MCRT | Overview

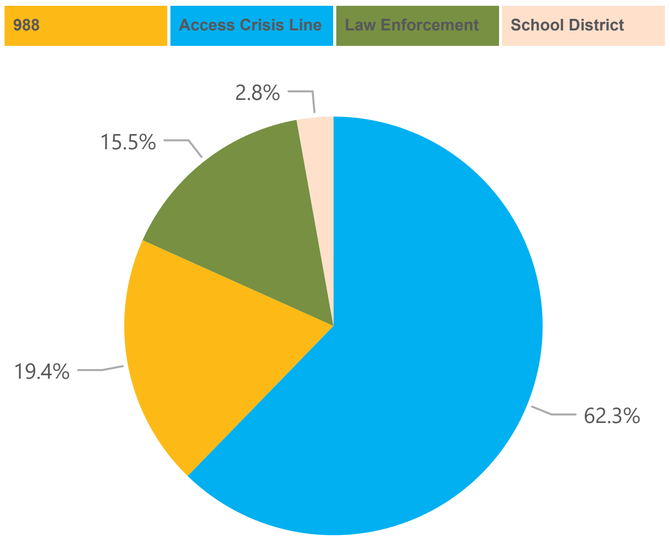
LIVE WELL SAN DIEGO

29.4K
Calls Responded To Since Program Start

17.0K
Unique Clients Since Program Start

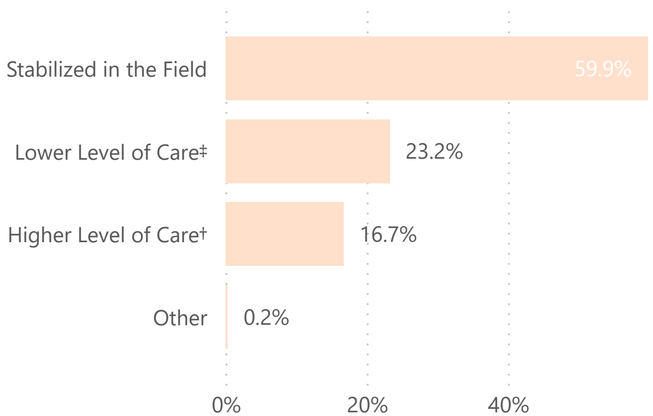
Reporting Period
3/1/2025 to 2/28/2026

Referral Source*

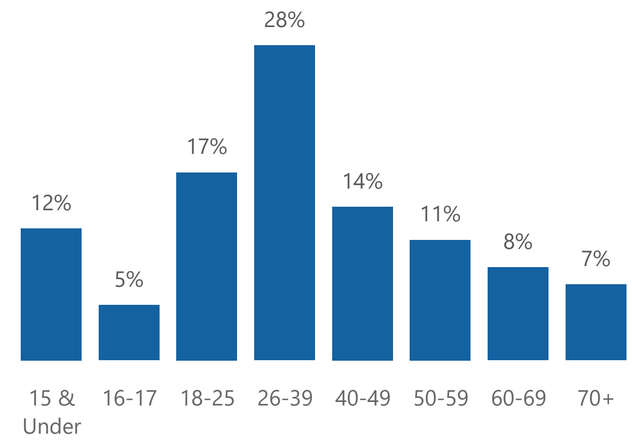


Average Response Time*	Calls with < 1 hour response*
24 Minutes	98%

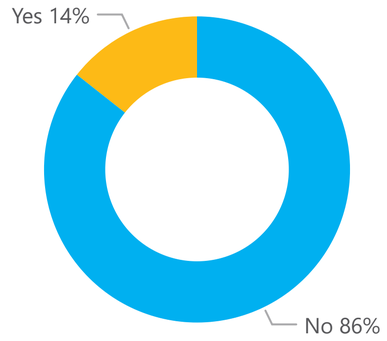
Disposition of Intervention*



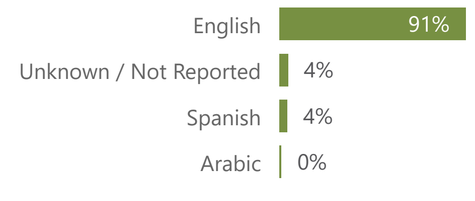
Age



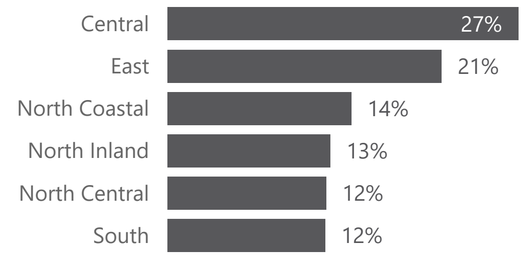
Previous Justice Involvement



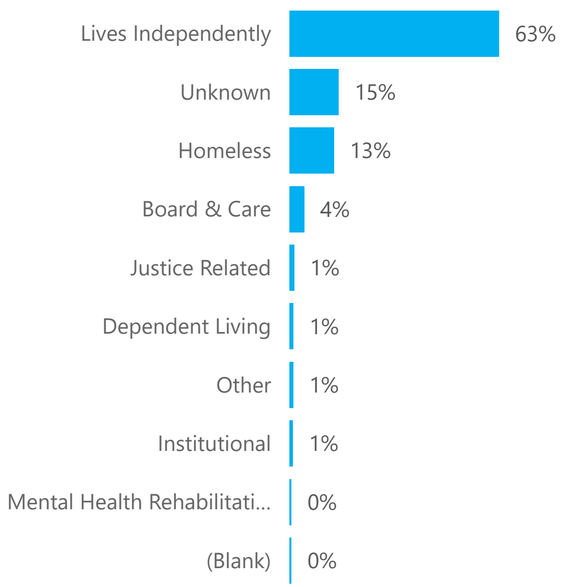
Preferred Language



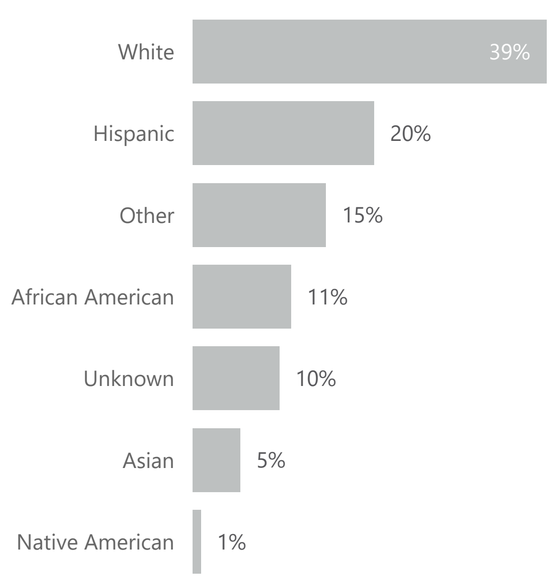
Region of Intervention (by Calls)*



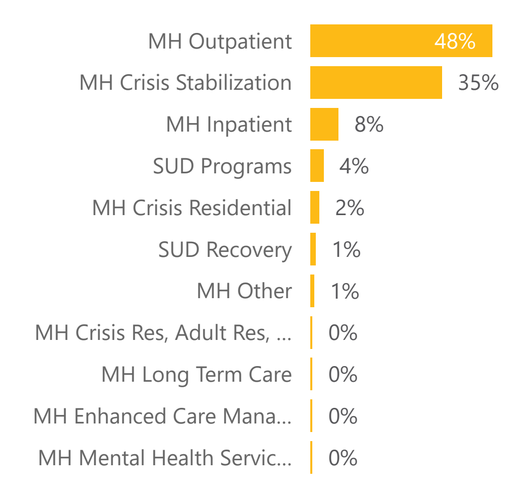
Housing Status



Race/Ethnicity



Connecting Programs**



Data from SmartCare and MCRT Call Log*. *Call data up to 01/31/2026 . †Higher Level of Care includes Emergency Department and Hospitals. ‡ Lower LOC includes CSUs. **First program type clients connected to within 60 days.

CBHDA 2025-26 Legislative Bill Matrix - Watch and Under Review

As of 3/24/2026

Bill Author	Description	Position
AB 46 Nguyen D	**Diversion. (Amended: 2/13/2026)** Current law authorizes a court to grant pretrial diversion to a defendant suffering from a mental disorder, on an accusatory pleading alleging the commission of a misdemeanor or felony offense, in order to allow the defendant to undergo mental health treatment. Current law provides that a defendant is eligible for diversion if they have been diagnosed with certain mental disorders and the court finds that the mental disorder was a significant factor in the commission of the charged offense, unless there is clear and convincing evidence that the disorder was not a motivating, causal, or contributing factor to the defendant's involvement in the alleged offense. Current law prohibits defendants charged with specified offenses, including murder, from being placed in this diversion program. This bill would require that the diagnosis with a mental disorder be within 5 years before the alleged offense. **Status:** 3/17/2026 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 0.) (March 17). Re-referred to Com. on APPR.	2. Oppose AB 46 Sen. APPR Opposition Letter AB 46 Fact Sheet
AB 96 Jackson D	**Mental health services: peer support specialist certification. (Amended: 1/5/2026)** Current law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including behavioral and mental health services that are rendered by Medi-Cal enrolled providers. Current law authorizes a county, or an agency representing the county, to develop a peer support specialist certification program, subject to department approval. Current law imposes specified requirements on applicants for certification as a peer support specialist, including that the applicant be at least 18 years of age and possess a high school diploma or equivalent degree. This bill would remove the requirement of possessing a high school diploma or equivalent degree from the requirements necessary for an applicant to receive certification. **Status:** 1/27/2026 - In Senate. Read first time. To Com. on RLS. for assignment.	1. CBHDA Sponsor AB 96 Fact Sheet AB 96 Coalition Letter to Asm. Health
AB 308 Ramos D	**Mobile crisis teams or units: procedures. (Amended: 4/24/2025)** Current law sets forth various provisions relating to mobile crisis teams, including with regard to behavioral health crisis services under the Miles Hall Lifeline and Suicide Prevention Act, involuntary commitment under the Lanterman-Petris-Short Act, and community-based mobile crisis intervention services through a Medi-Cal behavioral health delivery system under the Medi-Cal program. Current law requires a regional center, which serves individuals with intellectual or developmental disabilities, to implement an emergency response system for, among other groups, consumers who receive mobile crisis services. Current law requires a regional center and a county mental health agency to develop a general plan for crisis intervention for persons served by both systems. Current law establishes an advisory council for purposes of developing recommendations for improving outcomes of interactions between law enforcement and people with intellectual or developmental disabilities or with mental health conditions. This bill, in the case of a county that operates, or that contracts for the operation of, a mobile crisis team or unit, would authorize the county behavioral health director to develop procedures for the mobile	8. Watch AB 308 Fact Sheet

