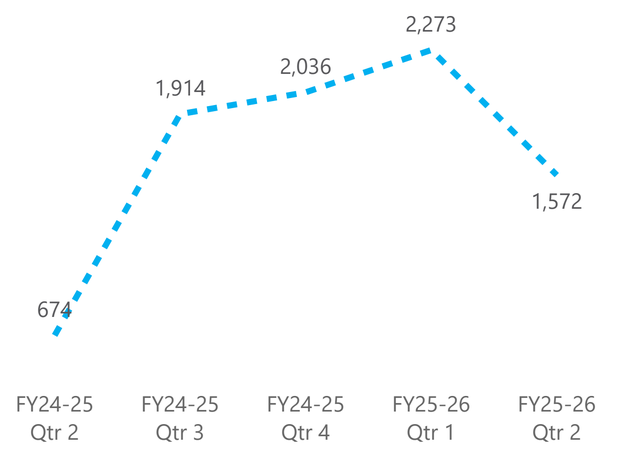
MCRT Clients Characteristics-

11K
Calls Responded To Since Program Start

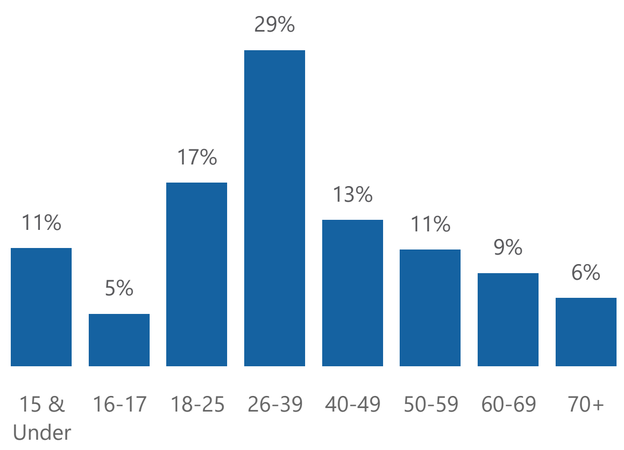
7,177
Unique Clients Since Program Start

