MCRT | Overview

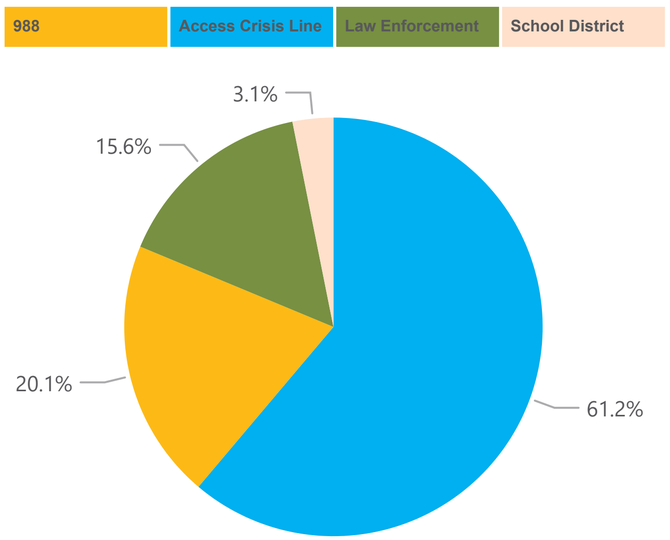
LIVE WELL SAN DIEGO

30.5K
Calls Responded To Since Program Start

17.6K
Unique Clients Since Program Start

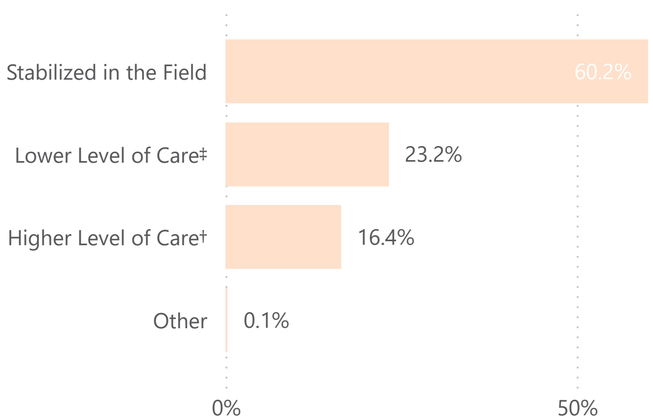
Reporting Period
4/1/2025 to 3/31/2026

Referral Source*

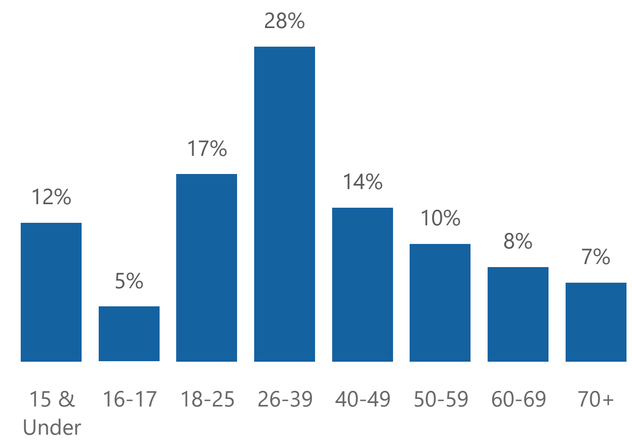


Average Response Time*	Calls with < 1 hour response*
24 Minutes	98%

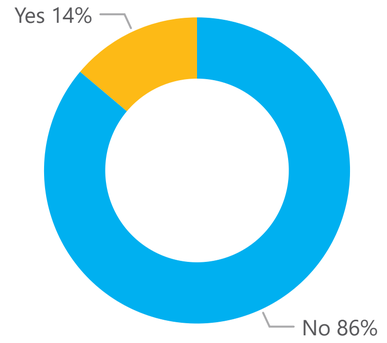
Disposition of Intervention*



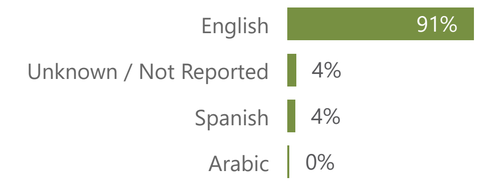
Age



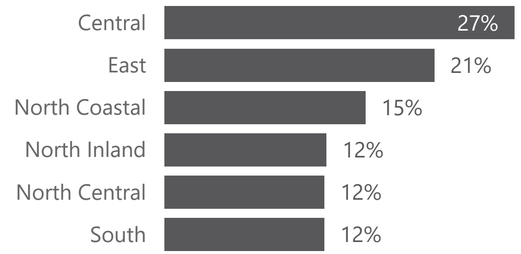
Previous Justice Involvement



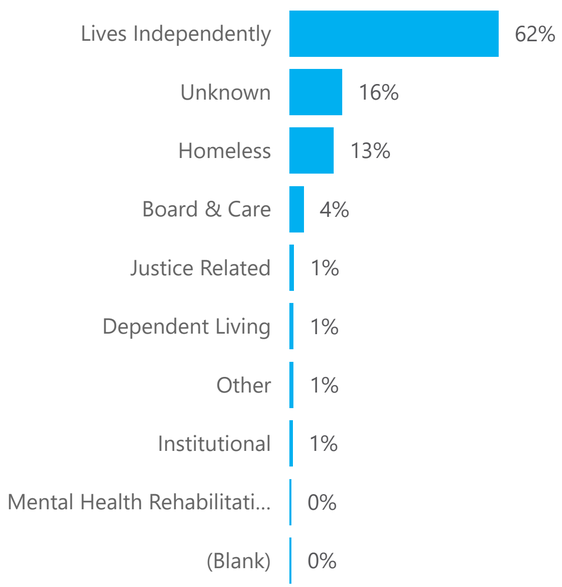
Preferred Language



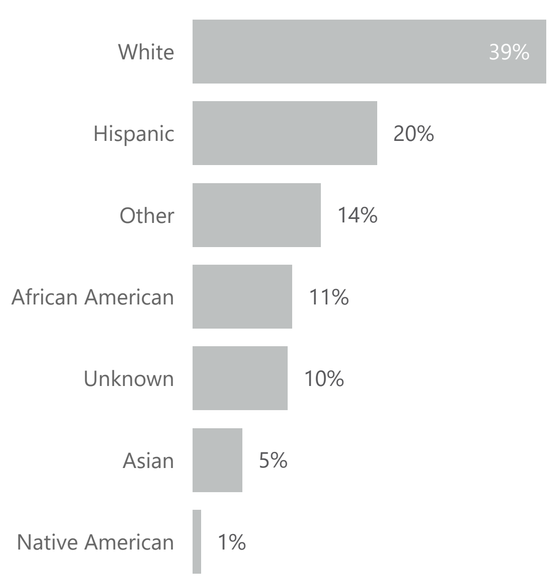
Region of Intervention (by Calls)*



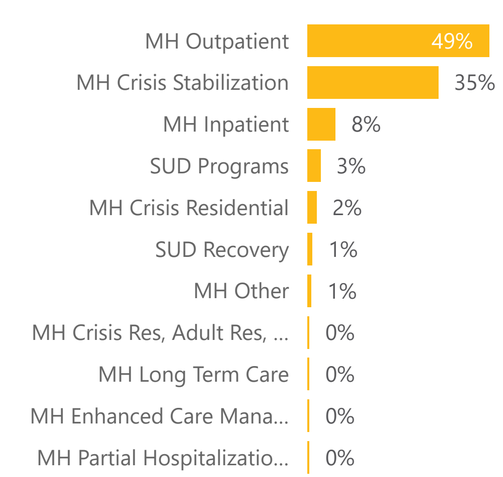
Housing Status



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 4/24/2026

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 CBHDA Opposition to S. PS 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)** Existing federal law, the National Suicide Hotline Designation Act of 2020, designates the 3-digit telephone number “988” as the universal number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the 988 Suicide and Crisis Lifeline. 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. **Status:** 4/15/2026 - Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (April 15). Re-referred to Com. on APPR.	5. Support AB 1540 Asm. Health Letter AB 1540 Fact Sheet
AB 1556 Haney D	**Recovery residences: funding. (Amended: 4/23/2026)** Existing law establishes the California Interagency Council on Homelessness to oversee the implementation of Housing First guidelines and regulations, and, among other things, identify resources, benefits, and services that can be accessed to prevent and end homelessness in California. Existing law requires a state agency or department that funds, implements, or administers a state program that provides housing or housing-related services to people experiencing homelessness or who are at risk of homelessness to revise or adopt guidelines and regulations to include enumerated Housing First policies. Existing law specifies the core components of Housing First, including services that are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants’ lives and where tenants are engaged in nonjudgmental communication regarding drug and alcohol use. This bill would require a recovery residence, defined as a residence that, among other things, satisfies the core components of Housing First as described above, to meet specified requirements in order to be eligible for state funding, including that residency is initiated by the resident and the resident is additionally offered at least one harm-reduction housing placement option, relapse is not cause	4. Support if Amended

	for eviction and residents receive relapse support. **Status:** 4/23/2026 - Read second time and amended.	
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:** 4/23/2026 - VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations] (PASS)	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 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:** 3/24/2026 - Re-referred to Com. on APPR.	5. Support AB 1586 Fact Sheet
AB 1626 Gabriel D	**Interscholastic athletics: youth sports: coaches: behavioral and mental health training. (Amended: 4/8/2026)** 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 require specified trainings for coaches described in AB 1665 of the 2025–26 Regular Session to cover specified mental-health related topics, including, among other topics, trauma-informed care, as provided,	5. Support AB 1626 Asm. Ed Letter AB 1626 Fact Sheet AB 1626 Asm. AET Support Letter

	and strategies of creating a positive team culture, as provided. **Status:** 4/23/2026 - Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 9. Noes 0.) (April 22). Re-referred to Com. on APPR.	
