

# Checklist for LPS Facility Assessment & Clinical Decision-Making for Individual on LPS Hold (post-implementation of SB 43)

## Assessment

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### 1. Assess biopsychosocial dimensions during psychiatric admission

- Obtain and review collateral information.
  - Information gathered from sources other than the primary individual being assessed, which may include friends, family members, and caregivers, prior or current treating providers, available documentation, telephone calls, and other correspondence.
- Psychiatric risks and history
- Substance use risks and history
- Cognitive impairments
- Discharge environment
  - Safety upon discharge
- Person-Centered Considerations
  - Parenting responsibilities
  - Person's prior experiences with and response to treatment
  - Motivational level / readiness for change
  - Current degree of therapeutic alliance
  - Patient preferences
  - Barriers to care (including social determinants of health)

### 2. Assess medical needs and coordinate necessary medical services

- Conduct initial history and physical to assess for medical needs.
- Conduct and document medication reconciliation.
- Pregnancy status
- Medical conditions (including substance related medical needs)
  - Infectious / communicable diseases, ambulatory status
- Withdrawal Management Needs
- Offer toxicology testing.
- If presented after an overdose, assess for a substance use disorder.
- If prior non-ER medical clearance is available, verify clearance reliability and confirm physical stability and that there are no immediate medical concerns.
- Assess for ongoing medical/psychiatric needs during the patient's admission and coordinate addressing these needs during admission/on discharge as clinically indicated.

### 3. Assess whether the patient continues to meet LPS criteria (reference:

<https://www.dhcs.ca.gov/provgovpart/Documents/SB-43-FAQs.pdf>

- Document the legal basis for the hold with specific observations and justifications.
  - Inform the individual of their rights, including hearings and advocacy access.

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- Provide guidance to LPS facilities on documenting acuity of grave disability criteria for the purposes of medical necessity for LPS placement.
- 4. Assess if the individual is experiencing homelessness**
- If the individual is experiencing homelessness, identify and document housing needs as part of the treatment plan.
- 5. Assess the individual's connection to family, conservator (if conserved or in process of conservatorship), and if they are connected to a field, outreach, and/or outpatient team via applicable health information exchanges<sup>1</sup>**
- If connected, contact family, conservator, and/or field / outreach team (e.g. HOME, provider, social worker) to coordinate care and actively collaborate throughout the admission.

## Treatment

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### 1. If substance use disorder (SUD) is present

- Provide counseling/psychosocial interventions.
- Initiate addiction medications (i.e., medications for addiction treatment, MAT).
- Make level of care determination in alignment with the current version of the ASAM Criteria.
- Offer psychoeducation and support groups to collateral contacts.

Substance-specific interventions that should be offered regardless of whether the patient accepts counseling or has abstinent goals of care, are as follows:

#### If opioid use disorder (OUD) is present

- Manage opioid withdrawal, if present.
- Offer medications for opioid use disorder (MOUD).

#### If alcohol use disorder (AUD) is present

- Manage alcohol withdrawal, if present.
- Offer medications for alcohol use disorder (MAUD).

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<sup>1</sup> Consider the following health information exchanges:

- Homeless Management Information System (HMIS)
- Los Angeles Network for Enhanced Services (LANES)

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## If tobacco use disorder (TUD) is present

- Manage nicotine withdrawal, if present.
- Offer medications for tobacco use disorder (MTUD).

## If stimulant use disorder (StimUD) is present

- Offer referral to contingency management (CM) on discharge.
- Offer off-label medications for StimUD.

## If sedative use disorder is present

- Manage sedative use disorder, including taper of sedatives when clinically appropriate.
- Offer sedative withdrawal management, when clinically appropriate.

## 2. If psychosis or other psychiatric symptoms are present

- Conduct a diagnostic assessment to determine the etiology (non-substance mental health, neurological conditions, and/or substance induced).
- Offer psychotropic medications such as antipsychotics or sedatives when clinically indicated (long-acting injectables should be considered, as appropriate).
- Integrate treatment planning with psychosocial interventions as needed.

