal hygiene
- Refusal to utilize food, clothing, shelter when offered resources
- Urinating or defecating on oneself
- Impacted speech: tangential, rambling, difficult to understand (e.g. "word salad")
- Violent or threatening statements
- Fluctuation between calm and agitation
- Creating a public disturbance
- Yelling obscenities, screaming
- Paranoid or delusional thought content
- Disorganized thought content
- Catatonic/blank stare
- Hallucinating (talking to, hearing voices, responding to unseen others)

In accordance with SB-43, additional observable factors to consider for GD determinations:

Severe Substance Use

- Overwhelming odor of alcohol or marijuana
- Dilated or constricted pupils/bloodshot or watery eyes
- Eyes wide open or droopy, heavy lidded, nodding off
- Unsteady gait/slurred speech/unable to walk or stand by oneself/fumbles simple tasks
- Scratching, picking or clawing at skin (e.g. noticeable sores on face, hands or arms)
- Unintelligible speech: loud, yelling, slurring words
- Multiple/pattern of contacts for similar presentation (intoxication) in 12-month period

Neglecting to seek/obtain Necessary Medical Care

Not seeking or obtaining necessary medical care due to mental health symptoms and/or substance use

- Uncontrollable vomiting
- Diminished responsiveness or loss of consciousness
- Potential loss of limb(s) due to untreated condition

Neglecting to seek/obtain Necessary Medical Care (continued)

- Uncontrolled bleeding/Coughing or vomiting blood
- Cold/Clammy skin
- Seizure/convulsions
- Complaint of severe pain or severe injury
- Non-healing wound, wound care or potential infection
- Extreme or profuse sweating
- Disclosure of untreated medical conditions causing risk for serious harm

Neglecting Personal Safety:

Not tending to personal safety due to mental health symptoms and/or substance use

- Wandering, walking or running in and out of traffic
- Unhygienic/uninhabitable conditions at home or other home safety issues such as not attending to appliances (e.g., leaving the stove on) due to intoxication or mental health symptoms
- Inability to care for hygiene and cleanliness which could or has led to illness
- Hoarding to an extreme causing safety concerns or hazardous (dangerous) conditions

WIC5150

RECEIVING FACILITIES FOR SB 43

- Crisis Stabilization Units (CSU)
- Emergency Departments (ED)



OC DESIGNATED FACILITIES

BHS currently has 16 LPS Designated mental health treatment facilities plus a designated jail unit for a total of 752 LPS Designated beds

- **Hospitals:** College Costa Mesa, Huntington Beach, Aliso Ridge, Anaheim Community, Mission Laguna Beach, St. Joseph, UCI, AGMC, Chapman Global, CHOC, OCGMC, La Palma.
- **CSUs:** County CSU (15 recliners), College Hospital CSU (12 recliners), Exodus CSU (24 adult recliners and 8 CY recliners)
- **Other:** OC CHS LPS Designated Jail (15), Royale Therapeutic Residential Center SNF/STP (40 ~ only Unit One)



CRISIS STABILIZATION UNIT (CSU) BED BOARD

**24/7 Crisis
Stabilization Unit (In-
Person)**

CSUs are an alternative to the emergency department for people experiencing a mental health crisis.



Call or Text
(855) 625-4657

[Check Availability](#)

CSU Locations:

- 1030 W. Warner Santa Ana
- 301 Victoria Street Costa Mesa
- 265 S. Anita Drive Orange

Location	Beds Open	Beds Taken	Under Review
HCA CSU 1030 W. Warner Ave Santa Ana, CA 92707 714-834-6900	5	10	0
College Hospital CSU 301 Victoria St Costa Mesa, CA 92627 800-773-8001	6	6	0
Exodus at Be Well (Adults) - Orange 265 S. Anita Dr, Suite 102-104 Orange, CA 92868 714-410-3500	1	14	0
Exodus at Be Well (Adolescents) - Orange 265 S. Anita Dr, Suite 102-104 Orange, CA 92868 714-410-3500	4	4	0

SB 43 TREATMENT CONTINUUM

Initial Receiving Sites

- Crisis Stabilization Units
- Emergency Departments

Treatment Sites

- Involuntary = Acute Inpatient
- Voluntary = SUD services

Placement Sites

- Exploring placement options for Long Term Care via Letters of Agreement

OC HCA COMMUNITY PARTNERSHIPS

CIT Steering Committee

- Law Enforcement/First Responders, Fire/EMS, Hospitals/Behavioral Health, Families/Clients/Advocates, Monthly meetings, Sequential Intercept Mapping

