

Referrals for involuntary detention evaluation



Client Transport



Evaluation & Disposition



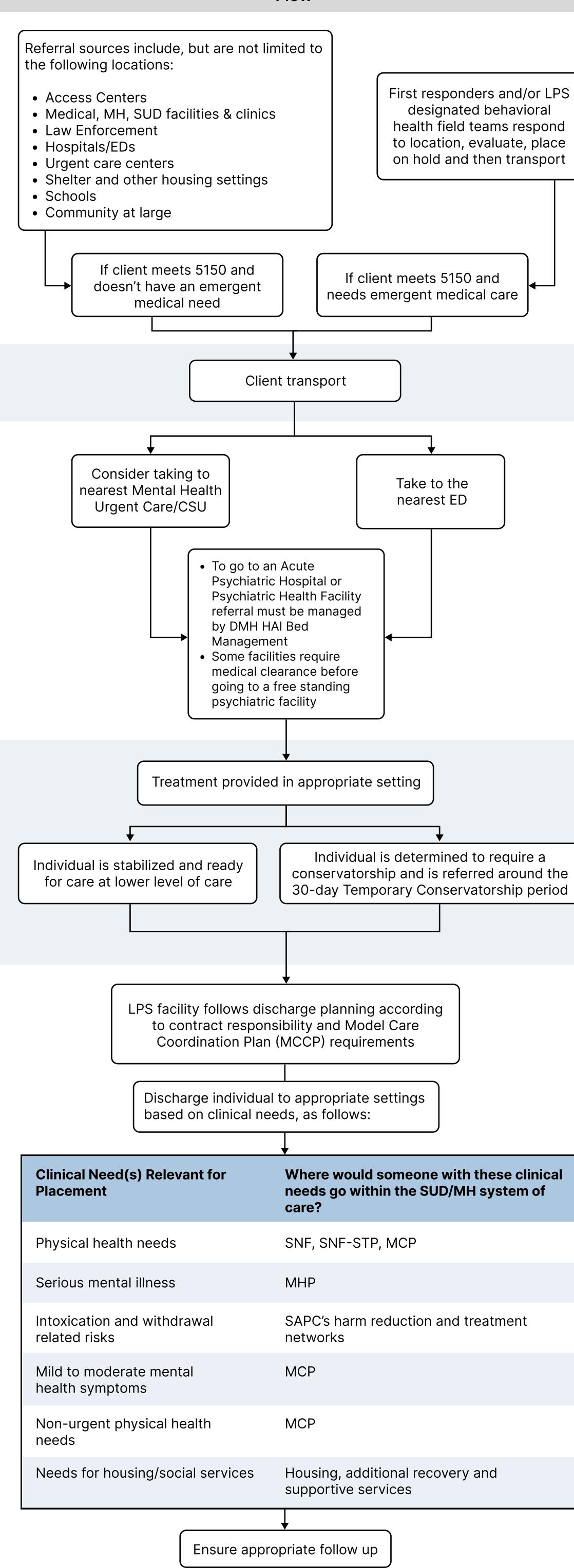
Treatment after 5150



Discharge Planning



SB 43 Toolkit



Notes

Responder to consider Toolkit: "Pre-Facility Checklist" and "List of LPS Facilities"

Unique considerations that impact client flow:

- Severely impairing substance use
- Necessary medical care
- Personal safety

Non-designated hospitals can detain and have certification hearings if an individual is held up to 7 days and if transfer to a designated facility has not yet occurred

Consider Toolkit: "Client Transportation Pathways"

- Focus on addressing the current clinical presentation vs. diagnosis.
- Consider when a client has stabilized and is coherent but may not be able to meaningfully manage a care plan to inform placement/referral decision-making.

Consider Toolkit: "Treatment and Care Planning Aftercare Checklist"

Key Considerations:

- 1. Ensure connection to ECM**
- 2. If client is cycling either between or within multiple episodes at a facility/setting:**
 - Ensure ECM provider reconnect to appropriate responsible parties such as field-based services
- 3. If a client is already linked to appropriate services and/or MCP:**
 - Notify treatment team and schedule an appointment
 - Where applicable, consult with treatment team for discharge planning based on needs
- 4. If client is not already linked to appropriate services and/or MCP:**
 - Link client to appropriate services and/or MCP
 - Notify DMH Hospital Liaison to follow up with client to ensure linkage

- List of LPS facilities
- Treatment and Care Planning Pre-Facility Checklist
- Treatment and Care Planning In-Facility Checklist
- Treatment and Care Planning Aftercare Checklist
- List of step-down options (with any excluding factors) based on discharge disposition
- Model Care Coordination Plan: Implementation of Assembly Bill (AB) 224, BHIN-24-039
- Client Transportation Pathways

Los Angeles County: 9-Quadrant Mental Health & Substance Use Disorder Need and Service Model

Addiction Acuity (Not Severity) and Withdrawal Potential			Acronym List	
Mental Health Acuity / Severity	Low	Moderate	High	
	Low	<ul style="list-style-type: none"> Mild-moderate MH condition (MCP) Primary Care (MCP) Outpatient SUD Treatment (SAPC) 	<ul style="list-style-type: none"> Intensive Outpatient (SAPC) 	<ul style="list-style-type: none"> Hospital (SUD detox) Residential SUD Treatment (+/- MH)
	Moderate	<ul style="list-style-type: none"> Mild-moderate MH condition (MCP) Mental Health COD program (MH + SUD) Seeking Safety, Motivational Interviewing, etc. 	<ul style="list-style-type: none"> Mild-moderate MH condition (MCP) Outpatient MH + IOP (SAPC) Dual Diagnosis Program (e.g., Harbor) Seeking Safety, Motivational Interviewing, concurrent COD care 	<ul style="list-style-type: none"> Residential SUD Treatment Residential Dual Disorder (SAPC + DMH Contracts, e.g. River Community)
High	<ul style="list-style-type: none"> Severe MH condition (MHP) Outpatient MH (DMH) +/- MAT (DMH) Intensive MH (FSP, HOME, AOT, ERS) (DMH) 	<ul style="list-style-type: none"> Intensive MH (FSP, HOME, AOT, ERS) (DMH) +/- Intensive Outpatient or Residential SUD (SAPC)* 	<ul style="list-style-type: none"> WM or Residential SUD (SAPC +/- DMH contracts) (e.g., Tarzana, BHS)* Psychiatric Hospital (5150 + WM) (DMH) Hospital-based WM (MCP, SAPC, DMH) 	