UNFINISHED BUSINESS

Bill No: SB 16
Author: Blakespear (D), et al.
Amended: 8/28/26
Vote: 21

SENATE HOUSING COMMITTEE: 10-0, 4/22/25
AYES: Wahab, Arreguín, Cabaldon, Caballero, Cortese, Durazo, Gonzalez, Grayson, Ochoa Bogh, Padilla
NO VOTE RECORDED: Seyarto

SENATE APPROPRIATIONS COMMITTEE: 5-0, 5/23/25
AYES: Caballero, Cabaldon, Grayson, Richardson, Wahab
NO VOTE RECORDED: Seyarto, Dahle

SENATE FLOOR: 29-2, 6/3/25
AYES: 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
NOES: Jones, Strickland
NO VOTE RECORDED: Alvarado-Gil, Choi, Dahle, Grove, Hurtado, Niello, Reyes, Seyarto, Valladares

ASSEMBLY FLOOR: Passed, 8/31/26

SUBJECT: Mental health: involuntary commitment

SOURCE: California State Association of Psychiatrists

DIGEST: This bill requires, instead of permits, a county behavioral health director to establish and implement procedures for designating and training persons to initiate involuntary detentions.

Assembly Amendments delete the Senate provisions of this bill and add provisions related to a county behavioral health director's ability to establish and implement

procedures for designating and training persons to initiate voluntary detentions, specifically:

a) Require, instead of permits, a county behavioral health director to establish and implement procedures;

b) Specify that a passive monitoring and review process that responds to and investigates complaints and grievances satisfies the requirement in current law that counties include their process for monitoring and reviewing designated professionals; and,

c) Prohibit provisions in this bill from being construed to limit county authority to establish criteria and procedures governing designation of professionals.

ANALYSIS:

Existing law:

1) Establishes the Lanterman-Petris-Short (LPS) Act to end the inappropriate, indefinite, and involuntary commitment of persons with mental health (MH) 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 (detention/detain) of a person deemed, as a result of a mental health disorder, to be a danger to self or others, or "gravely disabled" by a peace officer; professional person in charge of a facility designated by the county for evaluation and treatment; a specified member of the attending staff of a facility designated by the county for evaluation and treatment; members of a mobile crisis team designated by the county; or, a professional person designated by the county. [Welfare and Institutions Code (WIC) §5000, et seq. and §5150(a)]

2) Defines "gravely disabled," for purposes of evaluating and treating an individual who has been detained or for placing an individual in conservatorship, as a condition in which a person, as a result of a MH disorder, a severe substance use disorder (SUD), or a co-occurring MH disorder and SUD (MH/SUD), is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care. [WIC §5008(h)]

3) Permits a county behavioral health director to develop procedures for the designation and training of professionals who can initiate involuntary detentions of individuals for up to 72 hours for assessment, evaluation, and crisis

intervention, or for evaluation and treatment in a facility designated by the county. [WIC §5121]

4) Defines "designated facility," "facility designated by the county for evaluation and treatment," or "facility designated by the county to provide intensive treatment" as a facility (that is not a hospital or clinic) that meets designation requirements established by the Department of Health Care Services (DHCS), including, but not limited to:

   a) Psychiatric health facilities, psychiatric residential treatment facilities, and mental health rehabilitation centers licensed by DHCS;

   b) Provider sites certified by DHCS or a mental health plan to provide crisis stabilization;

   c) General acute care hospitals (GACHs), acute psychiatric hospitals (APHs), and chemical dependency recovery hospitals licensed by the California Department of Public Health; and,

   d) Hospitals operated by the U.S. Department of Veterans Affairs. [WIC §5008(n) and §5404]

5) Indemnifies facilities providing treatment to individuals being detained; the superintendent of the facility; the professional person in charge of the facility and their designee; or the peace officer responsible for the detention of an individual for any action by an individual released at or before the end of the period for which they were admitted throughout the LPS continuum. [WIC §5113]

6) Prohibits licensed GACHs or licensed APHs that are not county-designated facilities; licensed professional staff of those hospitals; or, any physician providing emergency medical services in those hospitals from being civilly or criminally liable for detaining a person who meets LPS involuntary detention criteria for more than eight hours but less than 24 hours when specified conditions are met. [Health and Safety Code (HSC) §1799.111(a)]

This bill:

1) Requires, instead of permits, a county behavioral health director to establish and implement procedures for designating and training persons to initiate detentions.

2) Specifies that a county's passive monitoring and review process that responds to and investigates complaints and grievances satisfies the requirement in current law that counties include their process for monitoring and reviewing designated professionals.

3) Prohibits this bill from being construed to limit the authority of a county to establish criteria and procedures governing designation, provided those criteria and procedures are consistent with all the provisions in law concerning the designation of persons.

