

Date of Hearing: March 24, 2026

Chief Counsel: Andrew Ironside

ASSEMBLY COMMITTEE ON PUBLIC SAFETY

Nick Schultz, Chair

AB 2259 (Ransom) – As Introduced February 19, 2026

SUMMARY: Requires the Department of Corrections and Rehabilitation (CDCR) to establish a three-year pilot program to provide voluntary mental health therapy to incarcerated individuals within 90 days of their release or earliest possible release date. Specifically, **this bill:**

- 1) Requires CDCR to offer a three-year pilot program at two CDCR institutions, with one program each dedicated to separate institutions housing people of each gender.
- 2) Provides the pilot program at each institution shall provide access to virtual therapy opportunities, including telehealth and telepsychiatry, or in-person therapy opportunities with a licensed or registered mental health provider.
- 3) Provides that the therapy opportunities would shall be offered at least twice a month, for a minimum of 50 minutes, and follow evidence based therapeutic models appropriate for pre-release transition planning, as specified.
- 4) Provides that access to these mental health services during an incarcerated person's enrollment in the pilot program is limited to persons who are not determined to have the following classification status:
 - a) Correctional Clinical Case Management System;
 - b) Enhanced Outpatient Program; and
 - c) Acute levels of care, including the Psychiatric Inpatient Programs or Mental Health Crisis Bed.
- 5) Provides that participating incarcerated persons shall be within 90 days of their release from custody, or within 90 days of the person's minimum eligible parole date or earliest possible release date.
- 6) Requires CDCR to coordinate with the Department of Health Care Services to facilitate enrollment support for participating persons to ensure that eligible individuals are informed of Medi-Cal benefits no later than 90 days before their release date.
- 7) Provides that services provided through the pilot program may be covered through Medi-Cal or other allowable funding sources to support continuity of care prior to release and upon reentry.

- 8) Provides that enrollment shall not result in an incarcerated person being classified as having a serious mental health disorder unless the provider has made a formal recommendation and the incarcerated person offers express, written permission.
- 9) Clarifies that communications between an incarcerated individual and a mental health provider under this pilot program are confidential pursuant to Health Insurance Portability and Accountability Act of 1996 (HIPAA). The California Correctional Health Care Services shall act as the custodian of records for all treatment documents generated under this pilot program.
- 10) Requires CDCR to provide an incarcerated individual participating in the pilot program with information about community-based treatment programs upon their release.
- 11) Requires CDCR to submit annual reports to the Legislature evaluating program capacity, participation, outcomes, and other specified metrics.
- 12) Requires the report to include all of the following:
 - a) The planned capacity of the program at each participating facility.
 - b) The number of incarcerated persons enrolled in the program at each participating facility.
 - c) The percentage of participants with positive posttreatment outcomes.
 - d) The number of persons who are successfully linked to postrelease community-based treatment programs.
- 13) Defines “virtual therapy opportunities” to mean services provided by tablet, video conference, or other technologies.
- 14) Defines “positive outcomes” to mean an inmate exhibiting any of the following:
 - a) Reduced disciplinary action or writeups from staff.
 - b) Self-acceptance.
 - c) Self-understanding.
 - d) Improved interpersonal safety and functioning.
- 15) Provides that the pilot program would sunset on July 1, 2031.

EXISTING LAW:

- 1) Establishes the Secretary of CDCR and vests responsibility for the care, custody, treatment, training, discipline, and employment of persons confined in state prisons. (Pen. Code, § 5054.)