	crisis team or unit that include the handling of an emergency situation, or a crisis incident, involving an individual with an intellectual or developmental disability or an individual with a behavioral health condition. **Status:** 7/17/2025 - Failed Deadline pursuant to Rule 61(a)(10). (Last location was HUM. S. on 5/21/2025) (May be acted upon Jan 2026)	
AB 1267 Pellerin D	**Consolidated license and certification. (Amended: 4/24/2025)** Current law requires the State Department of Health Care Services to license and regulate adult alcohol or other drug recovery or treatment facilities that provide residential nonmedical services, as specified, and further requires the department to certify and regulate alcohol and other drug programs, as specified. Current law requires the department to charge various fees for a license or certification. This bill would, beginning January 1, 2027, require the department to offer a consolidated license and certification that allows the holder to operate more than one facility that requires a license, a program that requires a certification, or a combination thereof, that the holder operates within the same geographic location. This bill would define “same geographic location” as the physical location where clients are generally co-located, intermingle, reside, or receive services in one building or multiple buildings within 1,000 feet of each other in areas not zoned exclusively for residential use under local zoning ordinances. **Status:** 9/11/2025 - Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/8/2025)(May be acted upon Jan 2026)	8. Watch AB 1267 Fact Sheet
AB 1540 González, Mark D	**988 Suicide & Crisis Lifeline: LGBTQ+ youth. (Amended: 3/19/2026)** The Miles Hall Lifeline and Suicide Prevention Act requires, among other things, the Office of Emergency Services (OES) to verify that technology that allows for transfers between 988 centers, as well as between 988 centers and 911 public safety answering points, is available to 988 centers and 911 public safety answering points throughout the state, to appoint a 988 system director, and to verify interoperability between and across 911 and 988. Existing law establishes the 988 State Suicide and Behavioral Health Crisis Services Fund and provides that 988 surcharge revenue in the fund is available, upon appropriation by the Legislature, for purposes of the act. This bill would require OES to, no later than June 1, 2027, request the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to enable a press 3 function for calls originating in the State of California to allow callers to dial 988 and press “3” to be automatically routed to a specialized call center. The bill would require OES to, no later than 12 months following the approval by SAMHSA, ensure that the specified technologies are available. **Status:** 3/23/2026 - Re-referred to Com. on C. & C.	5. Support AB 1540 Asm. Health Letter AB 1540 Fact Sheet
AB 1579 Ramos D	**Children’s Crisis Continuum Pilot Program. (Amended: 3/3/2026)** Existing law requires the State Department of Social Services, jointly with the State Department of Health Care Services (DHCS), to establish the Children’s Crisis Continuum Pilot Program. Existing law requires the department, jointly with DHCS, to award grants under the pilot program and requires participating entities to develop a highly integrated continuum of care for the foster youth served in the pilot program. Under existing law, that continuum of care is required to include certain components, including, among others, a crisis residential program that is operated in accordance with all statutes and regulations governing its licensure category. This bill would authorize a participating entity that does not have a crisis residential program as a part of its continuum of care, but that has included in its continuum of care a comparable type of treatment component designed to serve children and youth experiencing the highest level of acute behavioral health needs in a residential setting, to utilize all awarded grant funds, including any funds specifically designated to fund a crisis residential program, to fund any other component of the continuum of care. **Status:** 3/10/2026 - In committee: Hearing postponed by committee.	5. Support AB 1579 Asm. HS Letter AB 1579 Fact Sheet
AB 1586 Ramos D	**Opioid overdose reversal medication: school resource officers. (Amended: 3/23/2026)** Would enact the School Safety and Opioid Overdose Prevention Act, and commencing with the 2027–28 school year, would	5. Support

