SENATE THIRD READING
SB 16 (Blakespear)
As Amended August 17, 2026
Majority vote

SUMMARY

Requires, rather than permits, a county behavioral health director to develop and implement 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. *States that counties are not limited in the criteria and procedures they establish governing designation provided they are consistent with existing law.*

Major Provisions

COMMENTS

Lanterman-Petris-Short (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.

County-designated facilities vs. non-designated facilities (NDFs). Individual counties are responsible for determining whether General Acute Care Hospitals (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 emergency department that is in a NDF.

NDFs are permitted to involuntarily detain an individual for eight 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.

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 Welfare and Institutions Code Section 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.

Arguments in Support
The California State Association of Psychiatrists (CSAP) supports this bill stating that 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. CSAP argues that, 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. CSAP concludes that by promoting statewide consistency and strengthening clinically based crisis response systems, this bill helps ensure that Californians experiencing psychiatric emergencies receive timely evaluations from appropriately trained professionals.

Arguments in Opposition
The County Behavioral Health Directors Association (CBHDA) and the California State Association of Public Administrators, Public Guardians and Public Conservators (CAPAPGPC) oppose this bill, stating that it will create 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. 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 and CAPAPGPC are also concerned that by establishing this section of law as a new requirement, it may create ambiguities related to who could be designated. They argue that counties must continue to retain discretion over which individuals and facilities are designed to involuntarily detain individuals.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, costs of an unknown amount, likely hundreds of thousands of dollars annually, to county behavioral health agencies, to develop procedures related to Section 5150 designations. Additional cost pressures, potentially high

hundreds of thousands of dollars or more, annually, for counties to comply with new obligations to manage notifications of denials and revocations of 5150 designations and to conduct training, oversight, and management of new designations, to the extent the counties implement the newly developed procedures. CBHDA and CAPAPGPC jointly estimate costs of this bill to counties would total $1.0 million to $2.7 million upon implementation and up to $2.4 million annually thereafter (local funds). Although this bill indicates costs may be state-reimbursable, CBHDA and CAPAPGPC state the bill creates an unfunded mandate.

VOTES

SENATE FLOOR: 29-2-9
YES: Allen, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Cortese, Durazo, Gonzalez, Grayson, Laird, Limón, McGuire, McNerney, Menjivar, Ochoa Bogh, Padilla, Pérez, Richardson, Rubio, Smallwood-Cuevas, Stern, Umberg, Wahab, Weber Pierson, Wiener
NO: Jones, Strickland
ABS, ABST OR NV: Alvarado-Gil, Choi, Dahle, Grove, Hurtado, Niello, Reyes, Seyarto, Valladares

ASM HEALTH: 14-0-2
YES: Bonta, Sanchez, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Jeff Gonzalez, Mark González, Patel, Patterson, Celeste Rodriguez, Schiavo, Stefani
ABS, ABST OR NV: Johnson, Sharp-Collins

ASM JUDICIARY: 12-0-0
YES: Kalra, Macedo, Bauer-Kahan, Bryan, Connolly, Dixon, Harabedian, Pacheco, Papan, Sanchez, Stefani, Zbur

ASM APPROPRIATIONS: 14-0-1
YES: Wicks, Hoover, Arambula, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Solache, Ta, Tangipa
ABS, ABST OR NV: Sharp-Collins

UPDATED

VERSION: August 17, 2026

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