

Sonoma County Senate Bill 43 Local Implementation Frequently Asked Questions (FAQ)

1. What is Senate Bill 43?

Senate Bill 43 (SB 43) made significant changes to California's involuntary detention and conservatorship laws under the Lanterman-Petris-Short (LPS) Act. SB 43 expands California's criteria for involuntary detention and conservatorship which is based on a person's mental health disorder or severe substance use disorder (SUD) resulting in the person's inability to provide for their basic needs for food, clothing shelter, personal safety or necessary medical care.

2. What are the key terms defined under SB 43?

- Severe Substance Use Disorder: A diagnosed substance-related disorder that meets the diagnostic criteria of "severe" as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.
- Personal Safety: The ability to survive safely in the community without involuntary detention or treatment.
- Necessary Medical Care: Care that a licensed health care practitioner, while operating within the scope of their practice, determines to be necessary to prevent serious deterioration of an existing physical medical condition which, if left untreated, is likely to result in serious bodily injury or death.
- Grave Disability: See below

3. What is the new definition of grave disability and how did it change?

Pre SB 43 Definition

A condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter.

New Definition (SB 43)

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**.

NOTE: The bolded text shown in the "New Definition" reflects the changes in law.

4. Do counties have to adopt the changes to the definition of "gravely disabled" made by SB 43?

The policy changes made by SB 43 became effective January 1, 2024. However, SB 43 permitted counties, by adoption of a resolution of its governing body, to defer implementation of the changes to the definition of "gravely disabled" until January 1, 2026 at the latest.

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5. What is the Lanterman-Petris-Short Act?

The Lanterman-Petris-Short (LPS) Act was enacted in 1967 to achieve the following:

- End the inappropriate, indefinite, and involuntary commitment of persons with mental health disorders, developmental disabilities, and chronic alcoholism, and to eliminate legal disabilities.
- Provide prompt evaluation and treatment of persons with mental health disorders or impaired by chronic alcoholism.
- Guarantee and protect public safety.
- Safeguard individual rights through judicial review.
- Provide individualized treatment, supervision, and placement services by a conservatorship program for persons who are gravely disabled.
- Encourage the full use of all existing agencies, professional personnel, and public funds to accomplish these objectives and to prevent duplication of services and unnecessary expenditures.
- Protect persons with mental health disorders and developmental disabilities from criminal acts.
- Provide consistent standards for protection of the personal rights of persons receiving services under this part and under Part 1.5 (commencing with Section 5585).
- Provide services in the least restrictive setting appropriate to the needs of each person receiving services under this part and under Part 1.5 (commencing with Section 5585).

Amended by Stats. 2013, Ch. 567, Sec. 1. (SB 364) Effective January 1, 2014.).
[California Code, Welfare and Institutions Code § 5001](#)

6. What is a mental health (LPS) conservatorship?

A mental health (LPS) conservatorship makes one adult (the conservator) responsible for a mentally ill adult (the conservatee). These conservatorships are only for adults with mental illnesses listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The most common illnesses are serious, biological brain disorders, like:

- Schizophrenia
- Bi-Polar Disorder (Manic Depression)
- Schizo-affective Disorder
- Clinical Depression
- Obsessive Compulsive Disorder

LPS conservatorships are not for people with organic brain disorders, brain trauma, intellectual disabilities, or dementia, unless they also have one of the serious brain disorders listed in the DSM. [LPS \(Mental Health\) Conservatorship | Superior Court of California | County of Santa Clara](#).

