



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: January XX, 2023

Behavioral Health Information Notice No: 23-XXX

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Association of Hospitals and Health Systems
California Consortium of Addiction Programs and Professionals
California Association of Mental Health Peer Run Organizations
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Cal Voices
Catholic Charities East Bay
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators
Alameda County Families Advocating for the Seriously Mentally Ill
Association of Regional Center Agencies
Black Leadership Council
Disability Rights California
Emergency Nurses Association
Family and Consumer Advocates for the Severely Mentally Ill
Humannovations-U
Kelechi Ubozoh Consulting
Mental Health America of California
National Association of Social Workers, California Chapter
Peers Envisioning and Engaging in Recovery Services
Racial and Ethnic Mental Health Disparities Coalition
Rural County Representatives of California
Steinberg Institute
Urban Counties of California
The Village Project

SUBJECT: Mental Health Services: Summary of Assembly Bill (AB) 2242

PURPOSE: To provide notice of amendments to the Lanterman-Petris-Short (LPS) Act pursuant to AB 2242, including changes that permit counties to use Mental Health Services Act (MHSA) funds to pay for services provided to individuals placed on an LPS hold, as specified, and require development of a care coordination plan under circumstances, as specified.

REFERENCE: [AB 2242](#) (Santiago, Chapter 867, Statutes of 2022); Welfare and Institutions (W&I) Code sections [5014](#), [5152](#), [5257.5](#), [5361](#), and [5402.5](#)

BACKGROUND:

The MHSA was passed by California voters in 2004, and is designed to expand and transform California’s mental health systems and better serve individuals with and at risk of serious mental health issues, and their families. MHSA funds are distributed to counties on a monthly basis¹ allowing counties to pay for the provision of services for those on temporary holds of 72 hours, and extended holds of up to 14 days and 30 days, for individuals placed in a temporary conservatorship. Treatment funded by the MHSA is intended to be provided in the community and should be designed to prevent inappropriate removal to more restrictive placements.²

Pursuant to the LPS Act, individuals placed on a 72-hour involuntary hold must be provided certain services, including an assessment and evaluation on an ongoing basis. Crisis intervention services may also be provided concurrently with assessment, evaluation, or any other service. Individuals may also be placed for evaluation and treatment in a facility designated by the county for evaluation and treatment that is approved by the Department of Health Care Services (DHCS).³ An evaluation consists of multidisciplinary professional analyses of a person’s medical, psychological, educational, social, financial, and legal conditions, and may require referrals to local support systems.⁴ Designated facilities approved by DHCS must initiate discharge planning and develop aftercare plans for individuals exiting a temporary involuntary hold or a conservatorship.⁵

¹ Welf. & Inst. Code, § 5891, subd. (c.)

² *Id.*, § 5801, subd. (b)(9); see also *id.*, § 5813.5 [requiring State to distribute MHSA funds for provision of services under Welf. & Inst. Code, §§ 5801, 5802, and 5806].

³ *Id.*, § 5150, subd. (a).

⁴ *Id.*, § 5008, subd. (a); see also *id.*, § 5008, subd. (d) [defining “referral”].

⁵ *Id.*, §§ 5622 and 5768.5; see also Health & Safety Code, § 1262; and Cal. Code Regs. Tit. 22, § 77141(a)(1)(O)

POLICY:

AB 2242 includes amendments and additions to the LPS Act. AB 2242 explicitly permits counties to pay for the provision of mental health services under the LPS Act using MHSA funding. Additionally, AB 2242 requires facilities to provide a care coordination

plan to individuals, as specified.), prior to an individual's release from a 72-hour hold or conservatorship. AB 2242 also requires DHCS to convene a stakeholder group to create a model care coordination plan to be followed when discharging persons held under temporary holds or a conservatorship.

SUMMARY OF STATUTORY CHANGES

AB 2242 made the following important changes in the law:

W&I Code section 5014

W&I Code section 5014 was added to explicitly authorize counties to pay for the provision of services under Article 1 of Chapter 2 (commencing with section 5150), Article 4 of Chapter 2 (commencing with section 5250), and Chapter 3 (commencing with section 5350) of the LPS Act, using funding sources, as specified, including funds from the Mental Health Services Fund when included in county plans pursuant to Section 5847 to the extent otherwise permitted by state and federal law, and consistent with the MHSA.

W&I Code section 5152

W&I Code section 5152 was amended to require, prior to release, the provision of a care coordination plan to any person who has been detained for evaluation and treatment pursuant to section 5150, and subsequently released with referral for further care and treatment on a voluntary basis. The care coordination plan shall be developed by (at minimum) the individual, the county behavioral health department, the health care payer (if different than the county), and any other individuals designated by the person as appropriate, with input and recommendations from the facility.

The care coordination plan shall contain a first follow-up appointment with an appropriate behavioral health professional. For purposes of care coordination, the health plan, mental health plan, primary care provider, or other appropriate provider to whom the person has been referred shall make a good faith effort to contact the referred individual no less than three times (by email, telephone, mail, or in-person outreach), whichever method or combination of methods would be most likely to reach the individual. All care and treatment following the individual's release shall be voluntary.

