

Checklist for Assessment Prior to LPS Admission (post implementation of SB43)

Audience	Checklist
Any individual designated to place a LPS Hold	Assess risk to self or others and/or whether the patient meets the gravely disabled LPS criteria (reference: link to LA County definitions)
	<ul style="list-style-type: none"><input type="checkbox"/> Prioritize safety of the individual and of others.<ul style="list-style-type: none"><input type="checkbox"/> Engage law enforcement or crisis response teams (e.g., psychiatric emergency teams, mobile crisis units) when necessary to protect personal / community safety.<input type="checkbox"/> Determine if the individual is unable to provide for their basic needs due to a mental health disorder and/or severe substance use disorder.<ul style="list-style-type: none"><input type="checkbox"/> If the individual is acutely intoxicated but does not meet LPS criteria, consider sobering centers, crisis stabilization, or appropriate peer respite services instead of immediate facility placement.<input type="checkbox"/> Assess capacity to accept voluntary care.
	<p>When feasible, assess the individual's connection to family, conservator (if conservator or in process of conservatorship), and if they are connected to a field, outreach, and/or outpatient team (see below)</p> <ul style="list-style-type: none">• Crisis and Outreach Teams Assess risk to self or others and/or whether the patient meets the gravely disabled LPS criteria<ul style="list-style-type: none"><input type="checkbox"/> Refer to checklist above and seek LPS hold placement when indicated.• Street Medicine Teams• Outpatient Treatment Settings• Hospitals / ER• Urgent Care Centers
	Assess Medical Stability <ul style="list-style-type: none"><input type="checkbox"/> If a medical emergency occurs outside of a hospital, notify Emergency Medical Services to transport to an emergency department.<input type="checkbox"/> Coordinate field-based medical clearance, when feasible.<input type="checkbox"/> Determine next steps based on severe SUD and risk level.<input type="checkbox"/> If LPS criteria are met, determine type of LPS designated facility to transport the patient to, or if voluntary hospitalization is appropriate based on individual's presentation (medical, severe substance use disorder, danger to self/others). Consider placement at a general acute care hospital, acute psychiatric hospital, or medical emergency room.<input type="checkbox"/> If medical needs are present, consider linkage to street medicine / general primary care if non-hospital care is medically appropriate.<input type="checkbox"/> If SUD is present but does not meet gravely disabled criteria, offer (directly or through referral):

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- Provision of medication management of withdrawal for alcohol, opioid or benzodiazepines at an inpatient or outpatient detoxification program, medication addiction treatment (MAT) for substance use disorders, and referral to SUD treatment services (OTP, outpatient, intensive outpatient, residential) when appropriate.
- Offer harm reduction materials (e.g., harm reduction supplies including naloxone and test strips) when appropriate.
- Provide housing and shelter connections when necessary.

Assess the individual's connection to family, conservator (if conservator or in process of conservatorship), and if they are connected to a field, outreach, and/or outpatient team via applicable health information exchanges, including collateral¹

- If connected, coordinate with the individual's family and/or outreach, behavioral health, or medical team during facility placement for a collaborative determination of the appropriateness of the LPS hold.

Follow up and finalize plan

- Confirm final disposition (i.e., facility placement, continued outreach, voluntary services, or legal process).
- Consider referrals specific to specialty mental health placements, substance use system services (harm reduction services, treatment services, and/or recovery housing services), managed care plan network placements, etc. based on the needs of the individual.
- Ensure handoff to the appropriate team (facility, outreach, court).
- Document all assessment findings, engagement attempts, and decisions.

- Crisis and Outreach Teams
- Outpatient Treatment Settings
- Hospitals / ER
- Urgent Care Centers
- Case Managers serving schools, shelters, sober living homes

Identify patient's insurance coverage, if possible, to support connections to care if they do not meet criteria for LPS hold

- Enrolled in Medi-Cal when patients are eligible.
- Consider which non-Medi-Cal funding pathways are available to support services when the patient is eligible.
- Ensure MCP, DMH, and SAPC services entryways are visible and available to teams conducting field-based care.

¹ Consider the following health information exchanges:

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