ASSEMBLY THIRD READING
AB 1825 (Krell)
As Amended April 16, 2026
Majority vote

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.

Major Provisions

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 forensic state hospital commitment, as specified.

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 recommendation to the supervising county's behavioral health department by a licensed behavioral health professional who is, or has been within the previous 30 days, supervising the treatment of, or treating, the individual for a mental health disorder for any of the following, as appropriate:

        i) Suicide prevention.

        ii) Substance use disorder treatment.

        iii) Medi-Cal enhanced care management.

        iv) Full-service partnership, as specified.

v) Assisted outpatient treatment, as specified.

vi) The Community Assistance, Recovery, and Empowerment (CARE) Act, as specified.

vii) Forensic assertive community treatment program.

viii) Whether the offender meets the definition of gravely disabled, as specified, and if the supervising county should pursue a court-ordered mental health evaluation using the existing legal process, as specified.

ix) Early psychosis intervention services.

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, and to additionally work with the county of supervision's behavioral health department to coordination the offender's exit plan.

COMMENTS

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."

Arguments 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."

Arguments in Opposition
None submitted.

FISCAL COMMENTS

According to the Assembly Appropriations Committee:

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.

VOTES

ASM PUBLIC SAFETY: 9-0-0
YES: Schultz, Alanis, Mark González, Haney, Harabedian, Lackey, Nguyen, Ramos, Sharp-Collins

ASM HEALTH: 16-0-0
YES: Bonta, Chen, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 15-0-0
YES: Wicks, Hoover, Aguiar-Curry, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

UPDATED

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