

Date of Hearing: June 23, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
SB 16 (Blakespear) – As Amended June 11, 2026

SENATE VOTE: Not relevant.

SUBJECT: Mental health: involuntary commitment.

SUMMARY: Requires, rather than permits, a county behavioral health director to develop procedures for the county’s designation and training of professionals who will be designated to cause an individual to be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services (DHCS) for up to 72 hours for evaluation and treatment.

EXISTING LAW:

- 1) Establishes the Lanterman-Petris-Short (LPS) Act to end the inappropriate, indefinite, and involuntary commitment of persons with mental health disorders, developmental disabilities, and chronic alcoholism, as well as to safeguard a person’s rights, provide prompt evaluation and treatment, and provide services in the least restrictive setting appropriate to the needs of each person. Permits involuntary detention of a person deemed to be a danger to self or others, or “gravely disabled,” as defined, for periods of up to 72 hours for evaluation and treatment, or for up-to 14 days and up-to 30 days for additional intensive treatment in county-designated facilities. [Welfare and Institutions Code (WIC) § 5000, *et seq.*]
- 2) Permits a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county to cause a person to be taken into custody for up to 72 hours for evaluation and treatment. [WIC § 5150]
- 3) Defines “gravely disabled,” for purposes of evaluating and treating an individual who has been involuntarily detained or for placing an individual in conservatorship, as a condition in which a person, as a result of a mental health disorder, a severe substance use disorder (SUD), or both, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care. [WIC § 5008]
- 4) Exempts the facility providing treatment, the superintendent of the facility, the professional person in charge of the facility and their designee, or the peace officer responsible for the detainment of the person from criminal or civil liability for any action by a person released at or before the end of the period for which they were admitted. [WIC § 5113]
- 5) Authorizes a county behavioral health director to develop procedures for the county’s designation and training of professionals to perform the functions relative to the 72 hour detainment, evaluation, and treatment process. The procedures may include the following:
 - a) The license types, practice disciplines, and clinical experience of professionals eligible to be designated by the county;

- b) The initial and ongoing training and testing requirements for professionals eligible to be designated by the county;
 - c) The application and approval processes for professionals seeking to be designated by the county, including the timeframe for initial designation and procedures for renewal of the designation; and,
 - d) The county's process for monitoring and reviewing professionals designated by the county to ensure appropriate compliance with state law, regulations, and county procedures. [WIC § 5121]
- 6) Requires DHCS to collect and publish annually various data elements regarding the implementation, outcomes, and disparities of the LPS Act, including, if the source of admission is an emergency department (ED), the date and time of service and release from emergency care. [WIC § 5402]
- 7) Prohibits a licensed general acute care hospital (GACH) or psychiatric hospital (that is not a county-designated facility), licensed professional staff of those hospitals, and physicians providing emergency medical services from being held civilly or criminally liable for detaining a person for more than 8 hours but less than 24 hours who is gravely disabled, under the same definition of "gravely disabled" as is used in the LPS Act. [Health and Safety Code § 1799.111]

FISCAL EFFECT: Unknown. As recently amended, this bill has not been analyzed by a fiscal committee.

COMMENTS:

1) PURPOSE OF THIS BILL. According to the author, California is investing heavily in mobile crisis teams and other alternatives to law enforcement response for people experiencing behavioral health crises, but these efforts depend on the availability of qualified clinicians who are authorized to perform functions under WIC § 5150. Although current law allows counties to establish designation and training procedures for these professionals, it does not require them to do so. As a result, designation processes vary significantly across the state and may create unnecessary barriers for qualified clinicians. The author argues this bill is a workforce and accountability measure that requires counties to maintain transparent procedures for designation, training, and oversight while preserving local control and existing patient protections.

2) BACKGROUND.

a) LPS Act involuntary detentions. The LPS Act provides for involuntary detentions for varying lengths of time for the purpose of evaluation and treatment, provided certain requirements are met, such as that an individual is taken to a county-designated facility. Typically, one first interacts with the LPS Act through a "5150" hold initiated by a peace officer or other person authorized by a county, who must determine and document that the individual meets the standard for a hold. A county-designated facility is authorized to then involuntarily detain an individual for up to 72 hours for evaluation and treatment if they are determined to be, as a result of a mental health disorder, a danger to self or others, or gravely disabled. The professional person in charge of the county-designated

facility is required to assess an individual to determine the appropriateness of the involuntary detention prior to admitting the individual. Subject to various conditions, a person who is found to be a danger to self or others, or gravely disabled, can be subsequently involuntarily detained for an initial period of intensive treatment up to 14 days, an additional period of 14 days (or up to an additional 30 days in counties that have opted to provide this additional up-to 30-day intensive treatment episode), and ultimately a conservatorship, which is typically for up to a year and may be extended as appropriate. A person can also be released prior to the end of intensive treatment if they are found to no longer meet the criteria or are prepared to accept treatment voluntarily.

Throughout this process, existing law requires specified entities to notify family members or others identified by the detained individual of various hearings, where it is determined whether a person will be further detained or released, unless the detained person requests that this information is not provided. Additionally, a person cannot be found to be gravely disabled if they can survive safely without involuntary detention with the help of responsible family, friends, or others who indicate they are both willing and able to help.

