Date of Hearing: March 17, 2026
Chief Counsel: Andrew Ironside

ASSEMBLY COMMITTEE ON PUBLIC SAFETY
Nick Schultz, Chair

AB 1825 (Krell) – As Amended March 9, 2026

SUMMARY: Specifies factors that a chief psychiatrist of the California Department of Corrections and Rehabilitation (CDCR) shall consider when determining whether an incarcerated person with a severe mental health disorder poses a substantial danger of physical harm to others. Specifically, **this bill**:

1) Provides the factors that shall be considered in determining whether an offender poses a substantial danger of physical harm to others, include, but are not limited to, all of the following:

    a) A recent threat of violence or act of violence directed toward another individual, group, or location.

    b) A recent threat of violence or act of violence directed toward themselves.

    c) A pattern of violent acts or violent threats within the past 12 months, including, but not limited to, threats of violence or acts of violence directed toward themselves or another individual, group or location.

    d) A history of violent behavior, including prior convictions for violent offenses.

    e) Treatment compliance history and response to treatment.

    f) Prior history of state hospital commitment.

2) Requires an exit plan for an incarcerated person whose offender with a mental health disorder (OMHD) determination has been reversed to include, but not be limited to, all of the following:

    a) The submission of a Medi-Cal application.

    b) A determination of appropriateness for Assisted Outpatient Treatment, a petition under the CARE Act, or a forensic assertive community treatment program.

    c) A determination of whether the offender appears to the court or a qualified mental health expert to be gravely disabled, as specified. To ensure the respondent's safety, the Board of Parole Hearings (BPH) may apply to the offender's county of last legal residence for a court-ordered mental health evaluation using the existing legal process, as specified.

3) Requires CDCR, for an incarcerated person whose OMHD determination has been reversed, to additionally notify the behavior health department of the county of supervision of the person's pending release within five working days of the court order of release.

EXISTING LAW:

1) Provides that, as a condition of parole, a prisoner who meets the following criteria shall be provided necessary treatment by the State Department of State Hospitals (DSH) as follows:

    a) The prisoner has a severe mental health disorder that is not in remission or that cannot be kept in remission without treatment.

    b) The severe mental health disorder was one of the causes of, or was an aggravating factor in, the commission of a crime for which the prisoner was sentenced to prison.

    c) The prisoner has been in treatment for the severe mental health disorder for 90 days or more within the year prior to the prisoner's parole or release.

    d) Prior to release on parole, the person in charge of treating the prisoner and a practicing psychiatrist or psychologist from DSH have evaluated the prisoner at a facility of the CDCR, and a chief psychiatrist of CDCR has certified to BPH the following:

        i) The incarcerated person has a severe mental health disorder;

        ii) The disorder is not in remission and cannot be kept in remission without treatment;

        iii) The severe mental health disorder was one of the causes of, or was an aggravating factor in, the prisoner's criminal behavior;

        iv) The prisoner has been in treatment of the severe mental health disorder for 90 days or more within the year prior to the prisoner's parole release day; and,

        v) By reason of the prisoner's severe mental health disorder, the prisoner represents a substantial danger of physical harm to others. (Pen. Code, § 2962, subds. (a)-(d).)

2) Provides that, if the professionals doing the evaluation do not concur that (A) the prisoner has a severe mental health disorder, (B) that the disorder is not in remission or cannot be kept in remission without treatment, or (C) that the severe mental health disorder was a cause of, or aggravated, the prisoner's criminal behavior, and a chief psychiatrist has certified the prisoner to the BPH pursuant to this paragraph, BPH shall order a further examination by two independent professionals, as provided. (Pen. Code, § 2962, subd. (d)(2).)

3) Provides that, if at least one of the independent professionals who evaluate the prisoner concurs with the chief psychiatrist's certification of the issues, the person may be involuntarily committed. (Pen. Code, § 2962, subd. (d)(3).)