AB 1660 Schiavo D	**Public guardians and public administrators. (Amended: 4/9/2026)** Existing law requires a financial institution or other person, without inquiring into the truth of the written certification and without court order or letters being issued, to provide the public guardian or public conservator with specified information and to take specified actions. Existing law sets forth provisions for the calculation of the amount of CalWORKs aid eligible to a household based in part on the size of the assistance unit. Under existing law and CalWORKs rules, aid is not affected for a member of the assistance unit who is temporarily absent from the home, and a child who is a patient in a public or private hospital for medical or surgical care is considered temporarily absent from the home for the duration of the hospital stay. Under this bill, a child or other member of the assistance unit who is unlawfully detained in a federal immigration detention facility would be considered temporarily absent from the home for the duration of the detention. Under the bill, the member would be deemed to be unlawfully detained if a report of misconduct by federal agents is submitted to the California Attorney General. The bill would require a county human services agency, upon request, to inform and provide notice to an applicant or recipient household on how to submit that report. The bill would make related legislative findings. This bill would authorize 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:** 4/13/2026 - Read second time. Ordered to third reading. ***Hearing:*** *4/27/2026 #91* *ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS*	5. Support AB 1660 Asm. APPR Letter AB 1660 Fact Sheet AB 1660 Asm. Judic Support Letter_CBHDA
AB 1676 Stefani D	**Mental health services: assisted outpatient treatment: involuntary medication. (Amended: 3/24/2026)** Laura's Law requires a county or group of counties to provide assisted outpatient treatment as part of mental health services, unless a county or group of counties opts out by a resolution passed by the governing body, as specified. For participating counties, existing law authorizes a court to order a person who is the subject of a certain petition to obtain assisted outpatient treatment if the court finds, by clear and convincing evidence, that various conditions are met, including, among others, that the person is experiencing a mental illness and that the person has a history of lack of compliance with treatment for their mental illness, as specified. Existing law sets forth certain rights of the person relating to the hearing and imposes conditions on an extension to an initial treatment order. This bill would authorize the county behavioral health director, or their designee, to file a petition for an order authorizing the use of involuntary psychotropic medication independent of, or concurrently with, a petition for assisted outpatient treatment. The bill would authorize a court to issue an order for the use of involuntary medication if the court finds, by clear and convincing evidence, that the facts stated in the required verified petition are true and establish that, among other things, a licensed mental health treatment provider has determined the person who is the subject of the petition has a serious mental disorder. The bill would specify rights that the person who is the subject of the petition is entitled to, including the right to demand a court or jury trial on the issue or issues of whether the person has a serious mental disorder, the person does not have the capacity to refuse treatment with psychotropic medications, or the psychotropic medications are necessary to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or to others. The bill would provide the procedure for filing of the petition and setting of a trial date. The bill would prohibit any order for involuntary medication until the conclusion of the court or jury trial. **Status:** 4/13/2026 - In committee: Set, first hearing. Hearing canceled at the request of author.	3. Oppose Unless Amended AB 1676 Fact Sheet

