County of SLO Screening Tool for SUD Conservatorship:

About:

This tool is designed to assist behavioral health professionals in identifying individuals who may meet consideration criteria for SUD-based conservatorship under Senate Bill (SB) 43. The bar for SUD conservatorship is higher than for SMI conservatorship for several reasons. While individuals with SMI may experience persistent impairments in insight, judgment, and decision-making even during periods of stability, impairments caused by SUD are intermittent, punctuated by treatment seeking behavior and reductions/moderation in use when not actively using substances. The intermittent nature of impairment attributable to SUD makes it essentially to regularly re-evaluate capacity over time, rather than during a single moment of acute intoxication or withdrawal.

Additionally, the legal and ethical framework places strong emphasis on individual autonomy and the right to make choices about substance use (including the legal concept of voluntary intoxication). Choices to use substances carry risks which may be accepted up until an individual's acute inability to provide for their fundamental needs, when they meet grave disability criteria. Behavioral health providers and systems must exercise increased caution when considering conservatorship for individuals SUD due to the longstanding history of stigma, discrimination, and criminalization associated with substance use. It is essential to avoid overreach and ensure that all voluntary treatment options and less restrictive alternatives have been exhausted and deemed ineffective before pursuing conservatorship.

How to use this screener:

This screener is intended to initiate a subsequent evaluation that includes an multidisciplinary case review, which requires clear documentation of the exhaustive offering of less restrictive alternatives that protects autonomy and individual rights. This screener does not serve as a definitive yes/no checklist or automatic eligibility tool. It should be used in combination with professional judgment, collateral information, and multidisciplinary case review.

Scores should not be interpreted in isolation; rather, they should prompt further reflection about the individual's needs, patterns of functioning, and appropriateness of conservatorship as the least restrictive option.

Use the screener to highlight areas of concern, identify gaps in documentation, and structure conversations about care planning, risk, and ethical considerations. The goal is to support individualized, rights-centered care, not to apply a formulaic threshold.

Key Considerations:

- Involuntary administration of addiction medications (e.g., buprenorphine, methadone, naltrexone, or other off-label treatments) is not an evidence-based practice and should not be pursued under SUD conservatorship.
    - Unlike SMI, where involuntary treatment with psychiatric medications (e.g., antipsychotics, mood stabilizers) may be used to directly reduce symptoms such as psychosis or mania that impair insight, judgment, and functioning, addiction medications do not directly improve insight. The symptoms of SUD often fluctuate depending on patterns of substance use, intoxication, withdrawal, and periods of abstinence/reduction in use. Because of this variability, forced administration of addiction medications is not supported as an evidence-based practice.
    - In SMI, medications are often critical to stabilizing a disorder that directly disrupts cognition and reality testing, enabling the individual to regain insight and function. In contrast, while addiction medications are highly effective, their benefit relies heavily on patient willingness and engagement. Without voluntary participation, their effectiveness in reducing substance use and improving outcomes is greatly diminished. For this reason, SUD conservatorship emphasizes placement and supervision that should include offering medications rather than compulsory addiction medication treatment.
- Voluntary refusal of treatment or the presence of risky behavior is not sufficient to establish grave disability. All less restrictive alternatives must be documented and exhausted prior to conservatorship recommendation.
- SUD conservatorships are time-limited and intended for stabilization and restoration with the goal of transitioning to a lower level of care.

Each criterion is rated on a scale of 0-4, where 0 = Does not meet the criterion and 4 = Strongly meets the criterion.

0 = Does not meet the criterion for consideration for SUD Conservatorship

- Definition: The behavior or condition in question has never occurred, is entirely absent, or there is no evidence in the patient's history or presentation.
- Key Indicators:
    - No documented history of the criterion.
    - No observable or reported behavior aligning with the criterion.

1 = Meets the criterion minimally for consideration for SUD Conservatorship

- Definition: The behavior or condition is present to a very minor extent, with limited impact or frequency. It might have occurred sporadically or be implied but not clearly established.
- Key Indicators:
    - Rare or isolated instances (>2 times/year)
    - Behavior is infrequent or situational.
    - Low severity or impact on functioning.

2 = Somewhat meets the criterion for consideration for SUD Conservatorship

- Definition: The behavior or condition occurs occasionally or to a moderate extent but lacks consistency or intensity. There may be evidence in the patient's history, but it is not pervasive or strongly impactful.
- Key Indicators:
    - Documented evidence of recurring instances. (>3-4 times/ year)
    - Observable behavior aligns somewhat with the criterion.
    - Impact on functioning is noticeable but not severe.