4) States that the crimes which qualify an individual for involuntary commitment if the individual's severe mental health disorder was one of the causes of, was an aggravating

factor in its commission, meets both of the following criteria:

a) The defendant received a determinate sentence, as specified, for the crime; and,

b) The crime for, among others, voluntary manslaughter; mayhem; kidnapping, a specified; robbery with a deadly or dangerous weapon, as specified; carjacking with a deadly or dangerous weapon, as specified; rape and other sex crimes, as specified; arson, as specified; a felony in which the defendant used a firearm, as specified; attempted murder; a crime in which the prisoner used force or violence, or caused serious bodily injury, as specified; and a crime in which the perpetrator expressly or impliedly threatened another with the use of force or violence likely to produce substantial physical harm in a manner that a reasonable person would believe and expect that the force or violence would be used. (Pen. Code, § 2962, subd. (e)(1) & (2).)

5) Provides that the existence or nature of the crime for which the person has been convicted may be shown with documentary evidence. The details underlying the commission of the offense that led to the conviction, including the use of force or violence, causing serious bodily injury, or the threat to use force or violence likely to produce substantial physical harm, may be shown by documentary evidence, including, but not limited to, preliminary hearing transcripts, trial transcripts, probation and sentencing reports, and evaluations by DSH. (Pen. Code, § 2962, subd. (f).)

6) Provides that "substantial danger of physical harm" does not require proof of a recent overt act. (Pen. Code, § 2962, subd. (g).)

7) Defines "severe mental health disorder" to mean an illness, disease, or condition that substantially impairs the person's thought, perception of reality, emotional process, or judgment; or that grossly impairs behavior; or that demonstrates evidence of an acute brain syndrome for which prompt remission, in the absence of treatment, is unlikely. (Pen. Code, § 2962, subd. (a)(2).)

8) Provides that the term "severe mental health disorder" does not include a personality or adjustment disorder, epilepsy, intellectual disability or other developmental disabilities, or addiction to or abuse of intoxicating substances. (Pen. Code, § 2962, subd. (a)(2).)

9) Defines "remission" to mean a finding that the overt signs and symptoms of the severe mental health disorder are controlled either by psychotropic medication or psychosocial support. (Pen. Code, § 2962, subd. (a)(3).)

10) Provides that a person "cannot be kept in remission without treatment" if during the year prior to the question being before BPH or a trial court, the person has been in remission and has been physically violent, except in self-defense, or has made a serious threat of substantial physical harm upon the person of another so as to cause the target of the threat to reasonably fear for their safety or the safety of their immediate family, or the person has intentionally caused property damage, or has not voluntarily followed the treatment plan. (Pen. Code, § 2962, subd. (a)(3).)

11) Provides that, in determining if a person has voluntarily followed the treatment plan, the standard is whether the person has acted as a reasonable person would in following the

treatment plan. (Pen. Code, § 2962, subd. (a)(3).)

12) Allows BPH, upon a showing of good cause, to order an incarcerated person to remain in custody for up to 45 days past the scheduled release date for a full OMHD evaluation. (Pen. Code § 2963.)

13) Allows the prisoner to challenge the OMHD determination both administratively (a hearing before the board) and judicially (a superior court jury trial). (Pen. Code § 2966.)

14) Requires OMHD treatment to be inpatient treatment unless there is reasonable cause to believe that the parolee can be safely and effectively treated on an outpatient basis. (Pen. Code, § 2964, subd. (a).)

15) Specifies that if the person's severe mental disorder is put into remission during the parole period and can be kept that way, the director of the hospital shall notify BPH and shall discontinue treatment. (Pen. Code, § 2968.)

16) Allows the district attorney to file a petition with the superior court seeking a one-year extension of the OMHD commitment. (Pen. Code, § 2970.)