	require a school resource officer, as defined, to (1) upon assignment to a schoolsite, and at least every 2 years thereafter, complete an opioid overdose recognition and response training, as specified, and (2) annually report to the Commission on Peace Officer Standards and Training, among other things, the number of times the school resource officer administered an opioid antagonist while serving at a schoolsite. The bill would prohibit a school resource officer who administers an opioid antagonist while assigned to a schoolsite, and their employing or contracting entity, from being held liable in a civil action or being subject to criminal prosecution for the school resource officer's acts or omissions, unless those acts or omissions constitute gross negligence or willful and wanton misconduct, as provided. **Status:** 3/23/2026 - Read second time and amended.	AB 1586 Fact Sheet
AB 1626 Gabriel D	**Interscholastic athletics: youth sports: coaches: behavioral and mental health training. (Amended: 3/16/2026)** Existing law requires the governing board of each school district to have general control of, and be responsible for, all aspects of the interscholastic athletic policies, programs, and activities in its school district, as provided, and requires the governing board of a school district to ensure that all interscholastic policies, programs, and activities in the school district are in compliance with state and federal law. Existing law authorizes the governing board of a school district to enter into associations or consortia with other governing boards for purposes of governing regional or statewide interscholastic athletics, as provided. Existing law describes the California Interscholastic Federation (CIF) as a voluntary organization that consists of school and school-related personnel with responsibility for administering interscholastic athletic activities in secondary schools and states the intent of the Legislature that the CIF, in consultation with the State Department of Education, implement specified policies relating to interscholastic athletics. Existing law, the 1998 California High School Coaching Education and Training Program, declares the intent of the Legislature to establish a California High School Coaching Education and Training Program, to be administered by school districts with an emphasis on specific components, including, among other components, sports psychology. Existing law requires every high school sports coach to complete, at their own expense, a coaching education program that meets the guidelines established by the California High School Coaching Education and Training Program. This bill would add a component on behavioral and mental health and trauma-informed care, as specified, to the list of components to be emphasized by the 1998 California High School Coaching Education and Training Program. The bill would, commencing with the 2027–28 school year, as a condition of employment or volunteer service, require all persons who serve as coaches in interscholastic athletic programs at high schools, including private high schools, that are members of the CIF to complete initial training, and subsequent training every 2 years, that covers specified mental health-related topics. **Status:** 3/17/2026 - Re-referred to Com. on A.,E.,S., & T. ***Hearing:*** *4/7/2026 9 a.m. - State Capitol, Room 444 ASSEMBLY ARTS, ENTERTAINMENT, SPORTS, AND TOURISM, WARD, CHRISTOPHER, Chair*	5. Support
AB 1660 Schiavo D	**Public guardians and public administrators. (Introduced: 1/29/2026)** Current law requires a public guardian to apply for appointment as a guardian or conservator of the person, the estate, or the person and estate, if there is an imminent threat to a person's health or safety or the person's estate, there is no one else who is qualified and willing to act, as specified, the appointment would be in the best interests of the person, and the person is domiciled in the county. Current law similarly requires a court to order a public guardian of a county to apply for appointment as a guardian or conservator if it appears that there is no one else who is qualified and willing to act, that the appointment as guardian or conservator appears to be in the best interests of the person, and the person is domiciled in the county. Current law grants public guardians a variety of powers, including the right to take control of real or personal property, issue written certification of this fact, and to restrain any person from entering, encumbering, or disposing of any real or personal property held in a trust, as specified. Current law establishes the public administrator as an officer of a county. Current law regulates the administration of estates of decedents and permits the public administrator to be appointed to administer these estates under certain circumstances. Current law grants public administrators a variety of powers in this	5. Support AB 1660 Asm. APPR Letter AB 1660 Fact Sheet AB 1660 Asm. Judic Support Letter_CBHDA

	regard, including the right to take control of a decedent's property, issue written certification of this fact, and summarily dispose of property, as specified. Current law requires a financial institution, government or private agency, retirement fund administrator, insurance company, licensed securities dealer, or other person, without inquiring into the truth of the written certification, without requiring a death certificate, without charge, and without court order or letters being issued, to perform specified functions, including providing the public administrator complete information concerning property held in the name of the decedent, including names and addresses of beneficiaries or joint owners, as specified. This bill would require a court to award sanctions of no less than $1,000 per violation for fees paid and costs incurred for failure of a financial institution, government or private agency, retirement fund administrator, insurance company, licensed securities dealer, or other person, as specified, to comply with these requirements. **Status:** 3/12/2026 - Re-referred to Com. on APPR. pursuant to Assembly Rule 97.	
AB 1779 Davies R	**Alcoholism and drug abuse recovery and treatment programs: inducement of participants. (Amended: 3/2/2026)** Existing law provides for the licensure and regulation of drug testing laboratories and adult alcoholism or drug abuse recovery or treatment facilities and provides for the certification and regulation of adult alcoholism or drug abuse recovery or treatment programs by the State Department of Health Care Services and authorizes the department to enforce those provisions. Existing law authorizes a facility described above to offer transportation services to an individual who is seeking recovery or treatment services only if specified conditions are met, including, among other things, that any air transportation provided to the individual includes a return ticket that may be used by the individual upon discharge and that a return ticket not used by an individual upon discharge is made available to the individual upon request for a period of one year following the individual's discharge. This bill would require a laboratory, facility, or program described above that provides air transportation to provide a ticket for round-trip transportation, to obtain written acknowledgment by the individual that the transportation is not tied to insurance benefits or program participation, to document the purpose and cost of the transportation, to compile information related to the provision of transportation, and to annually publish the compiled information on its internet website. The bill would require a laboratory, facility, or program to retain the information for a minimum of 5 years and to provide that information to the department upon request. **Status:** 3/18/2026 - In committee: Set, first hearing. Hearing canceled at the request of author.	8. Watch AB 1779 Fact Sheet
AB 1876 Addis D	**Health care coverage: nondiscrimination. (Introduced: 2/12/2026)** Existing law requires health care service plans and health insurers, as specified, within 6 months after the relevant department issues specified guidance, or no later than March 1, 2025, to require all of their staff who are in direct contact with enrollees or insureds in the delivery of care or enrollee or insured services to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as transgender, gender diverse, or intersex. This bill would prohibit a subscriber, enrollee, policyholder, or insured from being excluded from enrollment or participation in, being denied the benefits of, or being subjected to discrimination by, any health care service plan or health insurer licensed in this state, on the basis of race, color, national origin, age, disability, or sex. The bill would define discrimination on the basis of sex for those purposes to include, among other things, sex characteristics, including intersex traits, pregnancy, and gender identity. The bill would prohibit a health care service plan or health insurer from taking specified actions relating to providing access to health programs and activities, including, but not limited to, denying or limiting health care services to an individual based upon the individual's sex assigned at birth, gender identity, or gender otherwise recorded. The bill would prohibit a health care service plan or health insurer, in specified circumstances, from taking various actions, including, but not limited to, denying, canceling, limiting, or refusing to issue or renew health care service plan enrollment, health insurance coverage, or other health-related coverage, or denying or limiting coverage of a claim, or imposing additional cost sharing or other limitations or restrictions on coverage, on the basis of race, color, national origin, sex, age, disability, as	5. Support AB 1876 Asm. Health Letter