Reporting Period
12/1/2024 to 11/30/2025

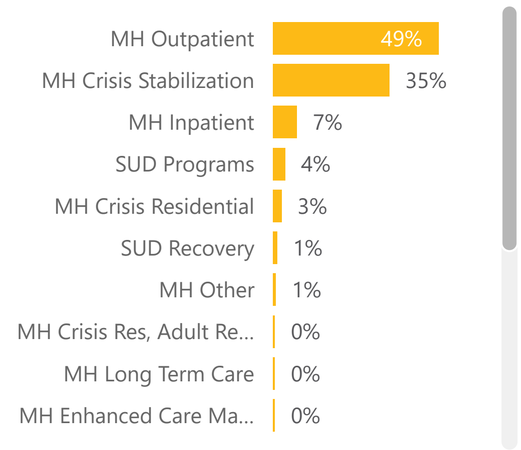
Unique Clients Served over Time



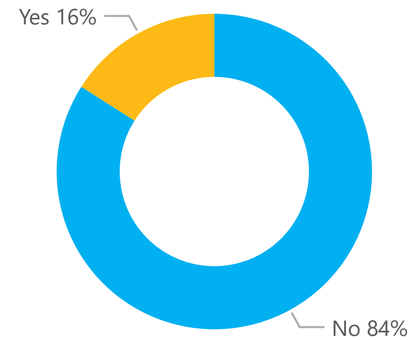
Age



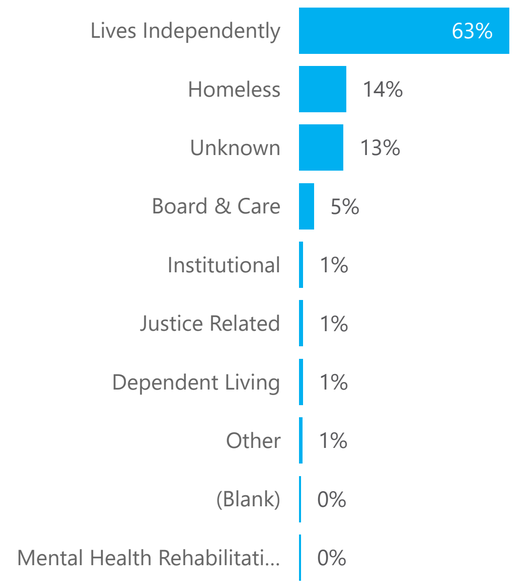
Connecting Programs**



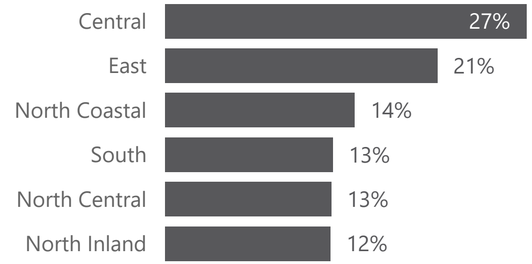
Previous Justice Involvement



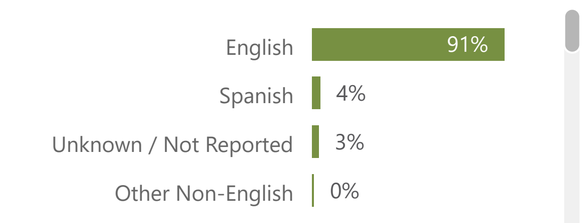
Housing Status



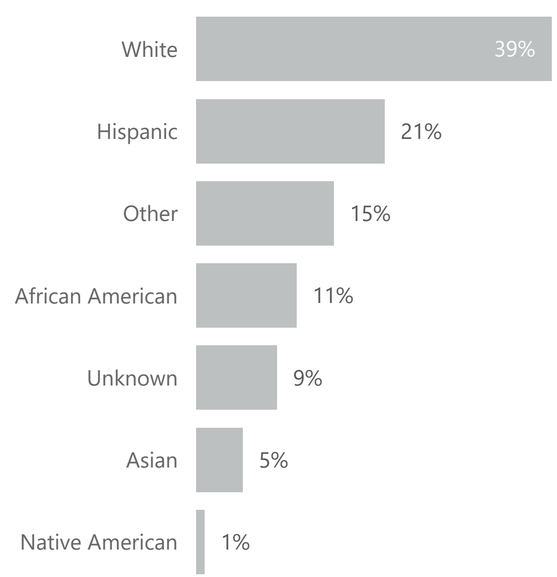
Region of Intervention (by Calls)



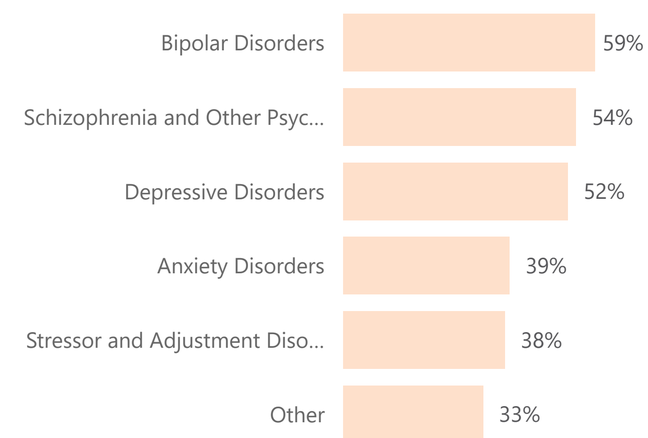
Preferred Language



Race/Ethnicity



Presenting Mental Health Diagnoses*



*MCRT does not diagnose clients. Diagnoses are determined when clients are either identified as existing BHS clients, or subsequently connected to the BHS system of care, and provided

Data from Assignments, Services, Diagnosis, and Demographics data extracts from Optum pre 9/1/2024, SmartCare data after. Call data from monthly program call log. **Program client first enrolled in within 60 days.