FISCAL EFFECT: Unknown

COMMENTS:

1) **Author's Statement**: According to the author, "The Offenders with Mental Health Disorders (OMHD) program is a key tool to help ensure that formerly incarcerated individuals can safely and smoothly transition back to our California communities. But reforms on both the front-end and the back-end will better protect public safety. Specifically, the existing criteria used to determine eligibility for the OMHD program have been broadly interpreted, allowing offenders with severe conditions to successfully challenge their status in court and reenter society, even though they pose a serious risk to themselves and the community. Furthermore, once these individuals are released, they lack access to appropriate services. AB 1825 takes a multi-layered approach, addressing these issues by requiring specific criteria to be evaluated when determining OMHD status, further defining what constitutes an exit plan, and expanding Medi-Cal eligibility. This ensures that those who need treatment receive it and prioritizes the safety of our communities."

2) **Impetus for this Bill:** The impetus for AB 1782 is the case of Bill Gene Hobbs, a story that has received extensive media coverage since his release from state prison last year.[1] Hobbs

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[1] See, e.g., Vainshtein, et al., *Convicted groper back in SF after prison – and again approaching women*, S.F. Chronicle (Oct. 20, 2025) <https://www.sfchronicle.com/sf/article/bill-gene-hobbs-released-san-francisco-21110868.php> [as of Mar. 11, 2026]; Kukura, *Serial Harasser Bill Gene Hobbs Apparently Out of State Prison, Back to Harassing Women on SF Streets*, SFist (Oct. 21, 2025) <https://sfist.com/2025/10/21/serial-harasser-bill-gene-hobbs-apparently-out-of-state-prison-back-to-harassing-women-on-sf-streets/> [as of Mar. 11, 2026]; Wang, *Convicted harasser back in jail after reportedly approaching women in San Franciso*, ABC7 News (Oct. 24, 2025) <https://abc7news.com/post/convicted-harasser-prison-seen-approaching-women-san-francisco-report-says/18054316/> [as of March 11, 2026]; Editorial Board, *Why was Bill Gene Hobbs back on S.F. streets? His case shows the state of California's justice system*, S.F. Chronicle (Nov. 3, 2025)

has a history of involvement with the criminal justice system for repeatedly harassing women.[2] He has spent time in jail for misdemeanor convictions for stalking and sexual battery, and recently he was released from state prison after serving time for felony false imprisonment.[3] After his release, Hobbs was sent to a state hospital for treatment as an OMHD, but five months later he was released when a local judge determined that he no longer satisfied criteria for commitment.[4] Hobbs soon began to harass women on the streets of San Francisco, where he was quickly rearrested on a parole violation.[5]

Since his return to San Francisco, media outlets have asked why Hobbs was released from DSH after only a short commitment and whether more could be done to prevent his release without more monitoring.[6]

3) **Overview of the Commitment Process for an OMHD**: Existing law provides that, as a condition of parole, an incarcerated person who meets specified criteria can be involuntarily committed to DSH for treatment. (Pen. Code, § 2962 et seq.) The OMHD scheme is designed to confine an incarcerated person who is about to be released on parole if they suffer from a severe mental health disorder that contributed to the commission of their crime. Rather than release them to the community, CDCR paroles the incarcerated person to the supervision of DSH, and the person remains under DSH supervision throughout the parole period. (Pen. Code, § 2962). Treatment can continue for one year upon termination of parole (Pen. Code § 2970), and treatment can be extended for an additional year after expiration of the original, or previous, one-year commitment (Pen. Code § 2972). *(People v. Cobb* (2010) 48 Cal.4th 243, 251.)

Commitment as an OMHD requires a showing that the incarcerated person has a severe mental health disorder that is not in remission or that cannot be kept in remission without treatment. (Pen. Code, § 2962, subd. (a)(1).) Existing law defines "severe mental health disorder" as an illness, disease, or condition that substantially impairs the person's thought, perception of reality, emotional process, or judgment; or that grossly impairs behavior; or that demonstrates evidence of an acute brain syndrome for which prompt remission, in the absence of treatment, is unlikely. (Pen. Code, § 2962, subd. (a)(2).) The severe mental health disorder also must have been one of the causes of, or have been an aggravating factor in, the commission of a crime for which the person was sentenced. (Pen. Code, § 2962, subd. (b).) The incarcerated person must also have been in treatment for the disorder for 90 days or more within the year prior to parole or release. (Pen. Code, § 2962, subd. (c).)