- 2) Authorizes CDCR to provide medically and psychologically necessary services, including prescreening for mental disorders, competency evaluations related to classification hearings, and evaluations relating to parole determinations. (Pen. Code, § 5058.5.)
- 3) Provides that a person in custody may voluntarily apply for inpatient or outpatient mental health services, subject to approval by jail officials, the court, and the local mental health director when the treatment occurs outside the jail. (Pen. Code, § 4011.8.)
- 4) Provides that the Director of Corrections maintain psychiatric and diagnostic clinics within state correctional institutions staffed by licensed mental health professionals. These clinics are responsible for conducting evaluations and studies of incarcerated individuals, including their life history, causes of criminal behavior, and recommendations for treatment, training, and rehabilitation, subject to approval by the director. (Pen. Code, § 5079.)
- 5) Defines “medically necessary” as health care services that are determined by the attending or primary medical, mental health, or dental care provider to be needed to protect life, prevent significant illness or disability, or alleviate severe pain, and are supported by health outcome data or clinical evidence as being an effective health care service for the purpose intended or in the absence of available health outcome data is judged to be necessary and is supported by diagnostic information or specialty consultation. (Cal. Code Regs., tit. 15, § 3999.98.)
- 6) Defines “mental health evaluation” as a psychological evaluation performed by a mental health clinician that includes a brief narrative of the presenting problem, historical information of relevance, a mental status examination and assessment of level of functioning, determination of need for mental health treatment and recommended level of care, and a referral to a psychiatrist if there is a possible need for psychotropic medication or other psychiatric intervention. (Cal. Code Regs., tit. 15, § 3999.98.)
- 7) Allows CDCR to only provide patients with the health care services that are medically necessary and provides that such services may be subject to approval or disapproval by the licensed medical, mental health, or dental care supervisors. (Cal. Code Regs., tit. 15, § 3999.200.)
- 8) Provides that CDCR will provide a broad range of mental health services to patients by assessing the needs of its population and developing specialized programs of mental health care, to the extent resources are available for this purpose. Provides that necessary and appropriate mental health services will be provided to patients, and adequate staff and facilities will be maintained for the delivery of such services. (Cal. Code Regs., tit. 15, § 3999.330, subd. (a).)
- 9) Provides that when a patient is found to require mental health care not available within these resources, but which is available in the Department of State Hospitals, the case will be referred to the Secretary for consideration of temporary transfer to that department pursuant to Penal Code section 2684. (Cal. Code Regs., tit. 15, § 3999.330, subd. (b).)
- 10) Provides all required mental health treatment or diagnostic services to be provided under the supervision of a psychiatrist licensed to practice in this state, or a psychologist licensed to practice in this state and who holds a doctoral degree and has at least two years of experience

in the diagnosis and treatment of emotional and mental disorders. (Cal. Code Regs., tit. 15, § 3999.330, subd. (d).)

- 11) Provides that records of mental health diagnosis, evaluation, and treatment prepared or maintained by CDCR remain the property of the department and are subject to all applicable laws governing their confidentiality and disclosure. Provides that treatment will be in accord with sound principles of practice and will not serve a punitive purpose. (Cal. Code Regs., tit. 15, § 3999.330, subd. (e).)
- 12) Requires all persons committed to CDCR to be informed that mental health services are available to them. Requires they are informed that, upon their request, an evaluative interview will be provided within a reasonable period of time by a licensed practitioner, or a specially trained counselor supervised by a licensed practitioner. Provides that, upon request, they will be provided with information as to what specialized treatment programs may be available in the department and how such treatment may be obtained. (Cal. Code Regs., tit. 15, § 3999.330, subd. (f).)

FISCAL EFFECT: Unknown

COMMENTS:

- 1) **Author's Statement:** According to the author, "Over the last decade, California has furthered its commitment to putting rehabilitation at the forefront of our justice system. Mental health and therapy are proven to support personal growth and self-reflection, both of which are essential to a justice-involved individual's successful reentry. AB 2259 would establish a pilot program to give pre-release individuals access to the therapy they may need to safely reintegrate into an ever-changing world. Currently, mental health services like cognitive behavioral therapy are only available to people with a pre-existing diagnosis, or people who are placed into high-acuity treatment levels. AB 2259 will ensure that all people in our state's justice system—whether diagnosed or not—have access to the care they need for the health and safety of themselves and others."
- 2) **Mental Health Services at CDCR:** CDCR's Mental Health Services Delivery System provides incarcerated individuals access to mental health services. According to CDCR, the primary function of their Statewide Mental Health Program (SMHP) is to ensure patients have ready access to mental health services based on their need.¹ The SMHP operates under a court order reached in the *Coleman v. Newsom* lawsuit filed originally in 1990 as *Coleman v. Wilson*. (*Coleman v. Newsom* (E.D. Cal. 1990) No. 2:90-cv-0520.) In 1997, the parties reached agreement on a plan to address constitutional inadequacies by establishing mental health services, including programs and staffing, at multiple levels of care. CDCR's Mental Health Services Delivery System Program Guide provides the policies and procedures that govern delivery of these mental health services.²

According to the Mental Health Services Delivery System Program Guide:

¹ <https://www.cdcr.ca.gov/dhcs/mental-health-program/>

² *Ibid.*

Any inmate can be referred for mental health services at any time. Inmates who are not identified at Reception or upon arrival at an institution as needing mental health services, may develop such needs later. Any staff members that have concerns about an inmate's mental stability are encouraged to refer that inmate for evaluation by a qualified mental health clinician (psychiatrist, psychologist, or clinical social worker).³

Based on the program guide, an inmate must meet the specific treatment criteria to receive treatment at a specific level of care. Correctional Clinical Case Management System (CCCMS) is the basic, primary level of outpatient mental health care at CDCR. Enhanced Outpatient Program (EOP) is the highest level of outpatient care. EOP provides more intensive level of outpatient clinical care than CCCMS. Mental Health Crisis Bed (MHCB) is acute care that provides short-term inpatient treatment for episodes of psychiatric distress or mental disorder. Lastly, Psychiatric Inpatient Programs (PIPs) provide treatment that is more intensive for patients who cannot function adequately or stabilize in an outpatient program or shorter-term inpatient program and provide long-term inpatient mental health care.⁴