	specified. **Status:** 3/18/2026 - Coauthors revised. From committee: Do pass and re-refer to Com. on JUD. (Ayes 12. Noes 4.) (March 17). Re-referred to Com. on JUD.	
AB 1879 Dixon R	**Substance use: treatment or residential data reporting. (Introduced: 2/12/2026)** Current law provides for the licensure of alcohol or other drug recovery or treatment facilities, and the certification of alcohol or other drug programs, by the State Department of Health Care Services. Current law requires these treatment providers to maintain records of referrals made to or from recovery residences, which include, but are not limited to, sober living homes. This bill would require the above-described facilities, programs, and residences, commencing on January 1, 2028, to annually submit to the department certain data, including, among other information, the number of individuals receiving treatment services from, or residing in, the respective entity, and the duration of the treatment or residential period. **Status:** 3/2/2026 - Referred to Com. on HEALTH.	2. Oppose
AB 1897 Haney D	**Mentally disordered offenders: criteria for commitment. (Amended: 3/18/2026)** Existing law requires that, as a condition of parole, a prisoner who has a severe mental health disorder be treated by the State Department of State Hospitals if the prisoner meets certain requirements, including, among others, that the person in charge of treating the prisoner and a practicing psychiatrist or psychologist from the State Department of State Hospitals have evaluated the prisoner and that a chief psychiatrist of the Department of Corrections and Rehabilitation certify to the Board of Parole Hearings that by reason of the prisoner's severe mental health disorder, the prisoner represents a substantial danger of physical harm to others. This bill would instead require that the above-described mental health professional opine that the prisoner represents a substantial danger to the health and safety of others. **Status:** 3/19/2026 - Re-referred to Com. on PUB. S. ***Hearing:*** *3/24/2026 8:30 a.m. - State Capitol, Room 126 ASSEMBLY PUBLIC SAFETY, SCHULTZ, NICK, Chair*	8. Watch
AB 1898 Schultz D	**Workplace artificial intelligence tools. (Amended: 3/20/2026)** Would require an employer to provide a written notice to a worker that a workplace AI tool, as defined, was used to assist the employer in making employment-related decisions or to surveil workers in the workplace. The bill would require the notice to be given to a worker within a specified time and would require the notice to contain specified information, including the specific employment-related decisions likely to be affected by the use of the workplace AI tool. The bill would require an employer to maintain an updated list of all workplace AI tools currently in use and their impact on jobs, as specified, and to provide the list to workers annually. The bill would provide for enforcement by the Labor Commissioner or a public prosecutor, and alternatively would authorize any worker who has suffered damages, or their exclusive representative, to file a civil action for damages caused by the adverse action. The bill would establish remedies and penalties for violations, including a penalty of up to $500 for each violation. **Status:** 3/23/2026 - Re-referred to Com. on P. & C.P. ***Hearing:*** *3/25/2026 9 a.m. - State Capitol, Room 447 ASSEMBLY PRIVACY AND CONSUMER PROTECTION, BAUER-KAHAN, REBECCA, Chair*	8. Watch
AB 1970 Harabedian D	**Health care coverage: mental health or substance use disorders. (Introduced: 2/13/2026)** Would prohibit a health care service plan contract or a health insurance policy that is issued, amended, or renewed on or after January 1, 2027, from imposing step therapy as a prerequisite to authorizing coverage of any prescription drug used for the treatment of mental health or substance use disorders, as defined. The bill would specify that the prohibition on step therapy does not apply when the United States Food and Drug Administration-labeled indications and usage of a drug indicate that some prior medication must be taken. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program. **Status:** 3/2/2026 - Referred to Com. on HEALTH.	8. Watch

AB 1988 Pellerin D	**Companion chatbots: crisis interruption pauses. (Introduced: 2/13/2026)** Current law requires, among other things related to ensuring the safety of companion chatbots, an operator to prevent a companion chatbot on its companion chatbot platform from engaging with users unless the operator maintains a protocol for preventing the production of suicidal ideation, suicide, or self-harm content to the user, as specified. This bill would require, if a companion chatbot detects a credible crisis expression, the companion chatbot to take certain actions, including encouraging the user to seek immediate human support, and, if the companion chatbot detects that a user is reaffirming or escalating the credible crisis expression or detects a subsequent credible crisis expression, require the companion chatbot to initiate a crisis interruption pause of 20 minutes. The bill would define “credible crisis expression” to mean a statement by a user of a companion chatbot that reasonably indicates, as determined through contextual analysis rather than keyword detection alone, intent to harm the user or others. **Status:** 3/9/2026 - Referred to Coms. on P. & C.P. and HEALTH.	8. Watch
AB 2003 Berman D	**Pupil health: suicide prevention. (Introduced: 2/17/2026)** Current law requires the State Department of Education to identify an evidence-based online training program that a county office of education, school district, state special school, or charter school that serves pupils in grades 7 to 12, inclusive, can use to train school staff and pupils as part of their policy on pupil suicide prevention. Current law requires the department, subject to an appropriation for these purposes, to provide a grant to a county office of education to acquire a training program identified by the department and disseminate that training program at no cost to specified educational entities, as specified. This bill would revise and recast these provisions by (1) deleting the requirement to provide the above-described grant, (2) deleting the requirement of the department to identify the above-described evidence-based online training program, (3) instead requiring the Behavioral Health Services Oversight and Accountability Commission to develop an online training program to train school staff, parents, and pupils of county offices of education, school districts, state special schools, and charter schools that serve pupils in kindergarten or in any of grades 1 to 12, inclusive, on pupil suicide prevention, as specified. **Status:** 3/9/2026 - Referred to Com. on ED. ***Hearing:*** *3/25/2026 1 p.m. - 1021 O Street, Room 1100 ASSEMBLY EDUCATION, PATEL, DARSHANA, Chair*	4. Support if Amended AB 2003 Fact Sheet AB 2003 Supp. if Amended to Asm. ED
AB 2011 Hart D	**Nonquantitative treatment limitations. (Introduced: 2/17/2026)** Current federal law, the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), requires group health plans and health insurance issuers that provide both medical and surgical benefits and mental health or substance use disorder benefits to ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical and surgical benefits. Current state law requires every health care service plan and disability insurance policy issued, amended, or renewed on or after January 1, 2021, that provides hospital, medical, or surgical coverage to provide coverage for medically necessary treatment of mental health and substance use disorders under the same terms and conditions applied to other medical conditions, as specified. This bill would prohibit a health care service plan or insurer from relying upon discriminatory factors or evidentiary standards to design a nonquantitative treatment limitation (NQTL) to be imposed on mental health or substance use disorder benefits, as specified. To ensure that an NQTL applicable to mental health or substance use disorder benefits in a classification is no more restrictive than the predominant NQTL applied to substantially all medical/surgical benefits in the classification, the bill would require a health care service plan or insurer to collect and evaluate relevant data to assess the impact of the NQTL on outcomes related to access to mental health and substance use disorder benefits and medical/surgical benefits. The bill would require specified health care service plans or insurers to perform and document comparative analyses of the design and application of each NQTL applicable to mental health or substance use disorder benefits in accordance with prescribed requirements and submit the analyses to the	5. Support