AB 1779 Davies R	**Alcoholism and drug abuse recovery and treatment programs: inducement of participants. (Amended: 4/23/2026)** 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. The bill would additionally require, as conditions on the provision of transportation services, that the cost of the recovery or treatment services are prohibitive for the individual without assistance from the laboratory, facility, or program, and would require the laboratory, facility, or program 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. **Status:** 4/23/2026 - Read second time and amended.	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 specified. **Status:** 4/15/2026 - Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 3.) (April 14). Re-referred to Com. on APPR. ***Hearing:*** *4/29/2026 9 a.m. - 1021 O Street, Room 1100 ASSEMBLY APPROPRIATIONS, WICKS, BUFFY, Chair*	5. Support AB 1876 Asm. Health Letter
AB 1879 Dixon R	**Substance use: treatment or residential data reporting. (Amended: 4/23/2026)** Existing 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. Existing law requires the department to develop and maintain a centralized indicator data collection system that gathers and obtains information on the status of alcohol and other drug problems in the state, and requires the information to include, among other things, the number and characteristics of persons receiving recovery or treatment services from alcohol and	2. Oppose AB 1879 Opposition to Asm. Health

	other drug programs providing publicly funded services or services licensed by the state. Existing data collection systems developed by the department, known as the California Outcomes Measurement System Treatment and Drug and the Alcohol Treatment Access Report, collect data for substance use disorder (SUD) treatment services and SUD treatment capacity from specified treatment providers. This bill would require the above-described facilities and programs, commencing on January 1, 2028, to submit to the department certain data, including, treatment and outcome information and treatment availability information consistent with the requirements of the California Outcomes Measurement System Treatment and the Drug and the Alcohol Treatment Access Report. **Status:** 4/23/2026 - Read second time and amended.	
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:** 4/21/2026 - VOTE: Do pass as amended and be re-referred to the Committee on [Appropriations] (PASS)	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:** 4/9/2026 - Re-referred to Com. on APPR. pursuant to Assembly Rule 96. ***Hearing:*** *4/29/2026 9 a.m. - 1021 O Street, Room 1100 ASSEMBLY APPROPRIATIONS, WICKS, BUFFY, Chair*	8. Watch
AB 1899 Caloza D	**Office of Youth Homelessness Prevention. (Amended: 4/9/2026)** The Governor's Reorganization Plan No. 1 of 2025, beginning July 1, 2026, eliminates the Business, Consumer Services, and Housing Agency and instead establishes the Business and Consumer Services Agency and the California Housing and Homelessness Agency. The plan also, among other things, establishes the California Interagency Council on Homelessness as an independent entity within the California Housing and Homelessness Agency and renames the existing council as the California Interagency Executive Council on Homelessness, which it establishes within the California Interagency Council on Homelessness. Existing law requires the Interagency Council on Homelessness to set and measure progress toward goals to prevent and end homelessness among youth in California by setting specific, measurable goals aimed at preventing and ending homelessness among youth in the state, as provided. This bill would establish within the California Interagency Council on Homelessness the Office of Youth Homelessness Prevention (office), with the mission of reducing youth homelessness in the state to functional zero, defined as the condition in which the number of youth	8. Watch

	experiencing homelessness does not exceed the capacity to provide youth with permanent housing. The bill would impose prescribed responsibilities on the office, including, by September 15, 2027, developing and overseeing the implementation of a comprehensive framework to reduce youth homelessness to functional zero containing specific and measurable goals, as provided. **Status:** 4/23/2026 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 6. Noes 0.) (April 23). Re-referred to Com. on APPR.	
AB 1924 Gabriel D	**Statewide homelessness prevention strategy. (Amended: 3/9/2026)** Existing law establishes the Department of Housing and Community Development and requires the department to oversee and implement various housing programs. Existing law establishes various programs to prevent homelessness or assist persons experiencing homelessness, including the No Place Like Home Program and the Homeless Housing, Assistance, and Prevention program. This bill would require the department, by July 1, 2027, to develop and publicly issue a statewide homelessness prevention strategy that includes specified elements, including a homelessness prevention action plan for certain state agencies and evidence-based model homeless prevention practices, as specified. **Status:** 4/15/2026 - Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 12. Noes 0.) (April 15). Re-referred to Com. on APPR.	8. Watch
AB 1970 Harabedian D	**Health care coverage: mental health or substance use disorders. (Amended: 3/24/2026)** Existing law authorizes health care service plans and health insurers that cover prescription drugs to utilize reasonable medical management practices, including prior authorization and step therapy, consistent with applicable law. This bill 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 a serious mental illness or substance use disorder, as those terms are 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:** 4/22/2026 - Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (April 21). Re-referred to Com. on APPR.	8. Watch
AB 1988 Pellerin D	**Companion chatbots: crisis interruption pauses. (Amended: 4/14/2026)** Existing 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, the Preventing AI User Self Endangerment (PAUSE) Act, would require an operator to adopt and make publicly available a policy governing its protocol for identifying and responding to credible crisis expressions and, for each companion chatbot an operator makes available to users in this state, implement a system for monitoring and detecting credible crisis expressions in user conversations with companion chatbots. The bill would require, if the monitoring system detects a credible crisis expression, the operator to take certain actions, including commence a crisis interruption pause, as specified. 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:** 4/22/2026 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 16. Noes 0.) (April 21). Re-referred to Com. on APPR.	8. Watch
AB 2003 Berman D	**Pupil health: suicide prevention. (Amended: 3/26/2026)** Existing 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	4. Support if Amended

	school staff and pupils as part of their policy on pupil suicide prevention. Existing 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:** 4/6/2026 - Re-referred to Com. on APPR.	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 respective departments by January 1, 2027, and annually thereafter. **Status:** 4/9/2026 - Read second time. Ordered to third reading. ***Hearing:*** *4/27/2026 #90 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS*	5. Support
AB 2071 Hoover R	**Pupil instruction: digital wellness. (Amended: 4/13/2026)** Existing 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 department, on or before January 1, 2028, to develop a plan to expand digital wellness instruction in California public schools, as provided. **Status:** 4/14/2026 - Re-referred to Com. on APPR.	8. Watch
AB 2093 Bauer-Kahan D	**State 988 advisory group. (Amended: 3/26/2026)** Existing law, the Miles Hall Lifeline and Suicide Prevention Act, requires, among other things, the California Health and Human Services Agency to create, no later than December 31, 2024, a set of recommendations to support a 5-year implementation plan for a comprehensive 988 system. Existing law requires the agency to convene a state 988 advisory group for purposes of advising the agency on the set of recommendations and requires the recommendations to include specified information. Existing law requires the advisory group to meet at least once per quarter until December 31, 2024. Existing law authorizes the agency to disband the advisory group on or after January 1,	5. Support