Background

According to the author of this bill:

> California has invested significant resources in mobile crisis teams and other alternatives to law enforcement to improve emergency response to behavioral health crises. But these efforts depend on clinicians who are authorized to initiate involuntary detentions when necessary. Although current law allows counties to establish procedures to designate professionals, it does not require them to do so. As a result, qualified clinicians in many counties face unclear or unavailable pathways to receive authority to detain individuals, leaving crisis response teams dependent on law enforcement. This bill addresses this gap by requiring every county to establish clear procedures governing eligibility, training, and oversight. By requiring clear pathways while preserving county authority to set standards, this bill will help build the clinical workforce needed to provide individuals experiencing behavioral health emergencies with timely, appropriate care.

LPS Act detentions and those authorized to initiate. The LPS Act provides for detentions of varying lengths of time for the purpose of assessment, evaluation, and treatment, provided certain requirements are met, such as an individual being taken to a county-designated facility. Typically, one first interacts with the LPS Act through a detention initiated by a peace officer or other person authorized and trained through each county's designation process—if a county has opted to develop procedures for their designation process, as current law is permissive. According to information provided by the sponsors of this bill, of the state's 58 counties: 27 counties have policies and procedures that list disciplines eligible for designation; 16 counties have policies and procedures, but do not identify the discipline or professional experience required to be designated; three counties have not developed designation procedures; and, 12 counties did not respond to their inquiry.

Current law permits designation procedures to include such things as: specifying the license types, practice disciplines, and clinical experience of professionals eligible to be designated; the initial and ongoing training and testing requirements for eligible professionals; the application and approval processes, including the timeframe for initial designation and procedures for renewal; and, the county's process for monitoring and reviewing professionals to ensure appropriate compliance with state law, regulations, and county procedures. If the designated person determines an individual cannot be properly served without being detained, they must submit to the treating designated facility in writing the circumstances under which the individual's condition was called to their attention and state that they have probable cause to believe the individual meets criteria for detention. The professional person in charge of the county-designated facility is required to assess an individual to determine the appropriateness of the detention prior to admitting the individual. If the designated facility admits the individual for further evaluation, the individual can be detained for up to 72 hours for evaluation and treatment.

Subject to various conditions, an individual can subsequently be detained for an initial up-to 14 days for intensive treatment, an additional up-to 14 days (or an additional up-to 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. 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 detention, with the help of responsible family, friends, or others who indicate they are both willing and able to help. 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.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Assembly Appropriations Committee, this bill results in costs of an unknown amount likely hundreds of thousands of dollars annually, to county behavioral health agencies, to develop procedures related to designation. 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 designation and to conduct training, oversight, and management of newly designated persons to the extent the counties implement the newly developed procedures. The County Behavioral Health

Directors Association (CBHDA) and the California State Association of Public Administrators, Public Guardians, and Public Conservators (CAPAPGPC) jointly estimate costs of this bill to counties would total $1 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.

SUPPORT: (Verified 8/28/26)

California State Association of Psychiatrists (source)
California Chapter of the American College of Emergency Physicians
City of San Diego Mayor Todd Gloria

OPPOSITION: (Verified 8/28/26)

California State Association of Counties
California State Association of Public Administrators, Public Guardians, and Public Conservators
County Behavioral Health Directors Association of California
Rural County Representatives of California
Urban Counties of California

ARGUMENTS IN SUPPORT: The California State Association of Psychiatrists (CSAP), as the source, states that this bill advances California's efforts to ensure behavioral health crises receive a clinical response whenever possible rather than defaulting to a law enforcement response. CSAP argues that counties may designate qualified professionals, but procedures vary significantly across the state, and some counties lack clear standards altogether. Many counties do not publicly identify which practice disciplines are eligible for designation, and 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 says this bill promotes greater consistency, transparency, and accountability across California. San Diego Mayor Todd Gloria echoes these arguments. The California Chapter of the American College of Emergency Physicians states that requiring counties to develop procedures for designating and training professionals to detain individuals is critically important to decriminalize the MH system and to improve response time for needed treatment, as they treat patients every day who wait for hours and sometimes days.

ARGUMENTS IN OPPOSITION: CBHDA, CAPAPGPC, the California State Association of Counties, the Rural County Representatives of California, and the

Urban Counties of California oppose as a coalition based on the August 17 amendments, which they argue substantially change the nature of this bill and significantly increase state and county costs. The coalition's concerns are that this bill:

- Creates ambiguity about whether counties retain their discretion on who they designate, contradicting Assembly Health Committee amendments, which were removed on the Assembly floor;
- Triggers a new state mandate, as counties do not currently receive dedicated funding resources for LPS-related activities, by shifting how counties designate individuals from permissive to mandatory. Per August 17 amendments, counties estimate that costs would increase significantly due to increased oversight, administration, and reporting burdens. (Counites estimated that the prior version of the bill would cost the state $1 million to $2.7 million, and $2.4 million annually thereafter; and,
- Increases law enforcement involvement in mental health crisis response, as any time an individual is detained outside of a treatment facility, it is highly likely that a clinician will rely on law enforcement to detain and transport an individual to a designated treatment facility. It may also increase the justice system's involvement as individuals who are placed on holds are likely to be charged with assaulting officers when resisting detention.

Prepared by: Reyes Diaz / HEALTH / (916) 651-4111
8/31/26 22:03:39

****** END ******