Racial Equity Analysis for Significant Board Items

Board Item Date	10/28/2025
Board Item Name	Senate Bill 43 Implementation Update
Department/Agency (Lead)	Department of Health Services, Behavioral Health Department
If this is an inter-departmental initiative, please identify a lead above.	
Person(s) Completing Analysis	Ricardo Goodridge, Special Projects Director

1. Overview: Describe your program or policy and the desired results and outcomes?

a. What is the program, policy, or plan?

b. What are the desired results (in the **community**) and outcomes (within your own **organization**)?

c. What does this proposal have an ability to impact?

☐Children and youth
☒ Community engagement
☐ Contracting equity
☐ Criminal justice
☐ Economic development
☐ Education
☐ Environment
☐ Food access and affordability
☐ Government practices
☐ Other _____
☒ Health
☐ Housing
☒ Human services
☐ Jobs
☐ Parks and recreation
☐ Planning / development
☐ Transportation
☐ Utilities
☐ Workforce equity

a) Senate Bill 43 (Chapter 637, Statutes of 2023), signed into law October 10, 2023, provides the first major update to the State of California's conservatorship laws in decades. Current law, the Lanterman-Petris-Short Act (LPS Act), provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. The amended definition of gravely disabled is shown in bold text below:

> Gravely disabled now means 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***.

The bill expands the definition of "basic needs" to include not just food, shelter, and clothing, but also access to necessary medical care and personal safety.

b) The desired result of SB 43 is to provide more services and supports to those impacted by California's conservatorship laws. The County will be required to provide outcome data to the Department of Health Care Services on a various metrics in the state Welfare and Institution Code as shown in italics below:

The number of individuals detained in designated and approved facilities for 72-hour assessment, evaluation, and crisis intervention (W&I Code Section 5150) for each of the following conditions:

(A) Danger to self.
(B) Danger to others.
(C) Grave disability due to a mental health disorder.
(D) Grave disability due to a severe substance use disorder.
(E) Grave disability due to both a mental health disorder and a severe substance use disorder

The number of individuals admitted to designated and approved facilities for 72-hour evaluation and treatment (W&I Code Sections 5150) for each of the following conditions:

(A) Danger to self.
(B) Danger to others.
(C) Grave disability due to a mental health disorder.
(D) Grave disability due to a severe substance use disorder.
(E) Grave disability due to both a mental health disorder and a severe substance use disorder.

The number individuals admitted to designated and approved facilities for 14-day intensive treatment (W&I Code Section 5250) for each of the following conditions:

(A) Danger to self.
(B) Danger to others.
(C) Grave disability due to a mental health disorder.
(D) Grave disability due to a severe substance use disorder.
(E) Grave disability due to both a mental health disorder and a severe substance use disorder.

The number of individuals admitted to designated and approved facilities for additional 14-day intensive treatment for continued dangerousness to self (W&I Code section 5260) for each of the following conditions:

(A) Danger to self.
(B) Danger to others

(C) Grave disability due to a mental health disorder. (D) Grave disability due to a severe substance use disorder. (E) Grave disability due to both a mental health disorder and a severe substance use disorder.

The number of individuals admitted to designated and approved facilities for additional 30-day intensive treatment for continued grave disability (W&I Code Section 5270.15) for each of the following conditions:

(A) Danger to self.
(B) Danger to others.
(C) Grave disability due to a mental health disorder.
(D) Grave disability due to a severe substance use disorder.
(E) Grave disability due to both a mental health disorder and a severe substance use disorder.

The number individuals admitted to designated and approved facilities for a second period of additional 30-day intensive treatment for continued grave disability (W&I Code Section 5270.70) for each of the following conditions:

(A) Danger to self.
(B) Danger to others.
(C) Grave disability due to a mental health disorder.
(D) Grave disability due to a severe substance use disorder.
(E) Grave disability due to both a mental health disorder and a severe substance use disorder.

The number of individuals admitted to designated and approved facilities for 180- day post certification intensive treatment for continued danger to others (W&I Code Sections 5303 and 5304) for each of the following conditions:

(A) Danger to self.
(B) Danger to others.
(C) Grave disability due to a mental health disorder.
(D) Grave disability due to a severe substance use disorder.
(E) Grave disability due to both a mental health disorder and a severe substance use disorder.