	2025. This bill would require the advisory group to meet at least once per quarter until December 31, 2029. The bill would authorize the agency to disband the advisory group on or after January 1, 2030. **Status:** 4/15/2026 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 9. Noes 0.) (April 15). Re-referred to Com. on APPR.	
AB 2138 Krell D	**Medi-Cal: enhanced care management: peer support specialists. (Amended: 3/24/2026)** The Medi-Cal program is in part governed by, and funded pursuant to, federal Medicaid program provisions. Existing law requires the State Department of Health Care Services 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 existing 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. Existing law authorizes a county, or an agency representing a county, to develop a peer support specialist certification program, subject to departmental approval. Under existing 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. Existing 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 State Department of Health Care Services 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:** 4/23/2026 - From committee: Amend, and do pass as amended and re-refer to Com. on APPR. (Ayes 15. Noes 1.) (April 21). ***Hearing:*** *4/27/2026 #43 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS*	8. Watch
AB 2150 Haney D	**Employment: training requirements: opioid overdose reversals. (Amended: 3/19/2026)** The California Occupational Safety and Health Act of 1973 (OSHA) requires employers to comply with certain safety and health standards, as specified, and charges the division with enforcement of the act. Exiting law requires the Division of Occupational Safety and Health, before December 1, 2027, to submit a draft rulemaking proposal to revise specified regulations on first aid materials and emergency medical services to require first aid materials in a workplace to include naloxone hydrochloride or another opioid antagonist approved by the United States Food and Drug Administration to reverse opioid overdose and instructions for using the opioid antagonist. Existing law requires the standards board to consider for adoption revised standards for the standards described above on or before December 1, 2028. This bill would require an employer operating in this state that requires cardiopulmonary resuscitation (CPR) certification training of its employees to also require those employees to take an online video module training on the use of naloxone to increase the rate of opioid overdose reversals, as prescribed. The bill would require the Emergency Medical Services Authority to oversee the training curriculum required pursuant to these provisions. **Status:** 4/9/2026 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (April 8). Re-referred to Com. on APPR. ***Hearing:*** *4/29/2026 9 a.m. - 1021 O Street, Room 1100 ASSEMBLY APPROPRIATIONS, WICKS, BUFFY, Chair*	5. Support
AB 2201 Boerner D	**Medi-Cal: eligibility redetermination. (Amended: 4/9/2026)** Existing federal law, enacted on July 4, 2025, sets forth various changes to Medicaid eligibility with regard to community engagement reporting, redeterminations, retroactive coverage, and cost sharing, among other factors, for certain Medicaid populations. For purposes of eligibility redeterminations, existing federal law requires that certain beneficiaries between 19 and 64 years of age, inclusive, with income up to 138% of the federal poverty level, commonly known as Medicaid expansion adults, undergo a redetermination once every 6 months, instead of an annual redetermination, except as specified. Existing state law generally requires a county to perform eligibility	5. Support

	redeterminations for Medi-Cal beneficiaries every 12 months and to promptly redetermine eligibility whenever the county receives information about changes in a beneficiary's circumstances, as specified. This bill would make changes to those redetermination provisions to conform to the 6-month redetermination requirement under the above-described federal law for Medicaid expansion adults. The bill would make other conforming changes to related provisions. **Status:** 4/13/2026 - Re-referred to Com. on APPR.	
AB 2259 Ransom D	**Prisons: mental health. (Introduced: 2/19/2026)** Current law authorizes the Secretary of the Department of Corrections and Rehabilitation to establish and maintain classes for incarcerated persons utilizing institutional personnel or entering into an agreement with the governing board of a school district or private school. Current law requires the department to develop and implement a plan to obtain additional rehabilitation and treatment services for incarcerated persons and parolees. Current law requires that plan to include, among other things, filling vacant state staff positions that provide direct and indirect rehabilitation services, or obtaining services from local governments and contractors to assist with treatment for parolees and incarcerated persons. This bill would require the department to establish a 3-year pilot program at 2 institutions that would provide access to specified mental health therapy for certain incarcerated persons not classified by the department to receive mental health treatment from the institution. The bill would require communications during therapy sessions, as specified, between the incarcerated person and assigned therapist to be confidential. **Status:** 3/25/2026 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 0.) (March 24). Re-referred to Com. on APPR.	8. Watch AB 2259 Fact Sheet
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 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.	3. Oppose Unless Amended AB 2275 Fact Sheet
AB 2297 Stefani D	**Restitution: diversion. (Amended: 3/26/2026)** Existing 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. Existing 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	8. Watch

	program. Existing 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. If the court finds restitution is owed pursuant to this provision, the bill would require the court to order payment of restitution during the period of diversion. **Status:** 4/20/2026 - Read third time. Passed. Ordered to the Senate. In Senate. Read first time. To Com. on RLS. for assignment.	
AB 2551 Elhawary D	**Health care coverage. (Amended: 3/19/2026)** Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions. This bill would require health care service plans and health insurers to conduct an annual survey to assess the number and prevalence of enrollees or insureds seeking or accessing behavioral health care services from out-of-network providers, the total expenditures paid out-of-pocket by enrollees and insureds for out-of-network and in-network behavioral health care services, as specified, and the reasons for seeking out-of-network behavioral health services. The bill would require the annual survey to be optional for enrollees or insureds. The bill would require health care service plans and health insurers to report survey findings to the departments on or before May 1, 2028, and annually thereafter. The bill would require the departments to adopt regulations establishing standard requirements and a survey tool, as specified. **Status:** 4/8/2026 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 16. Noes 0.) (April 7). Re-referred to Com. on APPR.	5. Support AB 2551 Fact Sheet
AB 2562 Dixon R	**Alcohol or other drug recovery and treatment programs and facilities: suicide prevention. (Amended: 3/16/2026)** Existing 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 or other drug programs, as specified. Existing law requires a licensed facility to take specified actions, including to develop a plan to address when a resident relapses. Existing law requires a certified program to keep all policies and procedures in an operation manual. This bill would require a licensed facility to develop a suicide prevention plan. The bill would authorize the department to implement the above-described requirement by bulletin or all-county or all-provider letter, after stakeholder input, until regulations are promulgated. **Status:** 4/15/2026 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 16. Noes 0.) (April 14). Re-referred to Com. on APPR.	5. Support
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	4. Support if Amended SB 28 SIA to Asm. Pub Safety SB 28 Supp. if Amended Letter to S. PS SB 28 Fact Sheet

