

Early Implementation Experiences of Legal Changes to the Lanterman-Petris-Short Act

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Lanterman-Petris-Short Reforms Progress: SB 43 Broader Implementation & Early Experiences

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LPS Act & Role of Counties

Grants law enforcement and counties the authority to place individuals who are threat to themselves or others, or gravely disabled on involuntary holds for up to 72 hours

Grants counties the authority to petition the court based on their belief that they require further involuntary treatment for up to: 14 days, 30-60 days, or one year

The purpose of a conservatorship is to provide individualized treatment, supervision, and placement under the authority of a public guardian.

LPS Act & Role of Counties

Grants counties the authority to designate who can place an individual on a hold

Gives counties the authority to determine which local facilities meeting state requirements may become “designated facilities” for the purposes of offering involuntary treatment

Requires counties to report data to the state on the number and types of holds

The state does not fund LPS, including expansions and other changes.

Overview of SB 43 Changes to LPS Law

- *(Eggman, Chapter 637, Statutes of 2023)*
- **Expands the state's "gravely disabled" criteria** to allow for the involuntary detention and conservatorship of individuals on the basis of a standalone "severe" substance use disorder or co-occurring mental health disorder and severe SUD
- **Expands the definition of grave disability** to include individuals who are unable to provide for their need for personal safety or necessary medical care

Overview of SB 43 Changes to LPS Law

- **Defines “necessary medical care”** to mean care that a licensed health care practitioner determines to be necessary to prevent serious deterioration of an existing medical condition which is likely to result in serious bodily injury if left untreated

SB 43 in 60 Seconds

Expands 'Gravely Disabled'
definition to include:

Severe Substance Use Disorder
(SUD) alone

Inability to provide for personal
safety

Inability to provide for necessary
medical care

Counties may defer full
implementation until Jan 1 2026

County Go-Live Snapshot



County Collaboration

Counties formed a joint working group of SUD and LPS experts under CBHDA to ensure greater collaboration in preparation to implement statewide by January 1, 2026

The working group allowed implementing counties to share with counties preparing to implement, and for counties to develop a shared understanding of how to develop the new SB 43 standards

CBHDA and the PAPGPC Association developed and shared a [joint set of recommendations](#) to inform implementation

Local Readiness

County workgroups began post-bill passage

Updated 5150 forms / protocols / trainings

MAT protocols & referral pathways

Added transportation planning and EMS coordination

Ongoing DHCS / CBHDA collaboration on readiness

Cross-System Collaboration

Hospitals, EDs,
EMS, MCPs

Justice &
Safety
Partners

PG &
Civil/Legal
Partners

SUD Providers
& MCPs

Housing &
Homelessness
Services

Peers and
Advocacy
Groups



Early Data Signals

SUD-only holds
rare: ≤ 35 total
statewide

Few **referrals** for
SUD-based
conservatorships
(≤ 5 total)

5150 volume
largely stable post-
implementation

What Counties Are Seeing So Far

Improved collaboration with law enforcement & EMS

Clearer clinical distinctions around Grave Disability criteria

Minimal rise in hold volume; focus on quality of assessments

Need for SUD capacity within existing LPS settings

Momentum toward integrated care and whole-person response

Implementation Challenges

Need to expand SUD services within LPS facilities

Increased referrals and workload

No dedicated state funding for implementation

Regulatory misalignment (MH vs SUD)

Data tracking and SB 929 reporting capacity

Secondary Gains and Benefits

Sharper clinical triage and assessment accuracy



Law enforcement training reducing unnecessary 5150s



Mobile Crisis Teams enhancing field response



Cross-system coordination



Improved BH–SUD integration and care continuity

SB 43 Successes

- Outreach & education efforts have strengthened collaboration with law enforcement agencies and first responders
- Trainings have expanded shared understanding of behavioral health criteria and response options
- Provided joint trainings and consultations before and after implementation; will be doing ongoing trainings
- Collaborated with partners to align and coordinate public messaging on community impacts

Larger LPS Reform Context

Aligns with CARE Court and Prop 1 investments

Integrates with SB 1238 and SB 929 guidance

Intersects with Forensic BH and DSH reforms

Equity & Civil Liberties

- LPS ensures due process protections in involuntary care
- Engagement of peers and advocates in court processes
- Cultural competence and implicit bias training
- Civil liberty safeguards build community trust

Funding and Workforce Pressures



No dedicated state funding for LPS implementation



Increased court and training time within existing resources



Need for cross-trained BH–SUD–medical workforce



System capacity building without added funding

National & Federal Context

Federal Executive Order on Homelessness and involuntary care

National debates on conservatorship expansion

SB 331 proposals raised concerns about over-board criteria

Keep focus on individual safety and treatment, not politics

Balance civil rights with capacity and local control

Looking Forward

Jan 2026: All counties live under SB 43

DHCS monitoring and outcome evaluation

Standardized data reporting via SB 929

Peer learning through shared dashboards

Inter-county collaboration

Panel Discussion

Policy –

Funding, capacity, and operational fixes

Practice –

Field lessons and training impact

People & Community –

Consumers, families, and public perception

Questions?

Thank you

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