

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON JUDICIARY  
Ash Kalra, Chair  
SB 16 (Blakespear) – As Amended June 25, 2026

**SENATE VOTE:** NOT RELEVANT

**SUBJECT:** MENTAL HEALTH: INVOLUNTARY COMMITMENT

**SYNOPSIS**

*The Lanterman-Petris-Short (LPS) Act provides for involuntary detentions of persons for varying lengths of time for the purpose of providing evaluation and treatment, so long as specified requirements are met, including that the individual is taken to a county-designated facility and the person making the initial detention has enough evidence to justify the detention. Counties have the authority under existing law to determine which professional persons the county wishes to “designate” as having the authority to detain persons for evaluation pursuant to Welfare and Institutions Code Section 5150. Additionally, existing law specifies that counties may develop procedures for the designation and training of professionals authorized to perform these detentions. This bill requires, rather than permits, counties to develop those procedures for designation and training, while still specifying that counties maintain discretion when determining whether to designate an individual professional.*

*This bill is sponsored by the California State Association of Psychiatrists. Among other things, the Association argues the bill advances efforts to ensure that behavioral health crises receive a clinical response whenever possible, rather than defaulting to a law enforcement response. The bill is opposed by the County Behavioral Health Directors Association and the California State Association of Public Administrators, Public Guardians, and Public Conservators. They contend that this bill limits county discretion, while creating a new unfunded mandate at a time when budgetary resources are constrained. The Assembly Health Committee recently approved this bill by a vote of 14 -0.*

**SUMMARY:** Requires a county behavioral health director to develop procedures for a county’s designation and training of professionals who will be designated to detain persons pursuant to Section 5150 of the Welfare and Institutions Code. Specifically, **this bill:**

- 1) Requires, rather than permits, the county behavioral health director to develop procedures for the county’s designation and training of professionals who will be designated to perform involuntary detentions pursuant to Section 5150 of the Welfare and Institutions Code.
- 2) Requires, rather than permits, that these procedures include, but are not limited to, 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.
  - 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.
- 3) Specifies that the above requirements do not require a county behavioral health director to designate each individual that meets the requirements specified in 2).

**EXISTING LAW:**

- 1) Establishes the 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. (Welfare and Institutions Code Section 5000 *et seq.* All further statutory references are to the Welfare & Institutions Code, unless otherwise stated.)
- 2) Defines the following for the purposes of the LPS Act:
  - a) "Designated facility," "facility designated by the county for evaluation and treatment," or "facility designated by the county to provide intensive treatment" means a facility that meets designation requirements duly established by the State Department of Health Care Services in accordance with existing law, including, but not limited to, the following:
    - i. Psychiatric health facilities licensed by the State Department of Health Care Services.
    - ii. Psychiatric residential treatment facilities licensed by the State Department of Health Care Services.
    - iii. Mental health rehabilitation centers licensed by the State Department of Health Care Services.
    - iv. Provider sites certified by the State Department of Health Care Services or a mental health plan to provide crisis stabilization.
    - v. General acute care hospitals licensed by the State Department of Public Health.
    - vi. Acute psychiatric hospitals licensed by the State Department of Public Health.
    - vii. Chemical dependency recovery hospitals licensed by the State Department of Public Health.
    - viii. Hospitals operated by the United States Department of Veterans Affairs.
  - b) "Gravely disabled" means any of the following:
    - i. A condition in which a person, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance

use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care.

- ii. A condition in which a person has been found mentally incompetent under existing law and where specified facts exist. (Section 5008.)
- 3) Provides that, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff 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 may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. (Section 5150 (a).)
- 4) Provides that, in each county whenever a peace officer has transported a person to a designated facility for assessment under Section 5150, that officer will be detained no longer than the time necessary to complete documentation of the factual basis of the detention and a safe and orderly transfer of physical custody of the person. Requires the documentation to include detailed information regarding the factual circumstances and observations constituting probable cause for the peace officer to believe that the individual required psychiatric evaluation. (Section 5150.2.)
- 5) Allows the county behavioral health director to develop procedures for the county's designation and training of professionals who will be designated to perform functions under Section 5150. These procedures may include, but are not limited to, 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.
  - 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. (Section 5121 (a).)
- 6) Specifies that, if a county behavioral health director denies or revokes an individual's designation, the county behavioral health director must, in writing, notify the person who made the request for designation of the individual and the individual who is the subject of the request for designation describing the reasons for denial or revocation. (Section 5121 (c).)
- 7) Specifies that designated members of a mobile crisis team and designated professional persons cannot be prohibited from transporting a person taken into custody pursuant to Section 5150. (Section 5121 (d).)