	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.	
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:** 8/29/2025 - 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 417 Cabaldon D	**The Affordable Housing Bond Act of 2026. (Amended: 1/22/2026)** Under existing law, there are programs providing assistance for, among other things, emergency housing, multifamily housing, farmworker housing, home ownership for very low and low-income households, and downpayment assistance for first-time home buyers. Existing law also authorizes the issuance of bonds in specified amounts pursuant to the State General Obligation Bond Law and requires that proceeds from the sale of these bonds be used to finance various existing housing programs, capital outlay related to infill development, brownfield cleanup that promotes infill development, and housing-related parks. This bill would enact the Affordable Housing Bond Act of 2026, which, if adopted, would authorize the issuance of bonds in the amount of $10,000,000,000 pursuant to the State General Obligation Bond Law. Proceeds from the sale of these bonds would be used to finance programs to fund affordable rental housing and home ownership programs, including, among others, the	8. Watch

	Multifamily Housing Program, the CalHome Program, and the Joe Serna, Jr. Farmworker Housing Grant Program. **Status:** 4/23/2026 - Coauthors revised. From committee: Do pass and re-refer to Com. on APPR. (Ayes 10. Noes 2.) (April 22). Re-referred to Com. on APPR.	
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 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.	8. Watch SB 492 Fact Sheet

SB 866 Blakespear D	**Planning and zoning: housing element: unhoused population. (Amended: 4/20/2026)** The Planning and Zoning Law requires a city or county to adopt a general plan for land use development that includes, among other things, a housing element. Existing law requires the housing element to include, among other things, an assessment of housing needs and an inventory of resources and constraints that are relevant to meeting these needs. Existing law establishes the Homeless Housing, Assistance, and Prevention (HHAP) program for the purpose of providing jurisdictions with grant funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges, as specified. Existing law provides for the allocation of funding under the program among continuums of care, cities, counties, and tribes in 6 rounds, with rounds 1 to 5, inclusive, administered by the Interagency Council on Homelessness and round 6 administered by the Department of Housing and Community Development, as provided. Existing law establishes round 7 of the program and states the intent of the Legislature to enact future legislation that specifies the parameters, as specified. For a local government that does not receive HHAP funding, this bill would require the assessment to include, among other things, specified data regarding the population of individuals who are unhoused and a description of key actions that will be taken to reduce individuals who are unhoused based on the data. **Status:** 4/20/2026 - Read second time and amended. Re-referred to Com. on APPR.	2. Oppose
SB 883 Umberg D	**Community Assistance, Recovery, and Empowerment (CARE) court program. (Amended: 3/23/2026)** The Community Assistance, Recovery, and Empowerment (CARE) Act authorizes specified persons, including a person with whom the respondent resides, family members, and first responders, among others, to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. Existing law requires that if the court finds that the respondent meets the CARE criteria, the court is required to order the county behavioral health agency, the respondent, and the respondent's counsel and supporter to jointly develop a CARE plan within 14 days. This bill would instead require a court to order the county behavioral health agency, the respondent, and the respondent's counsel and supporter to jointly develop a CARE plan within 21 days. **Status:** 4/23/2026 - Read third time. Passed. (Ayes 37. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.	5. Support
SB 903 Padilla D	**Mental health professionals: artificial intelligence. (Amended: 4/7/2026)** Existing law establishes various healing arts boards within the Department of Consumer Affairs that license and regulate various healing arts licensees. Existing laws, including 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, make a violation of those acts a crime. Existing law regulates the use of artificial intelligence, as defined. Existing 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 regulate the use of artificial intelligence by licensed professionals providing psychotherapy services, as defined. The bill, among other things, would prohibit an individual, corporation, or entity from using artificial intelligence to record or transcribe psychotherapeutic communications or sessions or to triage or screen a person for the need for psychotherapy services unless the patient or their authorized representative is informed that artificial intelligence will be used and provides consent, as specified. The bill would prohibit a licensed professional from allowing artificial intelligence to perform certain acts, including making independent	5. Support

	therapeutic decisions or detecting emotions or mental states. **Status:** 4/21/2026 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 0.) (April 20). Re-referred to Com. on APPR. ***Hearing:*** *5/4/2026 10 a.m. - 1021 O Street, Room 2200* *SENATE APPROPRIATIONS, CERVANTES, SABRINA, Chair*	
SB 915 Menjivar D	**Health care provider entities: patients accompanied by immigration enforcement officers. (Amended: 4/16/2026)** Under existing law, the State Department of Public Health is responsible for the licensing and regulation of various facilities and settings that provide health care services, as specified. Existing law, the Confidentiality of Medical Information Act prohibits, except to the extent expressly authorized by a patient, enrollee, or subscriber, or as otherwise permitted or required, a provider of health care, health care service plan, contractor, or corporation and its subsidiaries and affiliates from disclosing medical information for immigration enforcement. Existing law requires health care provider entities, as defined, to establish or amend procedures for monitoring, documenting, and receiving visitors to health care provider entities to the extent possible, and prohibits, unless required by state or federal law, a health care provider entity and its personnel from allowing any person access to nonpublic areas of the provider's facilities for immigration enforcement purposes, except as specified. This bill would, among other things, require a health care provider entity to, when there is a patient accompanied by an immigration enforcement officer, verify and document the identities and agencies of the accompanying immigration enforcement officers, to the extent possible. The bill would require a health care provider entity to ask an immigration enforcement officer to step out of the patient's room when discussing any matters pertaining to patient care, or performing any physical examination, or providing any medical care, except as specified, would prohibit an immigration enforcement officer from having any authority to make, influence, or participate in medical decisions on behalf of patient they accompany, and would require the health care provider entity personnel to report a refusal to comply with the requirements of this bill to the health care provider entity management, administration, or legal counsel, who is required to then document the actions, and, to the extent possible, the name and badge number of an immigration enforcement officer. **Status:** 4/21/2026 - VOTE: Do pass as amended, but first amend, and re-refer to the Committee on [Appropriations] (PASS)	5. Support
SB 942 Caballero D	**Civil confinement facilities. (Amended: 4/6/2026)** Existing law prohibits a city, city and county, or local law enforcement agency from entering into a contract with the federal government or any federal agency to house or detain noncitizens for purposes of civil immigration custody in a locked detention facility. Existing law, until July 1, 2027, requires the Attorney General to engage in reviews of county, local, and private locked detention facilities in which noncitizens are being housed or detained for purposes of civil immigration proceedings in California. Existing law requires that review to include a review of the conditions of confinement, a review of the standard of care and due process provided to the detainees, and a review of the circumstances around their apprehension and transfer to the facility. Existing law requires any private detention facility operator, as defined, to comply with, and adhere to, the detention standards of care and confinement agreed upon in the facility's contract for operations. This bill, the Private Detention and Civil Confinement Facility Oversight and Standards Act of 2026, would require a covered civil confinement facility, defined to include private detention facilities and specified mental health treatment facilities, unless otherwise licensed, certified, designated, or approved under state law or local ordinance, to file an annual registration with the State Department of Public Health and identify specified information about the facility, including, among other things, the contracting entity and the standards of care and confinement in the facility's operating contract. **Status:** 4/22/2026 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 13. Noes 0.) (April 21). Re-referred to Com. on APPR. ***Hearing:*** *5/4/2026 10 a.m. - 1021 O Street, Room 2200* *SENATE APPROPRIATIONS, CERVANTES, SABRINA, Chair*	8. Watch