	respective departments by January 1, 2027, and annually thereafter. **Status:** 3/2/2026 - Referred to Com. on HEALTH. ***Hearing:*** *3/24/2026 1:30 p.m. - 1021 O Street, Room 1100 ASSEMBLY HEALTH, BONTA, MIA, Chair*	
AB 2071 Hoover R	**Pupil instruction: digital wellness. (Introduced: 2/18/2026)** If a school district, county office of education, state special school, or charter school offers one or more courses in health education to pupils in middle school or high school, current law requires that the course or courses include instruction in mental health that meet certain requirements, as provided. Current law requires the State Department of Education, on or before January 1, 2024, to develop a plan to expand mental health instruction in California public schools. This bill would require the above-described course or courses in health education to also include instruction in digital wellness, as defined, that meets certain requirements, as provided. The bill would require the department, on or before January 1, 2028, to develop a plan to expand digital wellness instruction in California public schools, as provided. **Status:** 3/2/2026 - Referred to Com. on ED.	8. Watch
AB 2138 Krell D	**Medi-Cal: enhanced care management: peer support specialists. (Introduced: 2/18/2026)** The Medi-Cal program is in part governed by, and funded pursuant to, federal Medicaid program provisions. Current law requires the department to implement an enhanced care management (ECM) benefit designed to address the clinical and nonclinical needs on a whole-person-care basis for certain target populations of Medi-Cal beneficiaries enrolled in Medi-Cal managed care plans. Under current law, target populations include, among others, high utilizers with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits, and individuals experiencing homelessness. Current law authorizes a county, or an agency representing a county, to develop a peer support specialist certification program, subject to departmental approval. Under current law, these specialists are individuals, at least 18 years of age, who self-identify as having lived experience with the process of recovery from mental illness, substance use disorder, or both, as specified. Current law requires the department to seek any federal waivers that it deems necessary to establish a demonstration or pilot project for the provision of peer support services in counties that agree to participate. This bill would require the department to require, as a condition of providing ECM, that each ECM provider maintain an interdisciplinary care team that includes at least one peer support specialist who is integrated into ECM service delivery and available to support ECM members. The bill would set forth the functions of a peer support specialist for ECM purposes. **Status:** 3/2/2026 - Referred to Com. on HEALTH.	8. Watch
AB 2275 Bains D	**Mental health diversion. (Introduced: 2/19/2026)** Current law authorizes the court to grant pretrial diversion to a defendant diagnosed with a mental disorder if the defendant satisfies certain eligibility requirements and if the court determines that the defendant is suitable for diversion. Current law provides that a defendant is eligible for diversion if they have been diagnosed with certain mental disorders and the court finds that the mental disorder was a significant factor in the commission of the charged offense, unless there is clear and convincing evidence that the disorder was not a motivating, causal, or contributing factor to the defendant's involvement in the alleged offense. Current law excludes a defendant from diversion for specified charged offenses, including, among others, murder, voluntary manslaughter, rape, or continuous sexual abuse of a child, as specified. Current law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent, establishes a process by which a defendant's mental competency is evaluated, and requires a court, before ordering a defendant to be committed to the State Department of State Hospitals or other treatment facility, to hear and determine whether the defendant lacks the capacity to make decisions regarding the administration of antipsychotic medication, as specified. This bill would revise the eligibility requirement by prohibiting the court from finding the defendant eligible solely based on the defendant's diagnosis of a mental disorder and would additionally require the court to find that the defendant is	3. Oppose Unless Amended

	not mentally incompetent. The bill would require the defendant, in order to be eligible, to provide a written diagnosis of a mental disorder, from within the preceding 2 years, to the court and the prosecution, as specified. The bill would additionally exclude a defendant from diversion if they were charged with theft or an attempted theft offense, if the crime was carried out in a manner demonstrating planning, sophistication, or professionalism. **Status:** 3/9/2026 - Referred to Com. on PUB. S.	
AB 2297 Stefani D	**Restitution: diversion. (Introduced: 2/19/2026)** Current law requires a court to, in every case where a person is convicted of a crime, order restitution to the victim or victims, as specified. Current law creates and authorizes a number of diversion and deferred entry of judgment programs, which either defer entry of a plea of guilty by the defendant or postpone the proceedings of the case as long as the defendant participates in the program. Current law requires the court to dismiss the plea or charges if the defendant has performed satisfactorily during the program. This bill would require the court to order restitution to the victims or victims when a defendant participates in a diversion program, provided that the defendant is informed of their right to have a judicial determination of the amount of restitution and is provided with a hearing, waives a hearing, or stipulates to the amount of restitution ordered. **Status:** 3/9/2026 - Referred to Com. on PUB. S. ***Hearing:*** *4/7/2026 8:30 a.m. - State Capitol, Room 126 ASSEMBLY PUBLIC SAFETY, SCHULTZ, NICK, Chair*	8. Watch
SB 28 Umberg D	**Treatment court program standards. (Amended: 5/23/2025)** Current law, the Treatment-Mandated Felony Act, an initiative measure enacted by the voters as Proposition 36 at the November 5, 2024, statewide general election, authorizes certain defendants convicted of specified felonies or misdemeanors to participate in a treatment program, upon court approval, in lieu of a jail or prison sentence, or grant of probation with jail as a condition of probation, if specified criteria are met. The Legislature may amend this initiative by a statute passed in each house by a rollcall vote entered in the journal, 2/3 of the membership concurring, or by a statute that becomes effective only when approved by the voters. This bill would include a new standard that, as part of the treatment court program, a drug addiction expert, as defined, conducts a substance abuse and mental health evaluation of the defendant, and submits the report to the court and the parties. The bill would remove the requirement that the Judicial Council revise the standards of judicial administration. The bill would require that a treatment program that complies with existing judicial standards be offered to a person that is eligible for treatment pursuant to the Treatment-Mandated Felony Act. By requiring the court to implement a treatment program that complies with existing judicial standards, the bill would amend that initiative statute. **Status:** 7/15/2025 - July 15 hearing postponed by committee.	4. Support if Amended SB 28 SIA to Asm. Pub Safety SB 28 Supp. if Amended Letter to S. PS SB 28 Fact Sheet
SB 329 Blakespear D	**Alcohol and drug recovery or treatment facilities: investigations. (Amended: 3/28/2025)** Current law provides for the licensure and regulation of alcohol or other drug recovery or treatment facilities by the State Department of Health Care Services. Current law prohibits operating an alcohol or other drug recovery or treatment facility to provide recovery, treatment, or detoxification services within this state without first obtaining a current valid license. If a facility is alleged to be providing those services without a license, existing law requires the department to conduct a site visit to investigate the allegation. Current law also authorizes the department to conduct announced or unannounced site visits to licensed facilities for the purpose of reviewing them for compliance, as specified. This bill would require the department to assign a complaint under its jurisdiction regarding an alcohol or other drug recovery or treatment facility to an analyst for investigation within 10 days of receiving the complaint. If the department receives a complaint that does not fall under its jurisdiction, the bill would require the department to notify the complainant, in writing, that it does not investigate that type of complaint. **Status:** 8/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 7/2/2025)(May be acted upon Jan 2026)	3. Oppose Unless Amended SB 329 Fact Sheets