911 Diversion Expansion

- OCSD and OC Links started March 2024
- Cross Training, workflows regarding non-violent, non-criminal calls

Treatment Alternate Destination

- County CSU and City of Anaheim
- Training and Implementation

ORANGE COUNTY IMPLEMENTATION

Orange County ~ Implemented January 1, 2026

- Preliminary data indicate that there are no substantive changes or upward trends in the total number of involuntary behavioral health holds since implementation.
 - **101/6977 or 1.45%** of all Holds (Gravely Disabled and Danger To Self/Others) were Severe Substance Use Disorder (SUD) GD Holds
 - **101/3566 or 2.83 %** of all GD Holds were for Severe SUD only
 - **2788/3566 or 78.49 %** of all GD Holds were for Mental Health GD Holds
 - **528/3566 or 14.81%** of all GD Holds were for Co-Occurring (Mental Health and SUD)

*Data as of 4/16/2026



SUBSTANCE USE
DISORDER
CONTINUUM OF
CARE



ORANGE COUNTY'S DRUG MEDI-CAL CONTINUUM OF CARE

The HCA serves adult and adolescent Medi-Cal beneficiaries through the **Drug Medi-Cal Organized Delivery System**

The Level of Care is determined by the American Society of Addiction Medicine (**ASAM**), the most widely used and comprehensive set of guidelines for placement, continued stay, and transfer/discharge of clients with SUD and/or co-occurring conditions

Assessment is a continual process, and clients are transitioned into higher and lower levels of care depending on assessed medical necessity

ORANGE COUNTY'S DRUG MEDI-CAL CONTINUUM OF CARE

The Drug Medi-Cal Continuum of Care includes:

- Outpatient Treatment
- Medications for Addiction Treatment (MAT)
- Narcotic Treatment Programs (NTP)
- Withdrawal Management
- Residential Treatment
- Recovery Services and Supports



OUTPATIENT TREATMENT



- Includes two levels of care, including **Outpatient Drug Free** (up to 9 hours of treatment) and **Intensive Outpatient Treatment** (9.5 hours plus)
- **Services Include:**
 - Assessment and Evaluation
 - Treatment Planning
 - Individual and Group Counseling
 - Care Coordination
 - Substance Use Education
 - Drug Screening
 - Referral and Linkage to Services

MEDICATIONS FOR ADDICTION TREATMENT

- **Medications for Addiction Treatment also known as Medication Assisted Treatment (MAT)** is the use of prescription medications primarily for Opioid Use Disorder and Alcohol Use Disorder.
- There are several FDA approved medications, most are taken orally, and some are administered by injection.
- These medications are a vital part of treatment and may be used throughout a person's recovery journey.
- These medications are especially effective in combination with counseling and behavioral therapies.
- Access to these medication services are available in all Substance Use Disorder levels of care and some treatment programs provide these medications directly.



NARCOTIC TREATMENT PROGRAMS

- **Narcotic Treatment Programs (NTP) also known as Opioid Treatment Program (OTP)** are available 7 days a week and are provided by licensed NTP facilities
- **Services Include:**
 - Assessment and Evaluation
 - Medication for Substance Use Disorder including methadone
 - Individual and Group Counseling
 - Care Coordination
 - Substance Use Educational Groups
 - Referral and Linkage to Services
 - Coordination of dosing needs to client in residential and withdrawal management programs



WITHDRAWAL MANAGEMENT

- Clinically supervised withdrawal management programs serve individuals 12 years and older who experience moderate withdrawal symptoms and need 24-hour support to safely withdraw from substances. Average length of stay is 4 to 5 days.
- **Services include:**
 - Assessment and Evaluation
 - Observation
 - Medication services
 - Linkage to continuing care



RESIDENTIAL TREATMENT

- **Residential Treatment** is a 24-hour, non-medical, short-term residential program that provides rehabilitation services when determined as medically necessary. Residential services require prior authorization by the County Plan. Average Length of stay is 45 days.
- **Services Include:**
 - Assessment and Evaluation
 - Treatment Planning
 - Individual and Group Counseling
 - Substance Use Education
 - Care Coordination
 - Structured Activities



RECOVERY SERVICES AND SUPPORTS

- **Recovery Services** include on-going recovery and wellness supports, such as support groups, that continue after treatment ends to support individual's recovery journeys.
- **Recovery Residence housing** is offered to adults 18 years and older that need a sober living environment. All residents must be enrolled and actively participating in a recovery service to maintain their sobriety. Housing is available up to 4 months.