SB 947 McNerney D	**Employment: automated decision systems. (Amended: 4/22/2026)** Existing 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. Existing 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, as defined, 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 primarily relied upon an ADS to make 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:** 4/22/2026 - Read second time and amended. Re-referred to Com. on APPR. ***Hearing:*** *5/4/2026 10 a.m. - 1021 O Street, Room 2200 SENATE APPROPRIATIONS, CERVANTES, SABRINA, Chair*	8. Watch
SB 987 Weber Pierson D	**California Health Access Fund. (Introduced: 2/5/2026)** The Medi-Cal program is in part governed by, and funded pursuant to, federal Medicaid program provisions. Current federal law, enacted on July 4, 2025, sets forth various changes to different health care programs, including certain requirements for Medicaid eligibility with regard to work or community engagement reporting, redeterminations, and cost sharing, among other factors, for certain Medicaid populations pursuant to a specified implementation timeline. This bill would create the California Health Access Fund, to be administered by the State Department of Health Care Services. Under the bill, moneys in the fund would include deposits, through any applicable transfers made by the Legislature, equal to the amount of any savings to the state resulting from decreased enrollment in the Medi-Cal program caused by enrollment barriers created by the above-described federal law. Under the bill, moneys in the fund would, upon appropriation, be used to ensure that California residents losing health care coverage due to the impacts of the federal law or due to any other divestments from the health care system can continue to receive health care services and that health care providers are reimbursed for these services. **Status:** 4/13/2026 - April 13 hearing: Placed on APPR. suspense file.	8. Watch SB 987 Fact Sheet
SB 989 Blakespear D	**Community Assistance, Recovery, and Empowerment (CARE) Court Program. (Amended: 4/16/2026)** The Community Assistance, Recovery, and Empowerment (CARE) Act authorizes specified persons, including a person with whom the respondent resides, family members, first responders, among others, to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. This bill would authorize a first responder to contact the county behavioral health agency in the county in which the respondent resides to request the agency file a petition to commence the CARE process. The bill would require the agency to review the request and determine whether to file a petition within 30 business days. **Status:** 4/22/2026 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 12. Noes 0.) (April 21). Re-referred to Com. on APPR. ***Hearing:*** *5/4/2026 10 a.m. - 1021 O Street, Room 2200 SENATE APPROPRIATIONS, CERVANTES, SABRINA, Chair*	3. Oppose Unless Amended SB 989 Coalition OUA Letter to Sen. Health SB 989 Fact Sheet

SB 993 Ochoa Bogh R	**Board of Behavioral Sciences: licensees: notices. (Amended: 4/8/2026)** Existing law establishes the Board of Behavioral Sciences and sets forth its powers and duties, including, but not limited to, the licensing, registration, and regulation of marriage and family therapists, educational psychologists, clinical social workers, and professional clinical counselors. Existing law requires these licensees and registrants to provide a client with a written notice stating that the board receives and responds to complaints regarding services provided by the licensee or registrant and containing specified information about the licensee or registrant and their license. This bill would authorize the employing entity or agency of the licensee or registrant, in specified practice settings, to exercise discretion whether to disclose any or all of the information about the licensee or registrant and their license in the notice based on individual safety concerns if certain requirements are met. **Status:** 4/20/2026 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 0.) (April 20). Re-referred to Com. on APPR. ***Hearing:*** *5/4/2026 10 a.m. - 1021 O Street, Room 2200* *SENATE APPROPRIATIONS, CERVANTES, SABRINA, Chair*	5. Support
SB 995 Pérez D	**Involuntary residential facilities: health and safety inspections. (Amended: 4/16/2026)** Existing law requires the operator of a private detention facility, as defined, to comply with, and adhere to, the detention standards of care and confinement agreed upon in the facility's contract for operations, as specified. Existing law requires a private detention facility operator to comply with, and adhere to, all local and state public health orders and occupational safety and health regulations. This bill, the Masuma Khan Justice Act, would authorize the State Department of Public Health to inspect an involuntary residential facility, defined as a facility that houses more than 50 individuals overnight, restricts residents' ability to enter or leave, as specified, and provides specified onsite services, for the limited purpose of ensuring sanitary, hygienic, and safe conditions, using standards and inspection protocols consistent with those applied to licensed residential health facilities. **Status:** 4/22/2026 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 12. Noes 0.) (April 21). Re-referred to Com. on APPR. ***Hearing:*** *5/4/2026 10 a.m. - 1021 O Street, Room 2200* *SENATE APPROPRIATIONS, CERVANTES, SABRINA, Chair*	8. Watch SB 995 Fact Sheet
SB 1016 Blakespear D	**Community Assistance, Recovery, and Empowerment (CARE) Court Program and court-ordered evaluations. (Amended: 3/26/2026)** The Community Assistance, Recovery, and Empowerment (CARE) Act (CARE Act), authorizes specified persons, including a person with whom the respondent resides, family members, and first responders, among others, to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, or bipolar I disorder with psychotic features, and who meet other specified criteria. Existing law requires the Judicial Council to develop a mandatory form for use to file a CARE process petition with the court and any other forms necessary for the CARE process, to be signed under the penalty of perjury, and requires the form to contain certain information, including either a specified affidavit of a licensed behavioral health professional or evidence the respondent was detained for a minimum of two intensive treatments pursuant to specified provisions of law. Existing law, the Lanterman-Petris-Short Act (LPS Act), generally provides for the evaluation, treatment, and civil commitment of persons with mental health disorders and other specified persons. This bill would, among other things, authorize a petitioner of a CARE Act petition to request that the court order a mental health evaluation under the LPS Act if the petitioner believes that the person may not be willing or able to participate in the CARE process and a CARE plan or CARE agreement due to the severity of their mental disorder or lack of insight into their mental disorder, and would require the Judicial Council to include on the mandatory petition form an option for the petitioner to request that evaluation. The bill would authorize the petitioner to submit one or more declarations together with any supporting records, reports, or other evidence available to the petitioner, setting forth facts sufficient to establish probable cause that the respondent is or is at risk of becoming a person who is, as a result of mental	2. Oppose SB 1016 Fact Sheet SB 1016 Coalition Opposition Letter to S. Jud