The initial determination that an incarcerated person qualifies as an OMHD is made administratively. Prior to release on parole, the person in charge of treating the incarcerated person and a practicing psychiatrist or psychologist from DSH must have evaluated the person at a CDCR facility, and a chief psychiatrist of CDCR must have certified to BPH that the incarcerated person has a severe mental health disorder; that the disorder is not in

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<https://www.sfchronicle.com/opinion/editorials/article/california-san-francisco-bill-gene-hobbs-21122904.php> [as of Mar. 11, 2026].
[2] Vainshtein, *supra*.
[3] Wang, *supra*.
[4] Editorial Board, *supra*; see also Wang, *supra*.
[5] *Ibid*.
[6] *Ibid*.

remission and cannot be kept in remission without treatment; that the disorder was one of the causes of, or was an aggravating factor in, the incarcerated person's criminal behavior; that the incarcerated person has been in treatment of the severe mental health disorder for 90 days or more within the year prior to the incarcerated person's parole release day; and that, by reason of their severe mental health disorder, the incarcerated person represents a substantial danger of physical harm to others. (Pen. Code, § 2962, subd. (d).)

If the professionals doing the evaluation do not agree that incarcerated person has a severe mental health disorder, that the disorder is not in remission or cannot be kept in remission without treatment, or that the severe mental health disorder was a cause of, or aggravated, the prisoner's criminal behavior, and a chief psychiatrist has certified the incarcerated person BPH, then BPH must order an examination of the incarcerated person by two independent professionals. (Pen. Code, § 2962, subd. (d)(2).) If at least one of the independent professionals who evaluate the person concurs with the chief psychiatrist's certification of the incarcerated person as an OMHD, the person can be involuntarily committed. (Pen. Code, § 2962, subd. (d)(3).)

The incarcerated person may request a hearing before BPH to require proof that that they qualify as an OMHD. (Pen. Code, § 2966, subd. (a).) If BPH determines that the person qualifies, the inmate may file, in the superior court of the county in which he or she is incarcerated or is being treated, a petition for a jury trial. (Pen. Code, § 2966, subd. (b).) The jury must unanimously agree beyond a reasonable doubt that the inmate is an OMHD. (*Ibid*.) If the jury, or the court if a jury trial is waived, reverses the determination of BPH, the court is required to stay the execution of the decision for five working days to allow for an orderly release of the incarcerated person. (*Ibid.*)

4) **Constitutionality of the OMHD Statute**: The OMHD law was enacted in 1985. Unlike existing law, the original statute did not require a finding that the incarcerated person represents a substantial danger of physical harm to others. (*People v. Harrison* (2013) 57 Cal.4th 1211, 1227) However, other involuntary commitment statutes required a showing of dangerousness. Because of this discrepancy, the law was challenged as a violation of the equal protection clause of both the state and federal constitutions.

> The equal protection clause of the United States Constitution requires at a minimum that persons standing in the same relation to a challenged government action will be uniformly treated. Traditionally, social and economic legislation will be upheld if the classification drawn by the statutes is rationally related to legitimate state interests. When the classification touches on a fundamental right, it must be judicially determined under the strictest standard whether it is necessary to promote a compelling government interest. Whether a right is fundamental depends on whether it is implicitly or explicitly guaranteed by the federal Constitution.
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> Although freedom from involuntary custodial confinement would appear to be the equivalent of "liberty" explicitly guaranteed by the Fifth and Fourteenth Amendments, the United States Supreme Court has not expressly held that classifications touching upon liberty are fundamental for these purposes. [In cases] related to challenged classifications in substance and procedure for involuntary commitment, the court appears to use the traditional rational basis test. Consequently for purposes of federal law analysis so shall we.