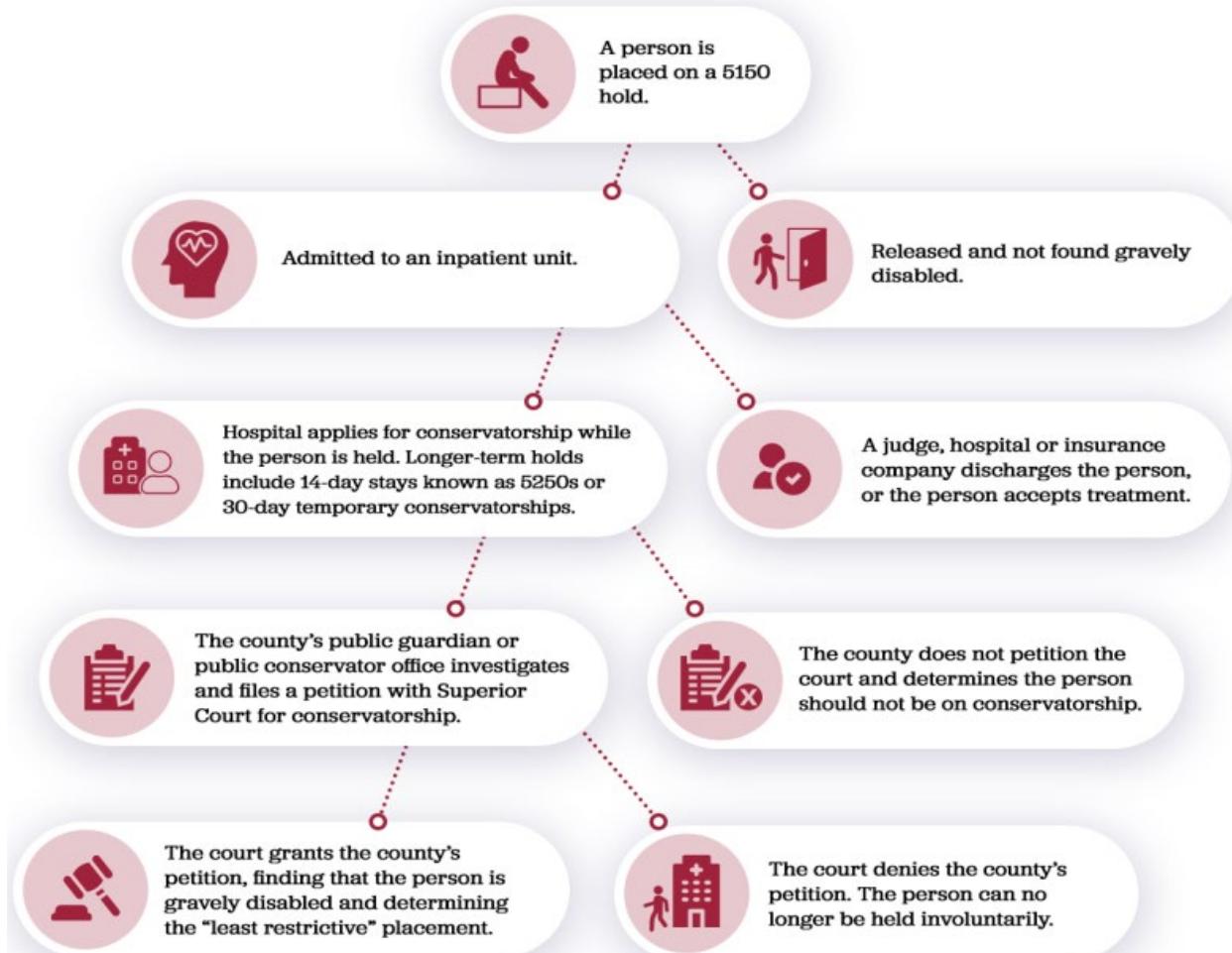
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7. What is a 5150 hold?

Under [California law](#), certain designated professionals can place a person in an involuntary 72-hour psychiatric hold if they are experiencing a mental health crisis and evaluated to be a danger to others, themselves, or are gravely disabled. This hold is also commonly referred to as a "5150," named after §5150 of the California Welfare and Institutions Code. These professionals include police officers, licensed members of a crisis team, or other mental health professionals authorized by the county (NAMI Sonoma County, [5150 Guide](#)).

8. What does the conservatorship process look like?

The conservatorship process, explained



Source: Lanterman-Petris-Short Act and a 2021 report by Alex Barnard, assistant professor of sociology at New York University

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9. Does the adult definition of grave disability apply to teens?

No. A “gravely disabled minor” means a minor who, as a result of a mental disorder, is unable to use the elements of life that are essential to health, safety, and development, including food, clothing, and shelter, even though provided to the minor by others. Intellectual disability, epilepsy or other developmental disabilities, alcoholism, other drug abuse, or repeated antisocial behavior do not, by themselves, constitute a mental disorder. [California Code, Welfare and Institutions Code §5585.25.](#)

10. Does an In-Home Supportive Services (IHSS) worker count as a valid 3rd party support?

Any individual may offer third-party assistance, provided they can adequately address the person’s needs to mitigate issues causing grave disability—such as ensuring access to food, clothing, shelter, and safety. The offer must be made in writing for it to be considered. The arrangement will be evaluated by County Behavioral Health clinical staff and approved by the Conservator’s Office.

11. If someone is neglecting their medical needs would that meet the definition of grave disability? For example, not complying with their diabetic diet or not taking blood pressure medication?