	disorder, a danger to others, or to themselves, or is gravely disabled. **Status:** 4/21/2026 - VOTE: Do pass as amended, but first amend, and re-refer to the Committee on [Appropriations] (PASS)	
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:** 4/6/2026 - April 8 set for first hearing canceled at the request of author.	2. Oppose SB 1060 Opposition Letter to S. Health SB 1060 Fact Sheet
SB 1109 Alvarado-Gil R	**Short-term residential therapeutic programs. (Amended: 4/13/2026)** The California Community Care Facilities Act provides for the licensing and regulation of community care facilities, including short-term residential therapeutic programs, by the State Department of Social Services, and defines a short-term residential therapeutic program as a residential facility licensed by the department and operated by any public agency or private organization that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term, 24-hour care and supervision to children that is trauma-informed. Under the act, the department is authorized to issue citations for violations of these provisions. This bill would, notwithstanding any law and commencing January 1, 2027, require licenses for short-term residential therapeutic programs to be renewed annually if the licensee has a total of 5 or more specified citations in the past 12 months, or if a short-term residential therapeutic program operates in a county with less than 75,000 residents and that does not have a high school or a general acute care hospital operating in the county. **Status:** 4/20/2026 - VOTE: Do pass as amended, but first amend, and re-refer to the Committee on [Appropriations] (PASS)	8. Watch
SB 1221 Stern D	**Lanterman-Petris-Short Act: conservatorships. (Amended: 4/16/2026)** Under the Lanterman-Petris-Short (LPS) Act 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. Existing law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent, and establishes a process by which a defendant’s mental competency is evaluated. Existing law also defines “gravely disabled” under the LPS Act to mean an individual who is found to be mentally incompetent pursuant to the above-described process and for which specified conditions are met, including, among others, information pending against the person at the time of commitment charges a felony involving death, great bodily harm, or a serious threat to the physical well-being of another person, there has been a finding of probable cause, and the person represents a substantial danger of physical harm to others by reason of a mental disease, defect, or disorder. This bill would require the condition of whether the person represents a substantial danger of physical harm to be evaluated based upon the person’s ability to be nonviolent outside of an incarcerated setting, as specified. **Status:** 4/23/2026 - From committee: Do pass as amended and re-refer to Com. on APPR. (Ayes 5. Noes 0.) (April 21). ***Hearing:*** *4/27/2026 #17 SENATE SENATE BILLS - SECOND READING FILE*	2. Oppose SB 1221 Sen. PS Oppose Letter SB 1221 Opposition Letter to Sen. Health SB 1221
SB 1234 Alvarado-Gil R	**Dependency: fentanyl testing. (Amended: 4/8/2026)** 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	8. Watch

	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, that test panel include testing for fentanyl. **Status:** 4/22/2026 - Read second time. Ordered to third reading. ***Hearing:*** *4/27/2026 #94 SENATE SENATE BILLS -THIRD READING FILE*	
SB 1242 Choi R	**Community Assistance, Recovery, and Empowerment (CARE) Court Program. (Amended: 4/20/2026)** Existing law, the Community Assistance, Recovery, and Empowerment (CARE) Act, authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. Existing law authorizes specified individuals to file a petition to commence the CARE process, including, but not limited to, a spouse, parent, sibling, child, grandparent, or an individual who stands in loco parentis to the respondent. Existing law requires the court to issue an order relieving the original petitioner if the petitioner is someone other than the director of a county behavioral health agency or their designee and appoint the director or their designee as the successor petitioner. Existing law requires the original petitioner to have specified rights to notice of proceedings if the petitioner is a parent or specified family member or the person with whom the respondent resides. Existing law authorizes the court to allow the original petitioner to participate in the respondent's CARE proceedings to the extent the respondent consents. This bill, if the original petitioner is a parent or specified family member, would require the court to allow the original petitioner to participate in the respondent's CARE program for the purpose of assisting in care coordination and providing relevant information to the CARE team, unless the court determines, on its own motion or on motion of the respondent, at any point in the proceedings, that it would likely be detrimental to the treatment or well-being of the respondent. **Status:** 4/20/2026 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on JUD. ***Hearing:*** *4/28/2026 1:30 p.m. - 1021 O Street, Room 2100 SENATE JUDICIARY, UMBERG, THOMAS, Chair*	8. Watch SB 1242 Fact Sheet
SB 1373 Grove R	**Mental health diversion. (Amended: 4/15/2026)** Existing 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. The bill would instead make the defendant suitable for diversion if they do not pose a substantial and undue risk to the physical safety of another person and would add to the list of things the court may specifically consider in making that determination, including the defendant's prior history in a pretrial diversion plan and the severity of injury to the victim. **Status:** 4/22/2026 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 0.) (April 21). Re-referred to Com. on APPR. ***Hearing:*** *5/4/2026 10 a.m. - 1021 O Street, Room 2200 SENATE APPROPRIATIONS, CERVANTES, SABRINA, Chair*	2. Oppose SB 1373 Opposition to Sen. PS SB 1373 Fact Sheet
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	8. Watch

	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:** 4/17/2026 - Set for hearing April 27. ***Hearing:*** *4/27/2026 10 a.m. - 1021 O Street, Room 2200 SENATE APPROPRIATIONS, CERVANTES, SABRINA, Chair*	SB 1401 Fact Sheet

Total Measures: 56

Total Tracking Forms: 56

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April 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: 1,277

