

Date of Hearing: May 13, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 1825 (Krell) – As Amended April 16, 2026

Policy Committee:	Public Safety	Vote:	9 - 0
	Health		16 - 0

Urgency: No            State Mandated Local Program: Yes            Reimbursable: Yes

**SUMMARY:**

This bill makes changes to the Offenders with Mental Health Disorders (OMHD) Program, including adding criteria for determining whether an offender poses a substantial risk of physical harm to others. For an offender who is being released, this bill requires the California Department of Corrections and Rehabilitation (CDCR) to create an exit plan that includes submission of an application for Medi-Cal benefits, as appropriate, and referral for certain county resources and programs.

Specifically, this bill:

- 1) Requires CDCR consider specified factors when determining whether an incarcerated person with SMI poses a substantial danger of physical harm to others, including recent threat of violence or act of violence directed toward others or themselves, a pattern of acts or threats of violence within the past 12 months, history of violent behavior, treatment compliance history and response to treatment; and history of state hospital commitment.
- 2) Specifies that, if a court reverses a person’s OMHD determination, CDCR must notify the behavioral health department of the county of supervision pending release to coordinate an exit plan. Requires the exit plan to include (a) the submission of an application for Medi-Cal benefits and (b) a recommendation, as appropriate, by the behavioral health professional who has been treating the prisoner, or the supervisor of the professional, to the supervising county’s behavioral health department for specified resources and programs.
- 3) Makes an individual transitioning to the community after six months or more in a state hospital presumptively eligible for a full-service partnership (FSP).
- 4) Expands the eligibility for receiving targeted Medi-Cal services, as provided by the California Advancing and Innovating Medi-Cal (CalAIM) Act, to include a qualifying inmate of a state hospital.

**FISCAL EFFECT:**

- 1) The County Behavioral Health Directors Association (CBHDA) estimates costs to county behavioral health programs of \$209,000 to \$889,000 statewide to coordinate with CDCR on an offender’s exit plan, making clinical determinations, and providing subsequent treatment. These costs are potentially reimbursable by the state, subject to a determination by the Commission on State Mandates (General Fund).

- 2) DSH states this bill will increase DSH's OMHD patient population by increasing OMHD commitments and decreasing OMHD decertifications. The average cost of treatment for a patient at DSH is \$1,121 per day (\$409,165/year). The average length of stay for OMHD patients is 259 days, for an average cost of \$290K per patient. Although it is difficult to determine the extent to which this bill will increase DSH's OMHD patient population and related costs, DSH estimates an increase in new OMHD commitments to DSH up to 5% and a reduction of OMHD decertifications up to 10% of its population of 1,132 OMHDs (including those on conditional release), which would result in costs of up to tens of millions of dollars annually to activate additional beds to treat the increased OMHD population (General Fund). DSH notes that it has limited available capacity to activate beds for this purpose.
- 3) Costs to CDCR of an unknown amount, potentially absorbable or in the low hundreds of thousands of dollars annually.
- 4) Costs to DHCS of an unknown but likely significant amount, to the extent providing coverage for an inmate of DSH is allowable.

The Legislative Analyst's Office recently warned of General Fund structural deficits of around \$35 billion per year in the 2027-28 fiscal year and ongoing.

#### COMMENTS:

- 1) **Purpose.** This bill is sponsored by the California State Association of Psychiatrists. According to the author:

The [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. [This bill] 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) **Background.** The OMHD program 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. Under existing law, CDCR may parole an incarcerated person who meets specified criteria to the supervision of DSH for treatment, rather than releasing them to the community. The person remains under DSH supervision throughout the parole period. Treatment can continue for one year upon termination of parole and may be extended for an additional year after expiration of the original, or previous, one-year commitment. Commitment as an OMHD requires that the incarcerated person has a

severe mental health disorder that is not in remission or that cannot be kept in remission without treatment.

- 3) **Related Legislation.** AB 1782 (DeMaio) reduces the number of factors to which the chief psychiatrist of CDCR must certify prior to the involuntary commitment of an OMHD. AB 1782 failed passage in the Assembly Public Safety Committee.

AB 1897 (Haney) requires the chief psychiatrist of CDCR or DSH to use a specified violence risk assessment tool as part of the evaluation conducted before certifying an incarcerated person to the Board of Parole Hearings as an OMHD, and changes the venue for a petition challenging an OMHD determination from the superior court of the county where the person is incarcerated or being treated to the superior court of the county of commitment to state prison. AB 1897 is pending in this committee.

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