



SENATE BILL 43 • IMPLEMENTATION UPDATE

El Dorado County Behavioral Health

Health and Human Services Agency

Behavioral Health Commission • June 17, 2026

What Is SB 43?

Core Change: Amends the Lanterman-Petris-Short (LPS) Act to expand the definition of "gravely disabled" to include individuals unable to care for themselves due to a severe Substance Use Disorder (SUD) or a co-occurring mental health disorder and SUD.

Before SB 43

"Gravely disabled" applied to mental health disorders only; SUD presentations could not trigger GD-based holds or conservatorship.

After SB 43

GD now includes severe SUD and co-occurring MH+SUD which enables 5150/5250 holds and LPS conservatorship for this population.

Signed into Law

October 10, 2023
Authored by Sen. Eggman
Most significant LPS change in decades.

Legislative & County Timeline

Oct 2023

SB 43 signed by Governor Newsom

Jan 1, 2024

Law takes effect. Individual counties may opt in immediately or defer up to 2 years via BOS resolution

2024

El Dorado County BOS elects to defer. BHD planning, training, and policy development underway

Jan 1, 2026

Mandatory statewide implementation deadline. El Dorado County goes live

Jan–Jun
2026

Active monitoring; hold and conservatorship data being tracked

How We Prepared

Staff Training

Crisis staff and emergency clinicians trained on expanded GD criteria, updated hold documentation, and SUD-specific clinical decision-making.

Statewide Convenings

Participated in DHCS-led convenings to track regulatory guidance, share planning strategies, and align with emerging statewide practices.

PHF Coordination

Coordinated directly with our county-operated PHF to align intake protocols, clinical workflows, and documentation for SB 43 presentations.

Procedures & Forms

Updated MHP procedures, LPS evaluation forms, and EHR documentation which included discrete GD basis checkboxes (MH only / SUD only / Co-occurring) for data tracking.

What We Expected vs. What We've Seen

What We Anticipated

- A significant surge of SUD-presenting individuals arriving at the ED on involuntary holds
- Increased demand on our PHF for SUD and co-occurring admissions
- A meaningful shift in conservatorship referral volume through Public Guardian

What We've Observed

- Gradual, modest uptick; not the anticipated surge
- Clinicians applying criteria cautiously and conservatively
- PHF has accepted SB 43-based holds (5250 level); exact volume being confirmed
- Consistent statewide: SF reported zero SUD-only conservatorships after 18 months of early implementation

Data Since Go-Live: Jan 1 – May 31, 2026

330

Total initial 5150 holds written
in our EDs by PES clinicians:
Inclusive of DTS, DTO, GD
since January 1, 2026

69

Written on
GD criteria
21% of all holds

0

LPS Conservatorships
under SUD GD criteria
confirmed by Public Guardian

GD Hold Breakdown (of the 69)

46

Mental Health Only

8

SUD Only

14

Co-Occurring MH + SUD

What Happens to These Individuals?

After a 5150 hold under SB 43 criteria, one of three pathways:

1

Cleared Within 72 Hours

Most common pathway. Acute intoxication or withdrawal resolves, the person no longer meets GD criteria and is released, often with referral to outpatient or voluntary SUD treatment.

2

Voluntary Step-Down

Person is released from the hold and enters voluntary treatment. This might be medically supervised detox/withdrawal management, then residential or inpatient SUD treatment as appropriate.

3

Extended Hold / PHF Admission

If GD criteria persist beyond 72 hours, a 5250 (14-day hold) may be initiated and the person admitted to the PHF. Ongoing GD could lead to conservatorship, but this pathway has not occurred in El Dorado County yet.

The Real Barrier: Capacity

SB 43 expanded the legal authority. It did not create the beds, staff, or facilities needed to use it at scale.

2,700+

Subacute psychiatric
bed shortage (statewide)

2,000+

Acute psychiatric
bed shortage (statewide)

3,000+

Community residential
bed shortage (statewide)

Source: RAND / California CHHS, 2022 data

No existing locked treatment model for involuntary SUD exists at scale in California. The population SB 43 is designed to reach has virtually nowhere to go beyond stabilization

El Dorado County: Building Toward Capacity

BHCIP Act Grant Awarded

El Dorado County applied for and received a Behavioral Health Infrastructure Bond (BHCIP) grant to construct a new Psychiatric Health Facility. The new facility will be designed and staffed to support SB 43 requirements.



Co-Occurring Capable Programming

New PHF designed intentionally for co-occurring MH+SUD clinical capacity.



Hospital Contracting

Exploring contracts with hospitals that have expanded SUD/psychiatric capacity to extend our continuum.



Medical Staffing Expansion

Strengthening medical staffing at the PHF to handle the complexity of SUD presentations.



Ongoing Monitoring

Tracking SUD-GD hold volume and LPS outcomes by quarter. Data infrastructure in place via EHR.

Key Takeaways

Law is live and working:

El Dorado County implemented January 1, 2026. Holds are being written, the PHF is accepting patients, and the pipeline to conservatorship exists but has not been utilized.

Volume is modest:

No obvious surge in ED holds. Clinicians are applying criteria appropriately, consistent with statewide early-implementation data.

The gap is infrastructure:

Beds, staffing, and locked SUD capacity remain the binding constraint statewide, not the law itself.

EDC is positioned ahead of peers:

BHCIP grant awarded, new PHF in development, EHR tracking in place, PHF coordination active.

Questions & Discussion