- b) **County-designated facilities vs. non-designated facilities (NDFs).** Individual counties are responsible for determining whether GACHs, Psychiatric Health Facilities, Acute Psychiatric Hospitals, and other licensed facilities qualify to be designated facilities for evaluating and treating individuals placed in involuntary detentions. DHCS is responsible for the approval of designated facilities as determined by the counties. Counties generally have the discretion to implement how facilities are designated, but facilities are required to uphold proper care of the patient and a patient's civil rights throughout the process of detention. The intent of the LPS Act is for authorized individuals to take those whom have been placed on a 5150 hold to a designated facility, but if one does not exist, or a person is suffering another condition that requires immediate emergency medical services, the person is transported to the nearest facility, which is often an ED that is in a NDF.

As noted in 7) of Existing Law above, NDFs are permitted to involuntarily detain an individual for 8 to 24 hours for evaluation and treatment if they meet the criteria under the LPS Act, until the individual is either safely released or transferred to a designated facility.

- c) **Peace officers.** In February 2025, Sacramento County Sheriff Jim Cooper announced that his officers would no longer respond to mental health calls unless a crime is involved. *The Sacramento Bee* reports that in the "first six days of implementing the change in January, the Sheriff's Office received 320 mental health calls, and deputies didn't respond to 18 calls for help." The policy change comes after a July 2024 ruling from that Ninth Circuit Court of Appeals finding that two Las Vegas police officers who responded to a 911 call from a mentally ill man will have to face excessive force claims for killing the man when they restrained him and knelt on his back. According to *The Sacramento Bee*, Cooper said his deputies will still respond to mental health calls when a crime is in progress, when a crime has been committed, and when someone is at risk of injury or death, but not when only the person experiencing a mental health crisis is at risk of injury or death.

SB 882 (Eggman), Chapter 899, Statutes of 2022, creates the Advisory Council on Improving Interactions between People with Intellectual and Development Disabilities and Law Enforcement, under the Department of Justice, to, among other things, evaluate existing training for peace officers specific to interactions between law enforcement and individuals with intellectual and developmental disabilities and mental health conditions. The advisory council began meeting in April 2024 and released a final report with the current state of these interactions, discussion of best practices for law enforcement training, and other non-training interventions in April 2026. The Council makes several recommendations regarding data collection and training for behavioral health providers and peace officers. Specifically, the Council recommends special grants for each county to operate 24/7 mental health crisis teams to respond to non-crime related 911 and 988 calls. While the state has invested heavily in mobile crisis, the continuation of mobile crisis as a statewide Medi-Cal benefit is currently being debated in the state budget.

- 3) **OPPOSE UNLESS AMENDED.** The County Behavioral Health Directors Association (CBHDA) opposes this bill unless amended stating that this bill creates a new requirement for counties to develop designation and training procedures, which are today optional in statute. Counties currently have local discretion due to the optional nature of these activities in statute. CBHDA notes that while counties understand the desire to ensure greater consistency around LPS implementation, without the dedicated resources, this bill would create a new unfunded mandate at a time when local and state resources are strained. CBHDA is also concerned that by establishing this section of law as a new requirement, it may create ambiguities related to who could be designated. Counties must continue to retain discretion over which individuals and facilities are designed to involuntarily detain individuals. As such, CBHDA requests amendments to clarify this ongoing authority.
- 4) **DOUBLE REFERRAL.** This bill has been double referred; upon passage in this committee, it will be referred to the Assembly Judiciary Committee.
- 5) **PREVIOUS LEGISLATION.**
 - a) AB 416 (Krell), Chapter 691, Statutes of 2025, requires counties to include emergency physicians (EP), as defined, as one of the practice disciplines who are eligible to be designated by the county to cause a person to be taken into custody for assessment, evaluation, and treatment for 72 hours if the person is a danger to themselves or others, or is gravely disabled, provided the EP completes the county's training, application, and approval process that applies to all professionals who are eligible to be designated by the county.
 - b) SB 402 (Wahab) of 2024 would have authorized a licensed mental health professional who is not direct staff of, or contracted by, a county to take into custody a person who, as result of a mental health disorder, is a danger to self or others, or gravely disabled, under certain conditions and expanded related requirements regarding information collection and publication. SB 402 was held on the Assembly Appropriations committee suspense file.
 - c) AB 1443 (McCarty), Chapter 399, Statutes of 2021, permits any county to develop training and procedures related to taking, or causing to be taken, a person into custody for an involuntary detention, as specified. Requires the County of Sacramento to develop a written policy for training and procedures for designating persons who are employed by

the City of Sacramento and who meet specified criteria to involuntarily detain individuals.

6) **POLICY COMMENT.** The stated intent of this bill is twofold: to increase transparency of county designation requirements and have more non-law enforcement personnel designated to perform 5150 holds. While both are laudable goals, it's unclear if increasing the number of clinicians designated to perform 5150 holds will result in less law enforcement involvement. If a person is determined to meet the criteria for a hold by a clinician designated by the county in a non-designated facility or out in the community, the entity to transport them to a designated facility for evaluation and treatment may still be law enforcement. By adding to the number of designated individuals in a county, this bill could result in more law enforcement engagement with people dealing with mental illness, not less. Further, more individuals designated by the county does not increase the number of beds at facilities, the number of treatment slots in outpatient programs, or access to housing. An unintended consequence of this bill, should it result in counties losing authority to make designation decisions and requiring them to designate anyone that meets the requirements they establish, is a much bigger front door into an involuntary treatment system that is already struggling or failing to serve everyone in need.

7) **AMENDMENTS.** In order to ensure that counties maintain the discretion to designate individuals that meet the requirements they establish, the committee may wish to amend this bill to add the following subdivision:

(g) This section does not require a county behavioral health director to designate each individual that meets the requirements specified in subdivision (a).

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

Analysis Prepared by: Logan Hess / HEALTH / (916) 319-2097