> Any equal protection challenge requires a determination whether the groups which are differently treated are similarly situated for purposes of the law. If they are not, no equal protection claim is applicable. *People v. Gibson* (1988) 204 Cal.App.3d 1425, 1435-1436 (internal citations omitted).)

The court observed that the OMHD scheme was similar to other statutes that provided for the involuntary commitment of people for treatment and for the protection of the public, "for renewable periods, until they no longer pose a danger to the public whether or not they remain mentally ill." (*Id.* at p. 1436.) The court compared OMHDs to persons found not guilty by reason of insanity who had been involuntarily committed after a term of imprisonment and to juveniles with mental health disorders who, "now adults, have been recommitted after" imprisonment (*Ibid*.) Each group of individuals had been found to have committed a criminal offense, and the commitment of both OMHDs and individuals found not guilty by reason of insanity rested on the link between their mental health disorders and their criminal conduct. (*Id.* at p. 1437.) According to the court, under the law as originally enacted, "The [OMHD] commitment scheme, however, contains one critical and significant difference from all the others; it does not require proof of any present dangerousness as a result of mental illness for commitment or recommitment." (*Id.* at p. 1436.) Because OMHDs were treated differently from these similarly situated groups, the court called it "unreasonable and arbitrary to exempt [OMHD's] from a requirement of proof of dangerousness applicable to all other persons subject to involuntary commitment," thereby violating the equal protection clause of the Fourteenth Amendment of the United States Constitution. (*Id.* at pp. 1440-1441.)

Further, holding that the original OMHD scheme also violated the equal protection clause of the California Constitution, the court added:

> It must be remembered that appellant and those in this class of [OMHD] committees are all legally sane and have been subject to punishment for their offenses for the term prescribed by the Legislature. At the end of their terms even the most dangerous offenders and most likely recidivists are subject to release so long as they are not mentally ill as defined. Unless proven to be dangerous the equal protection clause requires the mentally ill inmate must also be released from custody. (*Id.* at pp. 1442-1443.)

In response the court's ruling, the Legislature quickly passed urgency legislation that incorporated the language contained in current law—that the incarcerated person must "represent[] a substantial danger of physical harm to others." (*People v. Harrison* (2013) 57 Cal.4th 1211, 1227; *People v. Superior Court (Myers)* 50 Cal.App.4th 826, 830.)

OMHDs remain similarly situated to other persons involuntarily committed because they represent a danger to others. For example, like with OMHDs, a defendant found not guilty of a felony by reason of insanity still may be committed to DSH beyond the original prescribed term "if the person…by reason of a mental disease, defect, or disorder represents a *substantial danger of physical harm to others*." (Pen. Code, § 1026.5, subd. (b)(1) (emphasis added); see also Welf. & Inst., § 5008, subd. (h)(1)(B)(iv) (defining a person "found mentally incompetent [because]…among several factors, the person represents *a substantial danger of physical harm to others* by reason of a mental disease, defect, or disorder" to be "gravely

disabled" for purposes of conservatorship) (emphasis added).

5) **Other OMHD Bills Before the Committee**: In addition to this bill, the committee has been referred two additional bills seeking to address the involuntary commitment of OMHDs—AB 1782 (DeMaio) and AB 1897 (Haney). AB 1782 would dispel with the necessity that the chief psychiatrist of CDCR certify to BPH that a person is suffering from a severe mental health disorder that was one of the causes of, or an aggravating factor in, the person's criminal behavior. It would require neither that the person's severe mental health disorder contributed to their criminal conduct nor that the person represents a substantial danger of physical harm to others.