## 3. If other needs are present

- Identify perinatal and post-partum needs including placement considerations and provision of parenting services.
- Identify medical needs, consider implication on post-discharge placement, and ensure linkage to a managed care plan contracted provider.
- Identify and document what mobility devices / durable medical equipment (DME) will be part of the treatment plan.
- Identify and document clothing needs. Offer clothing and/or community referral to address this need.
- Identify and document housing needs. Refer to appropriate housing program.
- Identify and document family members, caregivers, probation officers, and/or LPS conservators that should be notified assuming client consent and could potentially be a part of the treatment plan.
- Assess and link with income/benefits support (e.g., DPSS, SNAP, etc.)

## 4. If the individual continues to meet LPS criteria (reference:

<http://www.dhcs.ca.gov/provgovpart/Documents/SB-43-FAQs.pdf>

- Extend involuntary hold (e.g., 5250) when needed.
- If conservatorship may be indicated:
  - Distinguish between probate vs. LPS conservatorship

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- Begin documenting relevant observations (e.g., inability to meet basic needs, substance use patterns).
- Collect collateral information, such as psychiatric history or prior hospitalizations.
- Initiate LPS Conservatorship process
  - Include references to LPS conservatorship process
- Refer to intensified pathways to care (i.e., CARE Court, Assisted Outpatient Treatment) when clinically appropriate.
- *Disseminate guidance for Discharge Options for LPS conservatees.*

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## Discharge

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### 1. If discharged

- Follow AB 2242 Directives associated with care coordination that may include recovery services.
- Utilize applicable Universal Entry referral protocols.
- Assess existing linkage to services and refer patients to their existing service providers or establish new referrals when needed.
- Enroll in Medi-Cal if the patient is eligible but not enrolled.
  - Coordinate handoff of any pending enrollment needs to aftercare provider.
  - Facility to set up transportation through patient's MCP to next level of care or to any aftercare providers
- Refer to SUD treatment on discharge if patient indicates interest in treatment (in alignment with the ASAM Criteria). The Substance Abuse Service Helpline (800-854-7771), [Service & Bed Availability Tool](#) or [RecoverLA](#) may be used to facility referrals to publicly-funded SUD services.
- Refer to harm reduction services on discharge if patient indicates plan to continue to use substances, as applicable. Services available through <http://publichealth.lacounty.gov/sapc/public/harm-reduction>
- Include family members/caregivers based on patient's consent.
- Include conservator if under conservatorship.
- If experiencing homelessness, enroll in outreach/field-based services.
- Arrange transportation to aftercare provider if going directly from hospital to the provider.
- Transmit discharge summary (including any medication components of the treatment plan) to aftercare providers.
- Coordinate warm handoff to field-based/outreach team.

### 2. If self-discharge

- Assess patient's capacity to self-discharge and participate in aftercare planning.
- Discuss risks and provide safety resources.
- Assess existing linkage to services and refer patients to their existing service providers or establish new referrals when needed.
- Refer to SUD treatment on discharge if patient indicates interest in treatment (in alignment with the ASAM Criteria). The Substance Abuse Service Helpline (800-854-7771), [Service & Bed Availability Tool](#) or [RecoverLA](#) may be used to facility referrals to publicly-funded SUD services.

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- Refer to harm reduction services on discharge if patient indicates plan to continue to use substances, as applicable. Services available through <http://publichealth.lacounty.gov/sapc/public/harm-reduction>
- Schedule appointments to outpatient care, crisis services, or submit referral to appropriate level of care program.
- Provide relevant resources to support groups within their community as appropriate.
- If applicable, assist with Medi-Cal enrollment or provide instructions if eligible but not enrolled.
  - Coordinate handoff of any pending enrollment needs to aftercare provider when feasible.
- If the individual is experiencing homelessness, identify known location or set of locations for aftercare.
- Document the discharge.
- Coordinate follow-up with outreach team to help with transportation and other needs.

### 3. Follow up

- Verify completed plan (courts may grant conservatorship).