3 = Moderately meets the criterion for consideration for SUD Conservatorship

- Definition: The behavior or condition is present regularly, with moderate intensity or frequency, and has a clear impact on the patient's functioning or circumstances.
- Key Indicators:
    - Occurs frequently but may not dominate the patient's presentation. (5-6 times a year)
    - Clear and observable alignment with the criterion.
    - Moderate disruption to daily life or safety concerns.

4 = Strongly meets the criterion for consideration for SUD Conservatorship

- Definition: The behavior or condition is pervasive, severe, and highly impactful. It dominates the patient's presentation and has significant implications for safety, health, or functioning.
- Key Indicators:s
    - Constant or highly frequent occurrences. (>6 times a year)

- Behavior is severe, escalating, or highly concerning.
- Major disruption to daily life, health, or public safety.

	Rating 0-4	Notes
General Threshold Criteria * Please take note of significant discrepancies between the individual's self-reported abilities or condition and what is observed or documented by professionals or caregivers.		
The individual is gravely disabled and unable to provide for basic needs (food, clothing, shelter), manage medical conditions and/or personal safety.		
Evidence clearly demonstrates that the inability to care for basic needs is due to a severe SUD and/or SMI and not culturally appropriate voluntary lifestyle choices.		
Less restrictive interventions (e.g., intensive outpatient services, partial hospitalization programs, full-service partnerships, residential treatment) have been considered, attempted, and/or failed **or** have been evaluated and determined insufficient to reasonably address the individual's current clinical needs. • *For example, the least restrictive level of care that the individual would reasonably respond to is currently being used or has been determined inadequate to ensure stabilization.* • *For SUD cases, this means recognizing that relapses within SUD treatment **does not**, by itself, justify the need for an SUD conservatorship.*		
Persistent inability to make informed decisions regarding medical, psychiatric, or substance use treatment due to impaired cognition, judgment, or understanding.		
Substance Use Disorder (SUD) Specific Criteria		
Diagnosis of severe SUD per latest version of the DSM, with severe impairment due to the person's substance use.	No Rating: Yes/No and list diagnoses:	
Chronic substance use has resulted in documented impacts on their ability to meet basic personal needs, maintain personal safety, and/or manage critical health conditions.		

Has the patient had any sustained periods of stability, engagement in care, or successful self-care, including duration and context. • *This does not require sobriety* • What supports were present during these times? What were the differences during these intervals that we can capitalize on?		
Severe Mental Illness (SMI) Specific Criteria: This data may be helpful for individuals with co-occurring mental health and substance use disorders, particularly when a primary mental health diagnosis is present alongside a secondary substance use diagnosis. Please consider leveraging this information for patients whose primary treatment needs align with mental health services but who also require integrated support for substance use.		
Diagnosis of a severe mental illness impairing the ability to understand or engage in treatment.	No Rating: Yes/No and list diagnoses:	
Evidence of chronic and significant cognitive or functional impairments due to mental illness.		
History of repeated psychiatric hospitalizations or ED visits due to mental illness.		
Risk Assessment Criteria		
Multiple documented incidents of dangerous behaviors posing significant risk of harm to self or others directly linked to the individual's SUD or SMI (e.g., reckless actions, unintentional harm, or violent outbursts). • *A history of multiple unintentional overdoses without other disruptive behavioral is insufficient to meet this screening criterion.*		
History of involuntary holds (5150/5250) or frequent interactions with police/ER.		
Medical or psychiatric professionals document a high likelihood of harm without intervention.		
Functional and Clinical Assessment		
Patient demonstrates inability to perform basic self-care tasks (e.g., hygiene, meal preparation, medication adherence) which has been documented.		
Lack of social supports or resources to maintain stability independently.		
Ethical and Legal Safeguards		

The proposed conservatorship represents the least restrictive option available to reasonably ensure the individual's safety and health. • Determining the least restrictive setting requires clinical discussion and judgment.		
Individual rights are safeguarded, and there is a clear process for regular reassessment.		

Scoring Interpretation (Guidance Only)

This screener is intended to assist with case review. Scores are not determinative of legal eligibility and must be interpreted within the totality of the clinical and legal context of each individual case:

• 0–15: Does not screen into consideration for conservatorship.

• 16–30: Unlikely to meet threshold for consideration for SUD conservatorship, further documentation may be needed.

• 31–45: May be considered for conservatorship; requires strong additional clinical and legal justification.

• 46–60: Screening score supporting that an individual should be evaluated for conservatorship, but must still meet full SB 43 requirements.