- 8) Requires a county behavioral health director to include an emergency physician as one of the practice disciplines eligible to be designated by the county when developing and implementing procedures pursuant to 5). (Section 5121 (f).)
- 9) Provides that a licensed general acute care hospital or psychiatric hospital (that is not a county-designated facility), licensed professional staff of those hospitals, or any physician and surgeon, providing emergency medical services in any department of those hospitals to a person at the hospital is not civilly or criminally liable for detaining a person if all of the following conditions exist during the detention:
  - a) The person cannot be safely released from the hospital because, in the opinion of the treating physician and surgeon, or a clinical psychologist with medical staff privileges, clinical privileges, or professional responsibilities provided in Section 1316.5, the person, as a result of a mental health disorder, presents a danger to themselves, or others, or is gravely disabled.
  - b) The hospital staff, treating physician and surgeon, or appropriate licensed mental health professional, have made, and documented, repeated unsuccessful efforts to find appropriate mental health treatment for the person.
    - i. Requires that telephone calls or other contacts required pursuant to b) shall commence at the earliest possible time when the treating physician and surgeon has determined the time at which the person will be medically stable for transfer.
    - ii. The contacts required pursuant to b) must not begin after the time when the person becomes medically stable for transfer.
  - c) The person is not detained beyond 24 hours.
  - d) There is probable cause for detention. (Health and Safety Code Section 1799.111.)

**FISCAL EFFECT:** As currently in print this bill is keyed fiscal.

**COMMENTS:** The Lanterman-Petris-Short (LPS) Act provides for involuntary detentions of persons for varying lengths of time for the purpose of providing evaluation and treatment, so long as specified requirements are met. Counties have the authority under existing law to determine which professional persons the county wishes to “designate” as having the authority to perform detentions pursuant to Welfare and Institutions Code Section 5150. As part of this process, counties also have the authority to develop procedures for the designation and training of these professionals. This bill changes the permissive nature of this authority and instead mandates that counties develop those procedures, rather than simply permitting counties to do so. According to the author, SB 16 is necessary because:

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 Welfare and Institutions Code 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. Most importantly, a treating mental health

professional is sometimes in the best position to determine the need for a 5150 hold, based on their long-term care for the person in need. SB 16 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.

***The LPS Act and involuntary detentions.*** Typically, the first interaction an individual has with the LPS Act is through a “5150 hold” initiated by a peace officer or other person authorized (or “designated”) by a county to exercise 5150 authority. Section 5150 of the Welfare and Institutions Code allows peace officers and designated professionals to involuntarily detain a person for up to 72 hours for an assessment, evaluation and crisis intervention, or placement for evaluation and treatment in a facility designated by the county, if they are determined to be, because of a mental health disorder, a danger either to themselves or to others, or gravely disabled.

The professional 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 to be gravely disabled, can thereafter be involuntarily detained for up to 14 days for intensive treatment; an additional 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 placed in a conservatorship, which typically lasts for up to a year and may be extended, as appropriate.

***The designation process and authority of counties under existing law.*** Counties also have the authority under existing law to determine which professional persons the county wishes to “designate” as having the authority to detain persons for evaluation pursuant to Section 5150. (Section 5121.) A range of professionals are designated across the state, ranging from emergency physicians and licensed clinical social workers to community-based organizations. Counties have control over their designation training, eligibility, and application processes, which differ by county. Existing law allows, but does not require, counties to develop procedures for the county’s designation and training of professionals. (*Id.*) Similarly, current law specifies, but does not limit which procedures the county may prescribe. (*Id.*) Those procedures may include the following:

- The license types, practice disciplines, and clinical experience of professionals eligible to be designated by the county.
- The initial and ongoing training and testing requirements for professionals eligible to be designated by the county.
- 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.
- The county’s process for monitoring and reviewing professionals designated by the county to ensure appropriate compliance with state law, regulations, and county procedures. (*Id.*)

***This bill,*** instead, requires counties to develop those procedures, and specifies that the procedures listed above must be included. To be clear, this bill does not require a county to adopt any particular procedure for designation and training, and as such, procedures may continue to

vary widely across the state. Under the bill, counties can tailor still their policies and procedures to the unique needs and resources of their jurisdiction, and they maintain broad flexibility to design their application process and set criteria for designation. Ultimately, this bill will likely increase the number of professionals that will be designated with 5150 authority and thereby, increase the number of 5150 holds.