This bill would establish a three-year pilot program at two or more CDCR institutions that would provide access to voluntary virtual and in-person mental health counseling sessions to incarcerated individuals within 90 days of their release. Individuals already designated by CDCR to receive mental health care, pursuant to the above-described levels of care, would not be eligible for this mental health resource, as the bill intends to offer mental health services to incarcerated individuals who do not already receive treatment. Additionally, the pilot program is designed to connect incarcerated individuals with enrollment in Medi-Cal benefits upon release which could help facilitate a more stable transition back into society.

- 3) **Argument in Support:** According to *Mental Health America of California*, a co-sponsor of this bill, “While programs such as the Correctional Clinical Case Management System (CCCMS), Enhanced Outpatient Program (EOP), Mental Health Crisis Bed (MHCB), and the Psychiatric Inpatient Program (PIP) are available, only those with a mental health designation are eligible for them. Many incarcerated individuals experiencing mental health challenges may not have a designation and thus are ineligible for services. With the number of incarcerated individuals with an active mental health case rising by 63% over the past decade, the demand for mental health services will continue to grow.”⁵

“This bill establishes a pilot program at two designated correctional facilities and provides mental health therapy for individuals up to 90 days before their release. Program eligibility is focused on individuals unable to access CCCMS, EOP, MHCB, and PIP, expanding mental health services to all regardless of a mental health designation by the CDCR. Providing therapy to all individuals prior to release will improve community integration and reduce recidivism.”

³ <https://cchcs.ca.gov/wp-content/uploads/sites/60/2021-Program-Guide-2.1.22.pdf>

⁴ *Ibid.*

⁵ <https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-JI-a11y.pdf>

4) Related Legislation:

- a) AB 1922 (Lowenthal) would prohibit the use of mechanical restraints on an incarcerated person or juvenile who is admitted to a hospital and receiving care. AB 1922 is pending a hearing in this committee.
- b) AB 2593 (Elhawary) would prohibit CDCR staff from interfering with or denying access to medically necessary health care for incarcerated persons. AB 2593 is pending a hearing in this committee.

5) Prior Legislation:

- a) AB 857 (Ortega), Chapter 857, Statutes of 2023, required CDCR to provide each incarcerated person, upon release, informational materials about vocational rehabilitation services and independent living programs offered by the Department of Rehabilitation.
- b) AB 1104 (Bonta), Chapter 560, Statutes of 2023, provides that effective rehabilitation increases public safety and builds stronger communities, and that the purpose of incarceration is rehabilitation and successful community reintegration through education, treatment, and restorative justice programs.
- c) SB 513 (Wiener), of the 2023- 2024 Legislative Session, would have required CDCR to conduct mental health treatment to accomplish specified goals. SB 513 was held in the Senate Appropriations Committee.
- d) AB 428 (Waldron), of the 2023-2024 Legislative Session, would have established the California Department of Reentry to provide leadership, coordination, and technical assistance to ensure successful reentry services are provided to incarcerated individuals. AB 428 was held in the Assembly Appropriations Committee.
- e) AB 2142 (Haney), of the 2023-2024 Legislative Session, would have required CDCR to establish a three-year pilot program at two or more institutions to provide access to mental health therapy for incarcerated persons who are not otherwise classified to receive institutional mental health treatment. AB 2142 was held in the Assembly Appropriations Committee.
- f) AB 2250 (Bonta), of the 2021-2022 Legislative Session, would have required CDCR to establish a reentry services pilot program to provide comprehensive, structured reentry services for women released from state prison. AB 2250 was held in the Assembly Appropriations Committee.
- g) AB 2730 (Villapudua), of the 2021-2022 Legislative Session, would have created the California Anti-recidivism and Public Safety Act pilot program which would have required CDCR to sponsor a program to help incarcerated persons reintegrate into their communities, reduce recidivism, and increase public safety. AB 2730 was vetoed.
- h) AB 620 (Holden), of the 2017-2018 Legislative Session, would have required CDCR to provide meaningful opportunity for successful release of incarcerated persons by offering

information about and access to effective trauma focused programming, as specified. AB 620 was held in the Assembly Appropriations Committee.

- i) AB 2129 (Jones-Sawyer), of the 2013-2014 Legislative Session, would have required CDCR to develop a voluntary reentry program that included access to cognitive behavior therapy. AB 2129 was held in the Assembly Appropriations Committee.

REGISTERED SUPPORT / OPPOSITION:

Support

ACLU California Action
California Police Chiefs Association
Ella Baker Center for Human Rights
Mental Health America of California
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Opposition

None Submitted

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