

Date of Hearing: April 22, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
AB 2259 (Ransom) – As Introduced February 19, 2026

Policy Committee: Public Safety Vote: 8 - 0

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

SUMMARY:

This bill requires the California Department of Corrections (CDCR) to establish a three-year pilot program at two institutions — one male, one female — to provide voluntary, confidential mental health therapy to incarcerated persons within 90 days of release who are not currently classified to receive mental health treatment.

Specifically, this bill:

- 1) Requires each pilot institution to provide access to virtual therapy (telehealth, telepsychiatry) or in-person sessions with contracted licensed or registered mental health providers, at least twice per month for a minimum of 50 minutes per session, using short-term, evidence-based therapeutic models focused on coping skills, reentry planning, and stabilization.
- 2) Limits eligibility to incarcerated persons not currently in the Correctional Clinical Case Management System, Enhanced Outpatient Program, or acute levels of care, and who are within 90 days of their release or earliest possible release date.
- 3) Directs CDCR to coordinate with the Department of Health Care Services (DHCS) to facilitate Medi-Cal enrollment for participants up to 90 days before release, and provides that pilot services may be covered through Medi-Cal or other allowable funding sources.
- 4) Requires annual reports to the Legislature from March 1, 2028, through March 1, 2031, on program capacity, enrollment, posttreatment outcomes, and linkages to community-based treatment.
- 5) Sunsets July 1, 2031.

FISCAL EFFECT:

- 1) Unknown but potentially significant costs (General Fund) to CDCR to establish and operate the pilot program. According to CDCR, approximately 52,000 incarcerated persons statewide — 59% of the population — are not currently classified to receive mental health treatment. CDCR estimates total annual costs for clinician staffing and equipment at the two pilot institutions would be in the millions of dollars. The bill requires sessions at least twice per month for a minimum of 50 minutes per participant. CDCR notes critical staffing shortages in clinical positions, particularly in certain geographic regions, that may make hiring difficult, as the department is already working to fill vacancies under the *Coleman* litigation.

Consistent with the committee rules, this bill is a candidate for the committee's suspense file because it has the primary purpose of creating a pilot program.

- 2) Unknown but potentially significant one-time costs (General Fund) for facility modifications or construction to create confidential therapy space at the two pilot institutions. Space limitations and existing demand for treatment rooms may create operational challenges.
- 3) Unknown, likely significant ongoing costs (General Fund) for telehealth infrastructure, including equipment, electronic health record licenses, IT maintenance and support, and clerical staff for records management, tracking, and billing. These costs may be partially offset by federal Medi-Cal matching funds. The bill provides that services may be covered through Medi-Cal or other allowable funding sources, and directs CDCR to coordinate with DHCS to facilitate Medi-Cal enrollment for participants up to 90 days before release, consistent with California Advancing and Innovating Medi-Cal (CalAIM) justice-involved initiatives. The extent of any offset depends on federal approval and individual participant eligibility.
- 4) Minor costs (General Fund) for annual legislative reporting from March 1, 2028, through March 1, 2031.

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

COMMENTS:

- 1) **Purpose.** According to the author:

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... 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) **Background.** CDCR's Mental Health Services Delivery System operates under a court order in *Coleman v. Newsom* and provides treatment at multiple levels of care — from outpatient case management (CCCMS) through inpatient psychiatric programs. Approximately 41% of the incarcerated population currently receives mental health treatment through this system. The remaining 59% do not have a mental health designation and are ineligible for these services. This bill targets that population in the 90-day pre-release window, providing short-term, evidence-based therapeutic interventions such as brief cognitive behavioral therapy focused on coping skills, reentry planning, and stabilization. Services would be delivered through telehealth or contracted licensed mental health providers in confidential settings. Enrollment does not result in a participant being classified as having a serious mental health disorder unless the provider formally recommends it and the participant provides written consent — a provision designed to avoid deterring participation.

The bill directs CDCR to coordinate with DHCS to facilitate Medi-Cal enrollment for participants prior to release, consistent with CalAIM. CalAIM is a multi-year initiative to transform the state's Medi-Cal program; one component allows Medi-Cal coverage to begin up to 90 days before an incarcerated person's release date, enabling pre-release services — including behavioral health screenings, care coordination, and connections to community providers — to be partially funded through federal matching dollars rather than solely through state General Fund. To the extent pilot participants are enrolled in Medi-Cal pre-release and services qualify for federal reimbursement, the General Fund cost of the pilot could be partially offset. The extent of any offset depends on federal approval, individual eligibility, and whether the specific services delivered under the pilot meet Medi-Cal billing requirements.

CDCR flags an operational concern regarding individuals whose scheduled release date is extended — for example, due to a disciplinary infraction resulting in credit loss or a parole denial — while they are already enrolled in the 90-day pre-release window. The bill does not address whether those individuals would continue receiving services, be disenrolled, or be re-enrolled when they again fall within the 90-day window, creating potential administrative complications and questions about continuity of care.

Analysis Prepared by: Shiran Zohar / APPR. / (916) 319-2081