Although ensuring there are enough professionals, outside of law enforcement, to carry out these duties is a laudable goal, increasing the number of professionals with this authority does not increase the availability of wrap-around services that an individual can access following detention. Many individuals detained under the LPS Act are not provided appropriate services in a timely manner, and increasing the number of detentions without increasing services, is unlikely to improve clinical outcomes. Nevertheless, this bill will provide clarity for clinicians interested in carrying out these duties, while maintaining the ability of counties to monitor and track a professional's use of that authority, as well as overall use throughout the county.

***Concerns surrounding county discretion in designating professionals.*** Designating a professional to have 5150 authority is a serious and consequential decisionmaking responsibility. Counties can and should therefore be selective in their designation processes to ensure they are able to appropriately train, oversee, and ultimately determine who appropriately should have this power.

To that end, the author recently took amendments in the Assembly Committee on Health that were designed to preserve county discretion regarding who may be designated with 5150 authority. Since the introduction of these amendments, at least one stakeholder group has expressed concerns about the potential of the amendment to undermine the intent of AB 416 (Krell) Chap. 691, Stats. 2025, which required county behavioral health directors to include emergency physicians as one of the practice disciplines eligible to be designated by the county to perform 5150 holds when developing and implementing procedures. Overall, there appears to be considerable disagreement surrounding the scope of a county's discretion in exercising its designation authority.

Given the timing of the amendments, various interested parties have not had time to come to an agreement that resolves those concerns. Nonetheless, because the language generating the concerns from the emergency physicians are directly related to amendments adopted by another committee, this Committee will not be removing the language. However, *the author is encouraged to continue to work with the various stakeholders and the Assembly Committee on Health to address any outstanding concerns regarding the recent amendments.*

***ARGUMENTS IN SUPPORT:*** The sponsor of the bill, the California State Association of Psychiatrists, writes the following in support of the bill:

SB 16 advances California's efforts to ensure that behavioral health crises receive a clinical response whenever possible, rather than defaulting to a law enforcement response.

Under current law, counties may designate qualified professionals to initiate involuntary evaluations under Welfare and Institutions Code Section 5150. However, county procedures governing designation and training vary significantly across the state, and some counties lack clear standards altogether. Many counties do not publicly identify which practice disciplines are eligible for 5150 designation or the qualifications required to exercise this authority. In practice, the absence of clear county procedures can leave law enforcement as the default

responder for individuals experiencing behavioral health crises, contrary to California's investment in clinically based crisis response systems.

SB 16 would require counties to establish procedures identifying the practice disciplines, qualifications, and clinical experience necessary for 5150 designation. Requiring counties to clearly define who may be designated and how those individuals are trained will promote greater consistency, transparency, and accountability across California while ensuring that appropriately qualified professionals are available to respond to psychiatric emergencies. SB 16 does not expand the criteria for involuntary detention. Rather, it ensures that counties establish clear, legally compliant procedures regarding who may exercise existing authority and how those individuals are trained.

**ARGUMENTS IN OPPOSITION:** The County Behavioral Directors Association of California (CBDHA) and the California State Association of Public Administrators, Public Guardians, and Public Conservators (CAPAPGPC), jointly state the following in opposition to the bill:

Existing law, Welfare and Institutions Code (WIC) 5150 states that when a person, as a result of a mental health disorder is a danger to others, or to themselves, or is found to be gravely disabled, there is a list of individuals designed by the county who may take or cause the individual to be involuntarily detained for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment. WIC 5121 currently authorizes county behavioral health directors to develop procedures for counties to designate and train professionals who will be designated to perform the functions under WIC 5150, something counties have been doing for nearly sixty years following the inception of LPS.

SB 16 create a new requirement for counties to develop these 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. 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.

We are 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, we would request amendments to clarify this ongoing authority.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

California State Association of Psychiatrists (sponsor)

**Opposition**

California State Association of Public Administrators, Public Guardians, and Public Conservators  
County Behavioral Health Directors Association (CBHDA)

**Analysis Prepared by:** Kristian Wright / JUD. / (916) 319-2334