It depends. There may be situations where someone is competent and understands the impact of their decisions but may elect not to follow medical advice. Conversely, there may be situations where someone is not of sound mind and their decision to ignore medical advice could be harmful. Case-by-case discretion is required.

12. If someone is depressed and staying in a domestic violence situation, could they qualify as gravely disabled under personal safety?

It depends. To meet grave disability there must also be a mental health disorder and/or a severe substance use disorder that impacts the person’s ability to provide for their personal safety. Case-by-case discretion is required.

13. What is failure to thrive and how does it apply to adults?

In elderly patients, failure to thrive describes a state of decline that is multifactorial and may be caused by chronic concurrent diseases and functional impairments. Manifestations of this condition include weight loss, decreased appetite, poor nutrition, and inactivity. Four syndromes are prevalent and predictive of adverse outcomes in patients with failure to thrive: impaired physical function, malnutrition, depression, and cognitive impairment. [National Library of Medicine, Geriatric Failure to Thrive.](#)

14. What can you do with a person that has cirrhosis and won’t stop drinking; however, they are able to obtain shelter and food?

Under the expanded grave disability definition, you may be able to conserve someone with cirrhosis if it can be shown that as a result of a mental health

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disorder or a severe substance use disorder, they are unable to provide for their basic necessary medical care and if left untreated will likely cause great bodily injury or death.

15. Psychiatric hospitalization provides monitored medication administration, seldom is psychotherapy offered. How would a psychiatric hospitalization help in the kinds of cases where we are essentially protecting people from their impaired judgement/life choices?

Psychiatric hospitalization may help stabilize a client, but additional time and supports are needed to understand the root cause of their impaired judgement/life choices and to provide an individualized treatment plan. Psychiatric hospitalization can create an opportunity for the client, hospital providers, outpatient treatment team, and family/natural supports to identify the issues that led to hospitalization and put together a more comprehensive treatment plan for discharge.

16. What increases in holds have early implementer counties reported?

Publicly available data is limited; San Luis Obispo and San Francisco reported varying increases in the number of 5150 holds in their first year of implementation. Additional information will be available in 2026 as counties comply with state data reporting requirements.

17. Are there concerns about local system capacity with possible increase in being put on 5150 for our emergency rooms, crisis stabilization unit and the psychiatric hospitals?

The county is mindful that local systems – that are already at capacity – may be stretched further as more clients qualify for services under the new definition of gravely disabled. In preparation, the county is engaging with local providers to increase the number of beds for clients whose severe substance use disorder aligns with the new grave disability definition.

18. How is the H.R.1 bill (Big Beautiful Bill) going to impact SB 43 with the likely reduction in Medicaid money?

State and local behavioral health systems continue to monitor the implementation of H.R.1. The exact impacts to Medicaid are unknown at this time.

19. What is Community Care Licensing Division doing to allow Board and Care providers to accept individuals with substance abuse disorders only?

Specific information on this question is not available at this time, as information becomes available the response to this question will be updated.

20. Which groups of stakeholders (e.g., patients, county behavioral health agencies, public guardians, or courts) will experience the biggest practical day-to-day change because of SB 43?

Behavioral health systems tend to be interactive, an impact on one part of the system may be felt in another part of a system. Anecdotally, emergency rooms

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may feel the initial impact as one of the first touch points where patients are evaluated/screened under the new grave disability definition.

21. What is the liability in not writing a 5150 with new definitions given the possible overreach now allowed?

The requirements of a 5150 hold are described in the Welfare and Institutions Code. Failure to issue a hold in accordance with the law is likely a liability to the police officers, licensed members of a crisis team, or other mental health professionals authorized to write 5150 holds.

22. What will Sonoma County do to mitigate the increase in moral injury staff will endure as a result of these changes?

The county is deploying a mix of approaches to support staff. These include, but are not limited to, 1) developing trauma informed systems and trainings, 2) raising awareness on how systems reflect and express trauma, 3) developing a trauma informed leadership team, 4) building principles into practice that align with being a trauma informed healing organization, and 5) designing and sustaining an organizational climate that is not focused on “what’s wrong with you” but rather “what happened to you”.

23. What are we doing about funding? Are we currently pursuing additional funding to build the needed infrastructure?

The county was awarded approximately \$68 million from the Department of Health Care Services (DHCS) in 2025 to build a Mental Health Rehabilitation Center and an Adult Substance Use Disorder Treatment facility. The county anticipates these projects will be completed in 2030. In addition, the county has applied to DHCS for additional funding to add more behavioral health facilities to the local health continuum. Award announcements are anticipated in Spring 2026.