



**California  
Behavioral Health  
Planning Council**

ADVOCACY • EVALUATION • INCLUSION

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**MS 2706**

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The Honorable Mia Bonta, Chair  
Assembly Committee on Health  
1020 N Street, Suite 390  
Sacramento, CA 94249

**RE: Opposition for SB 331 – Substance abuse**

Dear Assemblymember Bonta:

On behalf of the California Behavioral Health Planning Council (CBHPC), I am writing to express our opposition to Senate Bill (SB) 331 (Menjivar).

The CBHPC serves as an advisory body to the Legislature and the Administration on behavioral health policies and priorities, as outlined in Welfare and Institutions Code §§ 5771 and 5772. Our diverse membership includes individuals with lived experience of serious mental illness and substance use disorders, family members, service providers, professionals, and representatives from state departments whose work intersects with California's behavioral health system. Their perspectives are essential and inform the Council's concerns outlined below.

SB 331 would expand the definition of "gravely disabled" to include those with chronic alcoholism who are unable to provide for their basic personal needs. Additionally, the bill intends to define "mental health disorder" as a condition outlined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) for the purposes of the Lanterman-Petris-Short (LPS) Act.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) guides healthcare professionals in accurately diagnosing mental disorders; however, it provides an overly broad definition of "mental disorder" that is inconsistent with the intent of the Lanterman-Petris-Short (LPS) Act. The DSM contains nearly 300 different disorders, including conditions such as gender dysphoria, restless leg syndrome, and insomnia disorder, which do not constitute appropriate grounds for detention or involuntary



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commitment. The diagnosis of intellectual disability (intellectual developmental disorder) included in the DSM conflicts with the statutory provision that intellectual disability alone cannot warrant involuntary commitment.

Expanding the definition of grave disability to include chronic alcoholism further obscures an already broad standard, increasing risks for arbitrary or inconsistent application, and consequently establishing a precedent that may prompt subsequent proposals to incorporate additional conditions.

While the Lanterman-Petris-Short Act was intended to “end the inappropriate, indefinite, and involuntary commitment of persons with mental health disorders” by authorizing involuntary treatment in very limited circumstances, **SB 331 would expand involuntary commitment beyond its intended purpose, potentially leading to unnecessary detentions of persons with disorders that are unsuitable for treatment within secure facilities.**

The Council respectfully opposes SB 331. If you have questions about our position, please contact Jenny Bayardo, Executive Officer, at (916) 750-3778 or via e-mail at [Jenny.Bayardo@cbhpc.dhcs.ca.gov](mailto:Jenny.Bayardo@cbhpc.dhcs.ca.gov).

Sincerely,

Tony Vartan, Chairperson

cc: Senator Caroline Menjivar  
Assemblymember Ash Kalra, Chair, Committee on Judiciary  
Members, Assembly Committee on Health  
Members, Assembly Committee on Judiciary  
Jessica Golly, Legislative Director