The number of persons transferred to mental health facilities pursuant to Section 4011.6 of the Penal Code in each county

The number of persons for whom temporary conservatorships are established in each county

The number of persons for whom conservatorships are established in each county. The number of individuals detained for 72-hour assessment, crisis intervention or evaluation either once, between two and five times, between six and eight times, and greater than eight times for each type of detention (W&I Code Section 5150)

The number of individuals admitted either once, between two and five times, between six and eight times, and greater than eight times for 72-hour evaluation and treatment (W&I Code Sections 5150)

The number of individuals admitted either once, between two and five times, between six and eight times, and greater than eight times for 14-day intensive treatment (W&I Code Section 5250)

The number of individuals admitted either once, between two and five times, between six and eight times, and greater than eight times for additional 14-day intensive treatment (W&I Code Section 5260)

The number of individuals admitted either once, between two and five times, between six and eight times, and greater than eight times for 30-day intensive treatment (W&I Code Section 5270.15)

The number of individuals admitted either once, between two and five times, between six and admitted for either once, between two and five times, between six and eight times, and greater than eight times for a second period of 30-day intensive treatment (W&I Code Section 5270.70)

The number of individuals admitted either once, between two and five times, between six and eight times, and greater than eight times for 180-day post certification intensive treatment (W&I Code Sections 5303 and 5304)

Age, sex, gender identity, race, ethnicity, sexual orientation, veteran status, housing status, primary language (W&I Code Section 5402(a)(10)

The number of county contracted beds (W&I Code Section 5402(a)11

Phase II Data Requirements Attachment A.

c) By expanding the Lanterman-Petris-Short Act (LPS Act) to capture any person who has a severe substance use disorder, this change in policy significantly expands the portion of the population potentially subject to detention and conservatorship under LPS from around 1% to around 10% of the population. For example, according to the California Health Care Foundation (CHCF), 16% of young adults have a substance use disorder Substance Use in California: A Look at Addiction and Treatment.

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2. Data: What's the data? What does the data tell us?

a. Will the proposal have impacts in specific geographic areas (neighborhoods, areas, or regions)? What are the racial demographics of those living in the area?
b. What does population level data, including quantitative and qualitative data, tell you about existing racial inequities? What does it tell you about root causes or factors influencing racial inequities?
c. What performance level data do you have available for your proposal? This should include data associated with existing programs or policies.
d. Are there data gaps? What additional data would be helpful in analyzing the proposal? If so, how can you obtain better data?

a) A trend analysis of conservatorships in Sonoma County from FY 2018-2019 through FY 2022-2023, indicates the county has approximately 200 people under conservatorship. Due to the shortage of long-term care options and beds in Sonoma County, 62% of the county's conservatees were placed outside of the County. Only 38% of conservatees were placed within the county, which includes 2% in the county jail.

The racial and ethnic makeup of those under conservatorships is approximately 69% white, 5% Black or African American, 3% American Indian or Alaskan Native, 15% Hispanic or Latino, 4% Asian or Pacific Islander, and 4% listed as unknown/missing. In addition, approximately 23% of conservatees are between the ages of 55 and 64, making up the highest percentage of conservatees.

b) As of 2023, 5% of the county's conservatees were Black, despite Black individuals making up 1.5% of the County's overall population. Similarly, 3% of conservatees identified as American Indian or Alaskan Native, compared to 1.7% among the county population. The data indicates these groups may be over-represented among the County's conservatee population; a root cause for this occurrence has not been identified.

c) SB 43 data metrics and performance data is not yet available. Reporting metrics are identified in the Phase II Data Requirements Attachment A.

d) The Department of Health Care Services has identified the required metrics. No gaps have been identified at this time.

3. Community Engagement: How have communities been engaged?

a. What does the community need to know about this item?
b. Who are the most affected community members who are involved with or have lived experience related to this proposal? How have you involved these community members in the development of this proposal?
c. What has your engagement process told you about the burdens or benefits for different groups? (concerns, facts, potential impacts)
d. What has your engagement process told you about the factors that produce or perpetuate racial inequity related to this item?

e. What are ways to minimize any negative impacts (harm to communities of color, increased racial disparities, etc.) that may result? What opportunities exist for increasing racial equity?

a) SB 43 expands the definition of gravely disabled, the revised definition increases the number of people eligible for mental health services and supports.

b) Under existing law, people may be eligible for a conservatorship if they have a serious mental illness that leaves them unable to secure food, clothing or shelter. SB 43 broadens eligibility to people who are unable to provide for their personal safety or access necessary medical care. The county has engaged with Patient's Rights Advocates to record a training on the changes in the law and its impact that will be available to community members in Fall 2025.

c) The engagement process has included sharing information about the changes in the law with behavioral health contractors, law enforcement, hospitals, emergency room staff, and community providers. A SB 43 workgroup was formed, and Patient Right's Advocates will record a video reviewing the law and key changes.