The requirement to develop a care coordination plan shall take effect immediately, without waiting for DHCS to create a model care coordination plan.

W&I Code section 5257.5

W&I Code section 5257.5 was added to require, prior to discharge, the provision of a care coordination plan to a person certified for intensive treatment pursuant to section

5250. The care coordination plan shall be developed by (at minimum) the individual, the facility, the county behavioral health department, the health care payer (if different than the county), and any other individuals designated by the person as appropriate.

The care coordination plan shall contain a first follow-up appointment with an appropriate behavioral health professional. For the purposes of care coordination, the health plan, mental health plan, primary care provider, or other appropriate provider to whom the person has been referred shall make a good faith effort to contact the referred individual no less than three times (by email, telephone, mail, or in-person outreach), whichever method or combination of methods would be most likely to reach the individual. All care and treatment after release shall be voluntary.

The requirement to develop a care coordination plan shall take effect immediately, without waiting for DHCS to create a model care coordination plan.

W&I Code section 5361

W&I Code section 5361 was amended to allow a conservator to petition the court for reappointment as conservator for a succeeding one-year period, when an initial or a subsequent conservatorship has ended. The petition shall include the opinion of two physicians or licensed psychologists, as specified, that the conservatee remains gravely disabled as a result of mental disorder or impairment by chronic alcoholism. If the conservator is unable to obtain the opinions of two physicians or licensed psychologists, they may request the court to appoint them.

Additionally, section 5361 now requires, prior to release from a facility, the provision of a care coordination plan to the conservatee. The care coordination plan shall be developed by (at minimum) the individual, the facility, the county behavioral health department, the health care payer (if different than the county), and any other individuals designated by the person as appropriate.

The care coordination plan shall contain a first follow-up appointment with an appropriate behavioral health professional. To promote care coordination, the health plan, mental health plan, primary care provider, or other appropriate provider to whom

the individual leaving a facility has been referred shall make a good faith effort to contact the referred individual no less than three times (by email, telephone, mail, or in-person outreach), whichever method or combination of methods would be most likely to reach the individual. All care and treatment after release shall be voluntary.

The requirement to develop a care coordination plan shall take effect immediately, without waiting for DHCS to create a model care coordination plan.

W&I Code section 5402.5

W&I Code section 5402.5 was added, and includes requirements for the development of a model care coordination plan. On or before December 1, 2023, DHCS must convene

a group of stakeholders (as specified) to create a model care coordination plan to be followed when discharging individuals under temporary holds pursuant to section 5152 or conservatorships. The model care coordination plan and process shall identify members of the care team, and outline how communication will occur to ensure care coordination. The plan shall specify that care coordination is a shared responsibility between (at minimum), the county, the facility, and the health care payer (if different than the county).

The model care coordination plan shall address the roles of each entity to ensure continuity of services and care for all individuals exiting involuntary holds, including how referrals and appointments will be made and scheduled. This shall include:

- Identification and contact information of county resources and programs to facilitate referrals for (at minimum) suicide prevention, substance use disorder treatment, Medi-Cal Enhanced Care Management, Full Service Partnerships, assisted outpatient treatment, early psychosis intervention services, and resources published pursuant to W&I Code section 5013;
- Hospital aftercare and discharge planning processes pursuant to sections 1262 and 1262.5 of the Health and Safety Code; and,
- Hospital policy and procedures, as specified, to reduce the risk of suicide, to include (at minimum) screening and assessment for suicidal ideation and suicidal risk, safety plan development, and compliance with written policies and procedures addressing care, counseling, and follow-up care at discharge.

The model care coordination plan shall also include the following:

- A requirement that the care coordination plan include a detailed plan that includes a scheduled first appointment with the health plan, the mental health

plan, a primary care provider, or another appropriate provider to whom the person has been referred;

- County procedures and contact information for the availability of designated persons for the purpose of conducting an assessment pursuant to W&I Code section 5150;
- County procedures for facilities and professional persons to request designation to perform assessments and evaluations, pursuant to W&I Code sections [5151](#) and [5152](#);
- County procedures and contact information facilities are required to use to obtain an assessment and evaluation for an individual, pursuant to W&I Code sections [5151](#) and [5152](#); and
- Defined expectations for information sharing, including notification of and transmittal of applications pursuant to W&I Code section 5150 and plans to periodically convene to identify and resolve challenges.

Each county mental health department shall ensure that a care coordination plan that ensures continuity of services and care in the community for all individuals exiting holds or a conservatorship is established. All facilities designated by the counties for evaluation and treatment shall implement the model care coordination plan on or before August 1, 2024. DHCS will provide additional information regarding the model care coordination plan after the convening the stakeholder workgroup.

COMPLIANCE:

DHCS recommends providers review W&I Code section(s) 5014, 5152, 5257.5, and 5361 to ensure compliance with important changes in the law. Additional guidance will be forthcoming regarding W&I Code section 5402.5 once the stakeholder workgroup has developed the model care coordination plan.

If you have questions regarding this Information Notice, please contact the Mental Health Licensing Section at MHLC@dhcs.ca.gov or (916) 323-1864.

Sincerely,

Janelle Ito-Orille, Chief
Licensing and Certification Division