   As currently in print, AB 1897 would require the chief psychiatrist of CDCR to certify among other things that an incarcerated person represents a "*threat* of physical harm to others," rather than a substantial danger of physical harm to others. It would also require the person to undergo the Historical Clinical Risk Management-20, Version 3 assessment as published by the Mental Health, Law, and Policy Institute at Simon Fraser University in Canada, in addition to any other test or assessment the evaluating professionals deem appropriate

   Unlike the other two bills, AB 1825 does not dispense with the requirement that the person represent a substantial danger to the physical harm to others. Rather than providing for commitment without a showing of dangerousness or changing the risk standard, AB 1825 would clarify the factors the CDCR chief psychiatrist must consider when determining whether an incarcerated person, as a result of a severe mental health disorder, represents a "substantial danger of physical harm" to others. Specifically, AB 1825 would require the chief psychiatrist to consider recent threats of violence or acts of violence directed toward another individual, group, or location; recent threats of violence or acts of violence directed toward themselves; a pattern of violent acts or violent threats within the past 12 months; a history of violent behavior, including prior convictions for violent offenses; treatment compliance history and response to treatment; and a prior history of state hospital commitment.

6) **Argument in Support**: According to the *California State Association of Psychiatrists*, "Current law allows the Board of Parole Hearings to require treatment for individuals whose severe mental disorder contributed to the commission of a violent offense and who, as a result of that disorder, may represent a substantial danger of physical harm to others. However, the absence of clear standards for evaluating dangerousness and the lack of structured exit planning can result in abrupt termination of OMHD classification and direct discharge to the community without adequate clinical coordination or safeguards.

   "A violence risk assessment is most effective when it incorporates well-established factors, including recent threats or acts of violence toward others or oneself, patterns of violent behavior, prior violent offenses, treatment compliance and response, and prior state hospital commitments. Establishing these factors in statute will help ensure that risk evaluations are thorough, consistent, and informed by evidence-based practices. AB 1825 recognizes the importance of coordinated reentry planning by requiring collaboration with county behavioral health departments and consideration of programs such as Assisted Outpatient Treatment, CARE Court, or Forensic Assertive Community Treatment when individuals are released to the community.

"Finally, this legislation strengthens continuity of care by requiring structured exit plans and by allowing individuals in state hospitals to enroll in Medi-Cal and receive Medi-Cal services during the 90 days prior to release, aligning them with policies already available to people leaving prisons and jails. These provisions support effective coordination and timely access to psychiatric care, medication, and community-based services—interventions that are essential for stabilizing serious mental illness and reducing the likelihood of relapse or re-offense."

7) **Argument in Opposition**: None submitted.

8) **Related Legislation**:

   a) AB 1782 (DeMaio) would reduce the number of factors to which the chief psychiatrist of CDCR to BPH prior to the involuntary commitment of a OMHD. AB 1782 will be heard today in this committee.

   b) AB 1897 (Haney) would require the chief psychiatrist of CDCR to certify among other things that a incarcerated person represents a threat of physical harm to others, rather than a substantial danger of physical harm to others. AB 1897 is pending a hearing in this committee.

9) **Prior Legislation**:

   a) SB 591 (Galgiani), Chapter 649, Statutes 2019, stated that a practicing psychiatrist or DSH or CDCR psychologist be afforded prompt and unimpeded access to an inmate temporarily housed at a county jail, when the psychiatrist or psychologist is conducting an evaluation of the inmate as a MDO; and made changes to the process to determine whether an inmate is a MDO.

   b) SB 350 (Galgiani), of the 2017-2018 Legislative Session, would have required the disclosure of medical, dental, and mental health information between a county correctional facility, a county medical facility, a state correctional facility, a state hospital, or a state-assigned mental health provider when an inmate is transferred from or between state and county facilities, as specified. SB 350 was held in the Senate Appropriations Committee.

   c) SB 1443 (Galgiani), of the 2015-2016 Legislative Session, would have permitted the sharing of medical, mental health and dental information between correctional facilities, as specified. SB 1443 was held in the Senate Appropriations Committee.

   d) SB 1295 (Nielsen), Chapter 430, Statutes of 2016, authorized the use of documentary evidence for purposes of satisfying the criteria used to evaluate whether a prisoner released on parole is required to be treated by the State Department of State Hospitals as an MDO.

REGISTERED SUPPORT / OPPOSITION:

Support

California State Association of Psychiatrists (CSAP)

Opposition

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