This process has highlighted concerns that people with a severe substance use disorder may be more likely to receive involuntary treatment or be placed on conservatorship. The benefit and the concern are the same depending on perspective. More adults with severe substance use disorders, co-occurring mental health disorders, and severe substance use disorders can access supports and services. Conversely, more adults with severe substance use disorders, co-occurring mental health disorders, and severe substance use disorders could be held involuntarily and subject to conservatorship.

d) Specific factors that produce or perpetuate racial inequity were not identified. However, concerns were articulated that there is historical fear in communities of color and with unhoused populations that have had negative encounters with hospitals, law enforcement, and in emergency rooms. This is an important consideration as the decision to hold someone on an involuntary hold is not one to be taken lightly.

e) One path for minimizing negative impacts is to provide trainings to the individuals vested with the authority to place someone on an involuntary hold. The state offers a training and certification for those certified with those authority. On a parallel path, an opportunity exists to increase racial equity by offering a non-certification training to community providers and organization that serve communities of color. This training – under development with Patient Right's Advocates – can help illuminate the rights and safeguards that come with conservatorship.

4. Analysis and Strategies: What are your strategies for advancing racial equity?

a. Given what you have learned from research and stakeholder involvement, how will your recommended actions increase or decrease racial equity? Who would benefit from or be burdened by your item?
b. What are potential unintended consequences? What are the ways in which your proposal could be modified to enhance positive impacts or reduce negative impacts?
c. Are there complementary strategies that you can implement? What are ways in which existing partnerships could be strengthened to maximize impact in the community? How will you partner with stakeholders for long-term positive change?
d. Are the impacts aligned with your community outcomes defined in Step #1?

a) The stakeholder process in ongoing; initial feedback has illuminated the importance of communicating the changes in the law to public and private partners and making training opportunities publicly available. Key actions are rooted in training, education, and communication. These actions could increase racial equity if providers serving communities of color share this information with impacted staff and conservatees impacted by the changes in law. The benefit of this approach is an informed public.

b) The unintended consequences of documenting the changes in the law is an increase in the number of adults subject to involuntary holds as the intent is to educate not to promote conservatorship.

c) Discussions on complementary strategies will be considered with the SB 43 workgroup and through community engagement with public and private partners and stakeholders. Similarly, discussions regarding long-term strategies and maximizing impact will be developed in accordance with statutory requirements.

d) Potential impacts will be considered in alignment with community outcomes.

5. Implementation: What is your plan for implementation?

Describe your plan for implementation:
The policy changes made by SB 43 became effective January 1, 2024. However, counties were permitted to defer implementation until January 1, 2026, with a resolution by its governing board. On December 12, 2023, the Sonoma County Board of Supervisors, adopted a resolution to defer implementation until January 1, 2026. With the additional time granted by the Board of Supervisors, the Department of Health Services (DHS) has taken several actions. DHS has: 1) convened a workgroup to discuss SB 43 requirements and impacts, training considerations, and developed an outreach plan; 2) noticed DHS-Behavioral Health contract providers of the changes in law; 3) communicated the changes in law to public and private partners (e.g. law enforcement, private hospitals, etc.); 4) identified DHS staff impacted by the changes in law that require updated training and certification; 5) Shared training opportunities with DHS staff that comply with state required trainings; and 6) collaborated with Patients' Rights Advocates to develop and record a training for community partners and others to communicate the changes in the law.

No fiscal supports have been provided to counties to comply with the changes in law. County behavioral health agencies are expected to fund this mandate with existing resources.

Is this implementation plan:	Yes	No	I'm Not Sure
Realistic?	☒	☐	☐
Adequately funded?	☐	☐	☒
Adequately resourced with personnel?	☐	☐	☒
Adequately resources with mechanisms to ensure successful implementation and enforcement?	☐	☐	☒
Adequately resourced to ensure on-going data collection, public reporting, and community engagement?	☐	☐	☒

If the answer to any of these questions is no or unsure, what resources or actions are needed?

Sonoma County has communicated the changes in law resulting from SB 43 to its private and public partners in advance of January 1, 2026. No funding was provided to enact the changes in law or deal with any impacts. Due to the expanded eligibility resulting from SB 43, there may be an increase in the number of individuals subject to involuntary holds and conservatorship. Counties will have to manage changes with existing personnel resources; there is uncertainty on the extent of impacts. Counties are required to submit reoccurring reports to the Department of Health Care Services. This feature must also be absorbed using existing resources.

6. **Accountability and Communication: How will you ensure accountability, communicate, and evaluate results?**
    a. How will impacts be documented and evaluated? Are you achieving the anticipated outcomes? Are you having impact in the community?
    b. What are your messages and communication strategies that will help advance racial equity?
    c. How will you continue to partner and deepen relationships with communities to make sure your work to advance racial equity is working and sustainable for the long-haul?

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a) The County is required to provide data to the Department of Health Care Services on various metrics in the state Welfare and Institution Code - Phase II Data Requirements Attachment A. Once reporting begins, data impacts will be considered.

b) Messaging and communication strategies will include sharing written information and training opportunities with community partners, including those serving communities of color.

c) The County will continue to make education and training materials available to the public, invite community partners to participate in the SB 43 workgroup, and engage providers serving communities of color on best practices.