SB 363 Wiener D	**Health care coverage: independent medical review. (Amended: 7/17/2025)** Current law provides for the regulation of health insurers by the Department of Insurance. Existing law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or health insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill would require a health care service plan or health insurer to annually report to the appropriate department the total number of claims processed by the health care service plan or health insurer for the prior year and its number of treatment denials or modifications, separated and disaggregated as specified, commencing on or before June 1, 2026. The bill would require the departments to compare the number of a health care service plan's or health insurer's treatment denials and modifications to (1) the number of successful independent medical review overturns of the plan's or insurer's treatment denials or modifications and (2) the number of treatment denials or modifications reversed by a plan or insurer after an independent medical review for the denial or modification is requested, filed, or applied for. For a health care service plan or health insurer with 10 or more independent medical reviews in a given year, the bill would make the health care service plan or health insurer liable for an administrative penalty, as specified, if more than 50% of the independent medical reviews filed with a health care service plan or health insurer result in an overturning or reversal of a treatment denial or modification in any one individual category of specified general types of care. **Status:** 8/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/20/2025)(May be acted upon Jan 2026)	8. Watch SB 363 Fact Sheet
SB 490 Umberg D	**Alcohol and drug programs. (Amended: 1/5/2026)** Current law provides for the licensure and regulation of adult alcohol or other drug recovery or treatment facilities by the State Department of Public Health and prohibits the operation of one of those facilities without a current valid license. Current law requires the department, if a facility is alleged to be in violation of that prohibition, to conduct a site visit to investigate the allegation. Current law requires, if the department's employee or agent finds evidence that the facility is providing services without a license, the employee or agent to take specified actions, including, among others, submitting the findings of the investigation to the department and issuing a written notice to the facility that includes the date by which the facility is required to cease providing services. Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, through fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Current law establishes the Drug Medi-Cal Treatment Program (Drug Medi-Cal) and authorizes the department to enter into a Drug Medi-Cal contract with each county for the provision of alcohol and drug use services within the county service area. This bill would require the department, if it determines it has jurisdiction over the allegation, to initiate that investigation within 10 days of receiving the allegation and, except as specified, complete the investigation within 60 days of initiating the investigation. The bill would require the department, if it receives a complaint that does not fall under its jurisdiction, to notify the complainant that it does not investigate that type of complaint. The bill would require the employee or agent to provide the notice described above within 10 days of the employee or agency submitting their findings to the department and to conduct a followup site visit to determine whether the facility has ceased providing services as required. **Status:** 1/26/2026 - Read third time. Passed. (Ayes 39. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.	2. Oppose SB 490 Sen. Health OPP Letter
SB 492 Menjivar D	**Youth Housing Bond Act of 2026. (Amended: 1/22/2026)** The Veterans and Affordable Housing Bond Act of 2018 authorizes the issuance of bonds in the amount of $4,000,000,000 pursuant to the State General Obligation Bond Law and requires the proceeds from the sale of these bonds to be used to finance various housing programs and a specified program for farm, home, and mobilehome purchase assistance for veterans, as provided. Current law establishes, among various other programs intended to address	8. Watch SB 492 Fact Sheet

	homelessness in this state, the Homeless Housing, Assistance, and Prevention program for the purpose of providing jurisdictions with one-time grant funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges informed by a best-practices framework focused on moving homeless individuals and families into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing. This bill would enact the Youth Housing Bond Act of 2026 (bond act), which, if adopted, would authorize the issuance of bonds in the amount of $1,000,000,000 pursuant to the State General Obligation Bond Law to finance the Youth Housing Program, established as part of the bond act. The bill, as a part of the program, would require the Department of Housing and Community Development to make awards to local agencies, nonprofit organizations, and joint ventures for the purpose of acquiring, renovating, constructing, and purchasing equipment for youth centers or youth housing, as those terms are defined. **Status:** 1/27/2026 - Read third time. Urgency clause adopted. Passed. (Ayes 30. Noes 9.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.	
SB 903 Padilla D	**Mental health professionals: artificial intelligence. (Introduced: 1/21/2026)** Current law establishes the Board of Behavioral Sciences in the Department of Consumer Affairs to regulate licensees under the Licensed Marriage and Family Therapist Act, the Educational Psychologist Practice Act, the Clinical Social Worker Practice Act, and the Licensed Professional Clinical Counselor Act. Existing law regulates the use of artificial intelligence, as defined. Current law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information to ensure those communications include a disclaimer that indicates to the patient that a communication was generated by artificial intelligence and instructions describing how a patient may contact a human health care provider, employee, or other appropriate person. This bill would prohibit a licensed professional, as defined, from engaging in the use of artificial intelligence to assist in providing supplementary support in therapy or psychotherapy where the client's therapeutic session is recorded or transcribed unless the patient or their authorized representative is informed that artificial intelligence will be used and provides consent, as specified. The bill would also prohibit an individual, corporation, or entity from providing, advertising, or otherwise offering therapy or psychotherapy, including through the use of internet-based artificial intelligence, to the public in this state unless the therapy or psychotherapy services are conducted by an individual who is a licensed professional. **Status:** 2/18/2026 - Referred to Coms. on B. P. & E.D. and P., D.T., & C.P.	5. Support
SB 947 McNerney D	**Employment: automated decision systems. (Introduced: 2/2/2026)** Current law requires the Department of Technology to conduct, in coordination with other interagency bodies as it deems appropriate, a comprehensive inventory of all high-risk automated decision systems (ADS) that have been proposed for use, development, or procurement by, or are being used, developed, or procured by, any state agency. Current law establishes the Labor and Workforce Development Agency, which is composed of various departments responsible for protecting and promoting the rights and interests of workers in California, including the Division of Labor Standards Enforcement, led by the Labor Commissioner, within the Department of Industrial Relations. This bill would prohibit an employer from using an ADS to perform certain functions and would limit the purposes for and way in which an ADS may be used. The bill would authorize a worker to request, and require an employer to provide, a copy of the most recent 12 months of the worker's own data primarily used by an ADS to make a disciplinary, termination, or deactivation decision, as specified. The bill would require an employer that uses an ADS to assist in making a disciplinary, termination, or deactivation decision to provide the affected worker with a written postuse notice, as specified. This bill would prohibit an employer from discharging, threatening to discharge, demoting, suspending, or in any manner discriminating or retaliating against any worker for taking certain actions asserting their rights under the bill. **Status:** 2/18/2026 - Referred to Coms. on L., P.E. & R. and P., D.T., & C.P.	8. Watch