NAVIGATION SERVICES AND SUPPORTS

How a person can access SUD services:

- **24/7 Access Line** at 800-723-8641
- **OC Links** available 24/7, 365 days at 855-625-4657
- Walk-ins at any County-operated Mental Health and SUD outpatient clinics, including Open Access locations
- Clients can contact contract providers directly to schedule an intake an appointment





AUTHORIZATION FOR RESIDENTIAL TREATMENT (ART)

- Referrals for residential treatment for adults go through the **Authorization for Residential Treatment (ART) Team**. The ART Team provides a brief level of care assessment and authorizes and places adults into residential treatment.
- To schedule an appointment, individuals may contact the **24/7 Member Access Line at 800-723-8641** or can contact the **Westminster ART Team at 714-934-4600**.
- **Priority populations for admission into treatment, include:**
 - Pregnant Women
 - Individuals who use IV Drugs
 - Individuals with a Fentanyl Use Disorder
 - Individuals receiving Withdrawal Management Services

SUBSTANCE USE DISORDER TRAINING RESOURCES

Hazelden Training Program

- The Impacted Brain: Substances, Mental Health, and Recovery
- Pharmacotherapy for Opioid and Alcohol Use Disorders
- Trauma Informed Care Training
- CBT: Cognitive Behavioral Therapy
- Motivational Interviewing Beyond the Basics
- Medications for SUD Training (online)
- MOUD & After-hours calls (online)
- Naloxone Training (online)

MAT Training/CME Opportunities


- Providers Clinical Support System (PCSS) [Medications for Opioid Use Disorder \(MOUD\) - PCSS-MOUD](#)
 - 8-hour MOUD Training
- UCLA Opioid and Stimulant Implementation Support Training and Technical Assistance (OASIS-TTA) [Opioid and Stimulant Implementation Support - Training and Technical Assistance \(OASIS-TTA\)](#)
 - On-Demand Learning Opportunities Catalog
- Opioid Response Network [Events - Opioid Response Network](#)
- American Society of Addiction Medicine (ASAM) [ASAM eLearning: Home](#)
- American Academy of Addiction Psychiatry (AAAP) [Upcoming Webinars - AAAP](#)

SB 43 RESOURCES



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Understanding the Drug Medi-Cal Organized Delivery System in Orange County for Substance Use Disorder Treatment Services

By OC Health Care Agency BHS [Visit Website](#)

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About This Guide

This guide is designed to help you navigate the Drug Medi-Cal Organized Delivery System Continuum of Care in Orange County. It provides information about the substance use disorder (SUD) treatment services and supports available to Medi-Cal members and individuals without insurance who are in need of SUD treatment. You will also find clear guidance on how to access these services, so you or someone you care about can get the help needed for recovery.

Jump to Topic

[How to talk about this topic ▾](#) [What is SUD in OC? ▾](#) [What are the levels of care? ▾](#) [What is MAT and NTP? ▾](#)

[What are recovery services? ▾](#) [What is Perinatal Treatment? ▾](#) [How can I access SUD services? ▾](#)

FOR MORE SB 43 INFORMATION



➤ SB43@ochca.com

- Emails will be responded to and posted on SB 43 website FAQs

➤ www.ochealthinfo.com/sb43

- Scan the QR code to access the SB 43 website

QUESTIONS

 *Navigator.org*

 **Links**^{24/7}
855-OC LINKS
(855-625-4657)

Behavioral Health Service Line
24 hours a day | 7 days a week | 365 days a year





Thank you!

SCAN FOR SURVEY



CONTACT INFORMATION

- **Mark Lawrenz**, Assistant Deputy Director, Substance Use Disorders Behavioral Health Services
 - MLawrenz@ochca.com OR SB43@ochca.com
 - 714-834-2426
- **Vanessa Thomas**, Assistant Deputy Director, Crisis and Acute Care Behavioral Health Services
 - Vthomas@ochca.com OR SB43@ochca.com
 - 714-834-2223



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