Registered Sex Offenders:* 39

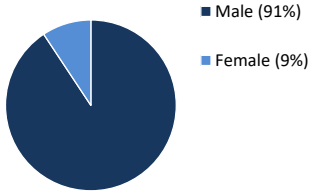
City	Housed	Transient / Homeless	City	Housed	Transient / Homeless
Alpine	1	0	Mount Laguna	0	0
Bonita	0	0	National City	22	0
Bonsall	0	0	Oceanside	37	8
Borrego Springs	0	0	Pala	0	0
Boulevard	0	0	Palomar Mountain	0	0
Camp Pendleton	0	0	Pauma Valley	0	0
Campo	8	0	Pine Valley	0	0
Cardiff By The Sea	1	0	Potrero	0	0
Carlsbad	5	3	Poway	2	0
Chula Vista	34	2	Ramona	5	0
Coronado	0	0	Ranchita	0	0
Del Mar	0	0	Rancho Santa Fe	0	0
Descanso	0	0	San Diego	503	56
Dulzura	1	0	San Luis Rey	0	0
El Cajon	52	8	San Marcos	13	2
Encinitas	1	0	San Ysidro	2	0
Escondido	68	12	Santa Ysabel	0	0
Fallbrook	7	1	Santee	10	0
Guatay	2	0	Solana Beach	0	0
Imperial Beach	6	0	Spring Valley	26	1
Jacumba	0	0	Tecate	0	0
Jamul	0	0	Valley Center	11	0
Julian	1	0	Vista	61	6
La Jolla	1	0	Warner Springs	0	0
La Mesa	9	0	Out of County	27	0
Lakeside	8	0	No Known City	127	49
Lemon Grove	44	1	TOTAL	1095	149
Lincoln Acres	0	0			

Successful Terminations

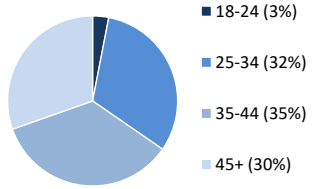
Full Term No Recidivism	Early Discharge
23	11
Mar 15 Apr 15	Mar 15 Apr 15

	In County	Out of County	Unknown
Housed 86%	941	27	127
	86%	2%	12%
Transient/ Homeless 12%	100	0	49
	67%	0%	33%
No Known Address 2%			33
			100%

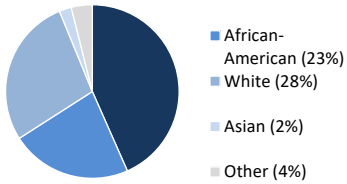
Gender



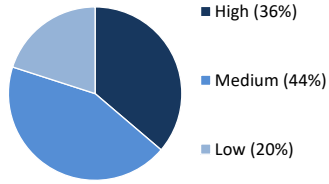
Age



Ethnicity

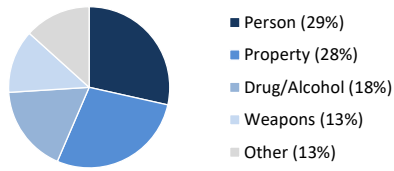


Assessed Risk Level



Committing Offense		DUI	58	Sex Crimes**	42
Arson	18	Escape	5	Theft	136
Assault	306	Forgery/Checks	3	Weapons	153
Auto Theft	71	Hit and Run	6	Other Felonies	198
Burglary	60	Homicide	1	Other Misdemeanors	13
Drugs	150	Robbery	3	Other/Unknown	54

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

April 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: 279

Registered Sex Offenders:* 0

City	Housed	Transient / Homeless	City	Housed	Transient / Homeless
Alpine	0	0	Mount Laguna	0	0
Bonita	1	0	National City	11	0
Bonsall	0	0	Oceanside	8	0
Borrego Springs	0	0	Pala	0	0
Boulevard	0	0	Palomar Mountain	0	0
Camp Pendleton	0	0	Pauma Valley	1	0
Campo	0	0	Pine Valley	0	0
Cardiff By The Sea	1	0	Potrero	0	0
Carlsbad	0	0	Poway	1	0
Chula Vista	30	0	Ramona	0	0
Coronado	0	0	Ranchita	0	0
Del Mar	0	0	Rancho Santa Fe	1	0
Descanso	0	0	San Diego	127	3
Dulzura	0	0	San Luis Rey	0	0
El Cajon	11	0	San Marcos	1	0
Encinitas	0	0	San Ysidro	5	0
Escondido	9	0	Santa Ysabel	0	0
Fallbrook	1	0	Santee	3	0
Guatay	0	0	Solana Beach	0	0
Imperial Beach	3	0	Spring Valley	10	0
Jacumba	0	0	Tecate	0	0
Jamul	1	0	Valley Center	0	0
Julian	0	0	Vista	14	0
La Jolla	1	0	Warner Springs	0	0
La Mesa	5	0	Out of County	16	0
Lakeside	1	0	No Known City	0	0
Lemon Grove	6	0	TOTAL	268	3
Lincoln Acres	0	0			

Successful Terminations

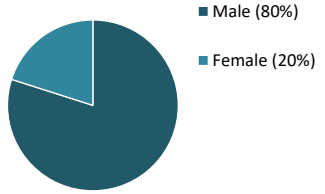
Full Term No Recidivism

3

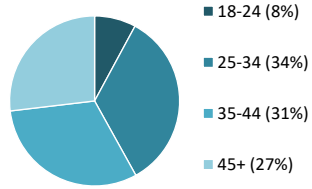
Mar 15 Apr 15

	In County	Out of County	Unknown
Housed 96%	252	16	0
	94%	6%	0%
Transient/ Homeless 1%	3	0	0
	100%	0%	0%
No Known Address 3%			8
			100%

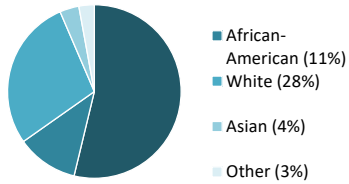
Gender



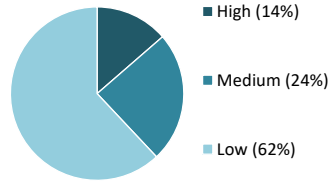
Age



Ethnicity

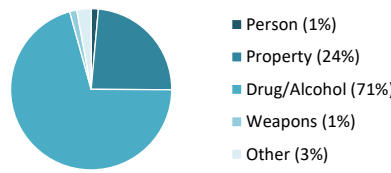


Assessed Risk Level



Committing Offense		DUI	4	Sex Crimes**	0
Arson	0	Escape	0	Theft	31
Assault	4	Forgery/Checks	3	Weapons	2
Auto Theft	7	Hit and Run	0	Other Felonies	11
Burglary	10	Homicide	0	Other Misdemeanors	0
Drugs	188	Robbery	0	Other/Unknown	19

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