SB 1060 Valladares R	**Alcohol and drug treatment facilities. (Introduced: 2/12/2026)** Current law requires the State Department of Health Care Services to license and regulate facilities that provide residential nonmedical services to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug, or alcohol and drug recovery treatment or detoxification services. Violation of licensing provisions is punishable through revocation or suspension of the license and civil penalties. This bill would prohibit an alcohol or other drug recovery or treatment facility from operating within 1,000 feet of a public or private elementary or secondary school or a daycare center if the recovery or treatment facility serves more than 6 residents and treatment is being provided at the facility. **Status:** 2/26/2026 - Referred to Com. on HEALTH.	2. Oppose SB 1060 Fact Sheet
SB 1221 Stern D	**Lanterman-Petris-Short Act: conservatorships. (Introduced: 2/19/2026)** Existing law, the Lanterman-Petris-Short (LPS) Act, authorizes the involuntary commitment and treatment of a person, when the person, as a result of a mental health disorder, is a danger to themselves or others, or is gravely disabled. For the purposes of these provisions, existing law defines “gravely disabled” as a condition in which a person, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care. This bill would require this definition of “gravely disabled” to be evaluated based upon a person’s ability to provide for those basic personal needs outside of an incarcerated setting, as specified. This bill contains other related provisions and other existing laws. **Status:** 3/19/2026 - Set for hearing April 8. ***Hearing:*** *4/8/2026 1:30 p.m. - 1021 O Street, Room 1200 SENATE HEALTH, WEBER PIERSON, M.D., AKILAH, Chair*	2. Oppose SB 1221
SB 1234 Alvarado-Gil R	**Dependency: fentanyl testing. (Introduced: 2/19/2026)** Existing law establishes the jurisdiction of the juvenile court, which may adjudge children to be dependents of the court under certain circumstances, including when the child suffered or there is a substantial risk that the child will suffer serious physical harm, or a parent fails to provide the child with adequate food, clothing, shelter, or medical treatment. Existing law authorizes a court to make any reasonable orders to the parents or guardians of the child as the court deems necessary and proper. This bill would require, if a juvenile court orders a parent or guardian to submit to testing for controlled substances, the test panel to include testing for fentanyl. **Status:** 3/16/2026 - Set for hearing April 7. ***Hearing:*** *4/7/2026 1:30 p.m. - 1021 O Street, Room 2100 SENATE JUDICIARY, UMBERG, THOMAS, Chair*	8. Watch
SB 1373 Grove R	**Mental health diversion. (Introduced: 2/20/2026)** Current law authorizes the court to grant pretrial diversion to a defendant diagnosed with a mental disorder if the defendant satisfies certain eligibility requirements and if the court determines that the defendant is suitable for diversion. Existing law provides that a defendant is eligible for diversion if they have been diagnosed with certain mental disorders and the court finds that the mental disorder was a significant factor in the commission of the charged offense, unless there is clear and convincing evidence that the disorder was not a motivating, causal, or contributing factor to the defendant’s involvement in the alleged offense. Existing law excludes a defendant from diversion for specified charged offenses, including, among others, murder, voluntary manslaughter, rape, or continuous sexual abuse of a child, as specified. This bill would require the court to find that the defendant’s mental disorder was a significant factor in the commission of the offense only if the mental disorder had been diagnosed within 5 years of the current offense. The bill would add to the list of crimes for which a defendant is prohibited from being placed into a diversion program to include, among other things, attempted murder, kidnapping, carjacking, and human trafficking and would prohibit a defendant with 2 prior felonies or a prior offense under the Three Strikes provisions from being granted diversion. This bill contains other related provisions and other existing laws. **Status:** 3/4/2026 - Referred to Com. on PUB. S.	2. Oppose

SB 1401 Stern D	**Criminal procedure: competence to stand trial. (Introduced: 2/20/2026)** Existing law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. Existing law requires the court to, for a person found mentally incompetent and not charged with certain felony offenses, among other things, determine whether restoring the person to mental competence is in the interests of justice. Existing law requires the court to, if restoring the person to mental competence is not in the interests of justice, conduct a hearing, as specified, and determine the person's eligibility for diversion. Under existing law, if the court determines that the person is ineligible or unsuitable for diversion, the court is authorized to hold a hearing to determine the person's other options, including referral to assisted outpatient treatment, county conservatorship, and the CARE program. Existing law requires a person's charges to be dismissed if the person is accepted into assisted outpatient treatment or the CARE program or upon a filing of either a temporary or permanent conservatorship petition. This bill would authorize a county behavioral health agency and jail medical provider to share confidential medical records and other relevant information with the court for the purpose of determining likelihood of eligibility for behavioral health services and programs pursuant to the above provisions. The bill would exempt from the requirement to dismiss charges instances where the person's case has been referred back to the court within certain time periods. This bill contains other related provisions and other existing laws. **Status:** 3/4/2026 - Referred to Com. on PUB. S.	2. Oppose SB 1401 Fact Sheet

Total Measures: 34

Total Tracking Forms: 34

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February 15, 2026

Post Release Community Supervision Fact Sheet

Public Safety Realignment (AB109) established a population of *Post Release Community Supervision* (PRCS) clients. PRCS clients are supervised by county probation departments upon their release from state prison. Prior to AB109, PRCS clients were supervised by state parole.

