

Date of Hearing: April 21, 2026

Chief Counsel: Andrew Ironside

ASSEMBLY COMMITTEE ON PUBLIC SAFETY

Nick Schultz, Chair

AB 1897 (Haney) – As Amended March 18, 2026

**As Proposed to be Amended in Committee**

**SUMMARY:** Provides that an incarcerated person who disagrees with a Board of Parole Hearings' (BPH) determination that the person qualifies as an offender with a mental health disorder may file a petition for a hearing on the matter in the superior court of the county of commitment to state prison, rather than in the county in which the person is incarcerated or being treated.

**EXISTING LAW:**

- 1) Provides that, as a condition of parole, an incarcerated person who meets the following criteria shall be provided necessary treatment by Department of State Hospitals (DSH) as follows:
  - a) The incarcerated person 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 incarcerated person was sentenced to prison.
  - c) The incarcerated person 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 incarcerated person and a practicing psychiatrist or psychologist from DSH have evaluated the incarcerated person at a facility of the California Department of Corrections and Rehabilitation (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 incarcerated person's criminal behavior;
    - iv) The incarcerated person 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 incarcerated person's severe mental health disorder, the incarcerated person 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 incarcerated person 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 incarcerated person's criminal behavior, and a chief psychiatrist has certified the incarcerated person 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, “California’s Mentally Disordered Offender laws are designed to ensure that individuals with severe mental illness who pose a danger to others receive appropriate treatment while protecting public safety. However, recent cases have exposed gaps in the law that allow dangerous individuals to be released due to inconsistent interpretations of the statutory standard used to determine risk. AB 1897 addresses this issue by clarifying the danger standard and requiring use of a structured risk assessment tool to support more consistent and evidence-based decisions. By improving the

reliability of these determinations while preserving due process protections, this bill strengthens California’s ability to protect communities and ensure the fair administration of our criminal justice system.”

- 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.<sup>1</sup> Hobbs has a history of involvement with the criminal justice system for repeatedly harassing women.<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup> Hobbs soon began to harass women on the streets of San Francisco, where he was quickly rearrested on a parole violation.<sup>5</sup>

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.<sup>6</sup>

- 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,

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<sup>1</sup> 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 Francisco*, 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) <<https://www.sfchronicle.com/opinion/editorials/article/california-san-francisco-bill-gene-hobbs-21122904.php>> [as of Mar. 11, 2026].

<sup>2</sup> Vainshtein, *supra*.

<sup>3</sup> Wang, *supra*.

<sup>4</sup> Editorial Board, *supra*; see also Wang, *supra*.

<sup>5</sup> *Ibid.*

<sup>6</sup> *Ibid.*

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 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 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 for the severe mental health disorder for 90 days or more within the year prior to the incarcerated person's parole release date; 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 evaluating the incarcerated person do not agree that the 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 evaluates the incarcerated person concurs with the chief psychiatrist's certification of the 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 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) **Effect of this Bill:** Under existing law, an incarcerated person who disagrees with BPH's determination that they qualify as an OMHD, and thus can be involuntarily committed, may file in the superior court of the county in which they are incarcerated or being treated a petition for a hearing on whether they meet the OMHD criteria. This bill would change the location at which that petition for hearing can be filed to the superior court in of the county of the persons commitment to state prison.
- 5) **Argument in Support:** Not applicable.

6) **Argument in Opposition:** Not applicable.

7) **Related Legislation:**

- a) AB 1792 (DeMaio) would reduce the number of factors to which the chief psychiatrist of the California Department of Correction and Rehabilitation (CDCR) to the Board of Parole Hearings (BPH) prior to the involuntary commitment of an OMHD. AB 1782 failed passage in this committee.
- b) AB 1825 (Krell) Specifies factors that a chief psychiatrist of CDCR shall consider when determining whether an incarcerated person with a severe mental health disorder poses a substantial danger of physical harm to others. AB 1825 is pending a hearing in the Assembly Health Committee.

8) **Prior Legislation:**

- a) AB 2475 (Haney), Chapter 963, Statutes of 2024, required a court to stay the execution of a decision determining an incarcerated person is not an OMHD for up to 30 days, instead of the current five working days, in order to allow for the person's orderly release.
- b) 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.
- c) 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.
- d) 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.
- e) 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 a OMHD.

**REGISTERED SUPPORT / OPPOSITION:****Support**

San Francisco District Attorney Brooke Jenkins (Sponsor)  
Arcadia Police Officers' Association  
Board of Supervisors for the City and County of San Francisco  
Brea Police Association  
Burbank Police Officers' Association  
California District Attorneys Association  
California Narcotic Officers' Association  
California Reserve Peace Officers Association  
Claremont Police Officers Association  
Corona Police Officers Association  
Culver City Police Officers' Association  
Fullerton Police Officers' Association  
Murrieta Police Officers' Association  
Newport Beach Police Association  
Palos Verdes Police Officers Association  
Placer County Deputy Sheriffs' Association  
Pomona Police Officers' Association  
Riverside County District Attorney  
Riverside Police Officers Association  
Riverside Sheriffs' Association

**Opposition**

ACLU California Action  
All of US or None (HQ)  
California Attorneys for Criminal Justice  
California Civil Liberties Advocacy  
California Peer Watch  
California Public Defenders Association  
Californians United for a Responsible Budget  
Disability Rights California  
Felony Murder Elimination Project  
Legal Services for Prisoners With Children  
San Francisco Public Defender  
Saving Lives in Custody California  
Smart Justice California, a Project of Beyond Impact  
Uncommon Law  
Western Center on Law & Poverty, INC.

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