Individuals Under Supervision: 1,311

Registered Sex Offenders:* 39

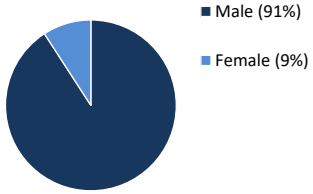
City	Housed	Transient / Homeless	City	Housed	Transient / Homeless
Alpine	2	0	Mount Laguna	0	0
Bonita	2	0	National City	21	1
Bonsall	0	0	Oceanside	36	10
Borrego Springs	0	0	Pala	0	0
Boulevard	0	0	Palomar Mountain	0	0
Camp Pendleton	0	0	Pauma Valley	0	0
Campo	7	0	Pine Valley	0	0
Cardiff By The Sea	1	0	Potrero	0	0
Carlsbad	6	2	Poway	3	0
Chula Vista	41	4	Ramona	5	1
Coronado	0	0	Ranchita	0	0
Del Mar	0	0	Rancho Santa Fe	0	0
Descanso	0	0	San Diego	515	51
Dulzura	0	0	San Luis Rey	0	0
El Cajon	56	12	San Marcos	14	1
Encinitas	2	0	San Ysidro	3	0
Escondido	69	7	Santa Ysabel	0	0
Fallbrook	9	0	Santee	10	0
Guatay	2	0	Solana Beach	0	0
Imperial Beach	5	0	Spring Valley	25	1
Jacumba	0	0	Tecate	0	0
Jamul	0	0	Valley Center	8	0
Julian	1	0	Vista	60	7
La Jolla	1	0	Warner Springs	0	0
La Mesa	13	1	Out of County	20	0
Lakeside	9	0	No Known City	121	57
Lemon Grove	37	1	TOTAL	1104	156
Lincoln Acres	0	0			

Successful Terminations

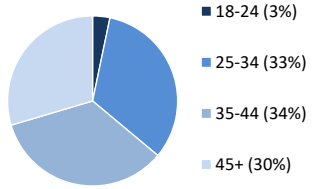
Full Term-No Recidivism	Early Discharge
23	10
Jan 15 – Feb 15	Jan 15 – Feb 15

	In County	Out of County	Unknown
Housed 84%	963	20	121
	87%	2%	11%
Transient/ Homeless 12%	99	0	57
	63%	0%	37%
No Known Address 4%			51
			100%

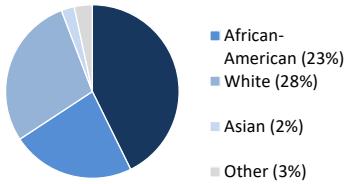
Gender



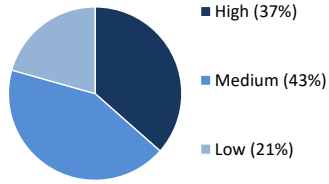
Age



Ethnicity

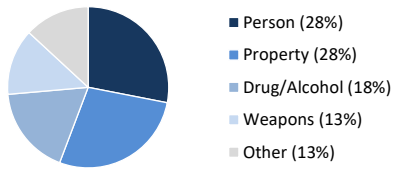


Assessed Risk Level



Committing Offense		DUI	68	Sex Crimes**	46
Arson	22	Escape	5	Theft	140
Assault	315	Forgery/Checks	2	Weapons	164
Auto Theft	68	Hit and Run	4	Other Felonies	206
Burglary	65	Homicide	1	Other Misdemeanors	14
Drugs	146	Robbery	2	Other/Unknown	43

Committing Offense Type



*Low/Medium-Risk per Static 99/SARATSO; subset of overall population
** Not all sex crimes are committed by registered sex offenders

For additional information please go to: http://www.sdcounty.ca.gov/probation/ccp.html

February 15, 2026

Mandatory Supervision Fact Sheet

Public Safety Realignment (AB109) established a population of *Mandatory Supervision* (MS) clients. MS clients receive a "split" sentence, meaning a portion of their time is completed in local custody, with the remaining balance spent in the community under probation supervision.

Individuals Under Supervision: 285

Registered Sex Offenders:* 0

City	Housed	Transient / Homeless	City	Housed	Transient / Homeless
Alpine	0	0	Mount Laguna	0	0
Bonita	1	0	National City	12	0
Bonsall	0	0	Oceanside	7	0
Borrego Springs	0	0	Pala	0	0
Boulevard	0	0	Palomar Mountain	0	0
Camp Pendleton	0	0	Pauma Valley	1	0
Campo	1	0	Pine Valley	0	0
Cardiff By The Sea	1	0	Potrero	0	0
Carlsbad	0	0	Poway	1	0
Chula Vista	32	0	Ramona	0	0
Coronado	0	0	Ranchita	0	0
Del Mar	0	0	Rancho Santa Fe	1	0
Descanso	0	0	San Diego	119	4
Dulzura	0	0	San Luis Rey	0	0
El Cajon	12	0	San Marcos	3	0
Encinitas	0	0	San Ysidro	5	1
Escondido	11	0	Santa Ysabel	0	0
Fallbrook	1	0	Santee	3	0
Guatay	0	0	Solana Beach	0	0
Imperial Beach	4	0	Spring Valley	10	0
Jacumba	0	0	Tecate	0	0
Jamul	1	0	Valley Center	0	0
Julian	0	0	Vista	13	0
La Jolla	0	0	Warner Springs	0	0
La Mesa	9	0	Out of County	16	0
Lakeside	2	0	No Known City	2	0
Lemon Grove	4	0	TOTAL	272	5
Lincoln Acres	0	0			

Successful Terminations

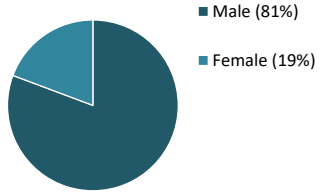
Full Term-No Recidivism

7

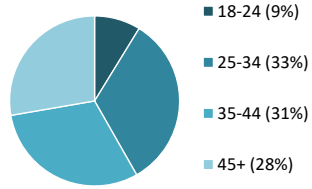
Jan 15 – Feb 15

	In County	Out of County	Unknown
Housed 95%	254	16	2
	93%	6%	1%
Transient/ Homeless 2%	5	0	0
	100%	0%	0%
No Known Address 3%			8
			100%

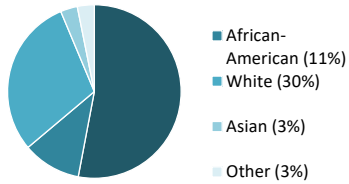
Gender



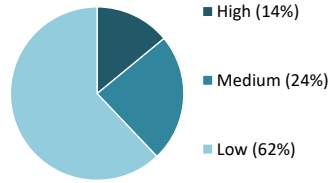
Age



Ethnicity

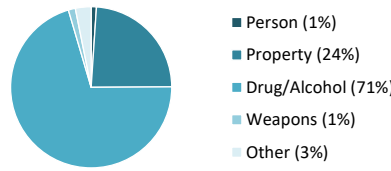


Assessed Risk Level



Committing Offense		DUI	5	Sex Crimes**	0
Arson	0	Escape	0	Theft	30
Assault	3	Forgery/Checks	3	Weapons	2
Auto Theft	9	Hit and Run	0	Other Felonies	12
Burglary	12	Homicide	0	Other Misdemeanors	0
Drugs	192	Robbery	0	Other/Unknown	17

Committing Offense Type



*Low/Medium-Risk per Static 99/SARATSO; subset of overall population
** Not all sex crimes are committed by registered sex offenders

For additional information please go to: http://www.sdcounty.ca.gov/probation/ccp.html