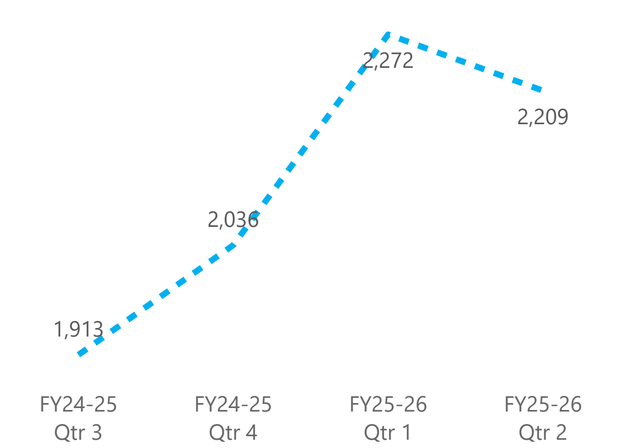
MCRT Clients Characteristics-

11K
Calls Responded To Since Program Start

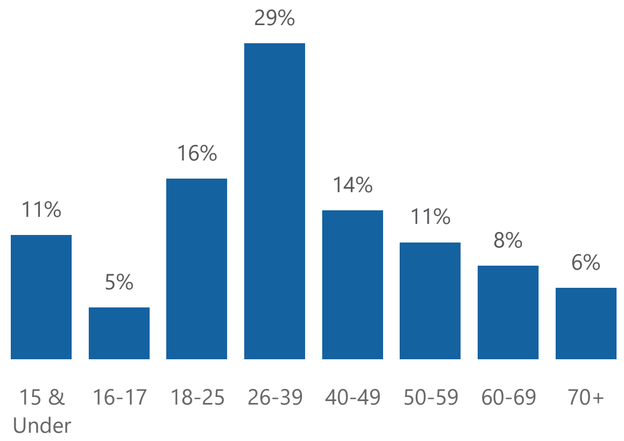
7,232
Unique Clients Since Program Start

Reporting Period
1/1/2025 to 12/31/2025

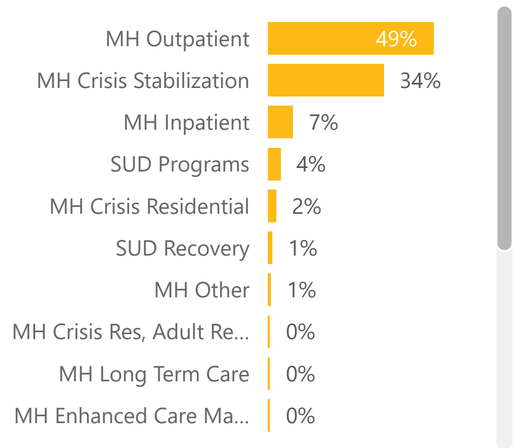
Unique Clients Served over Time



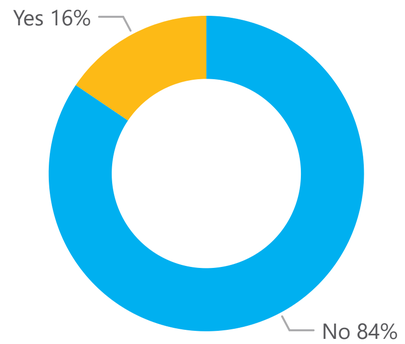
Age



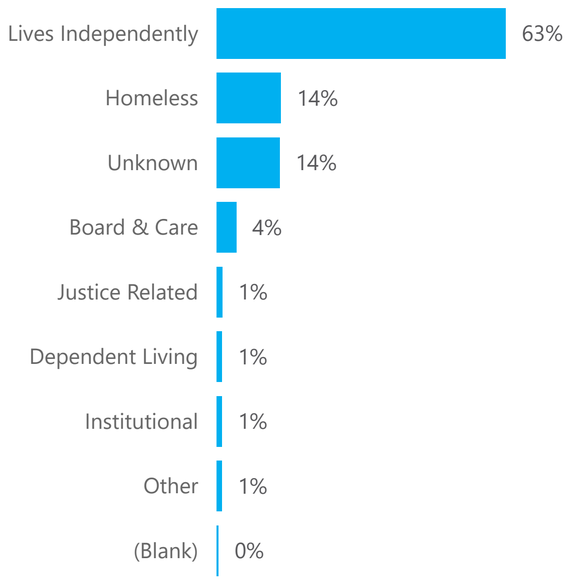
Connecting Programs**



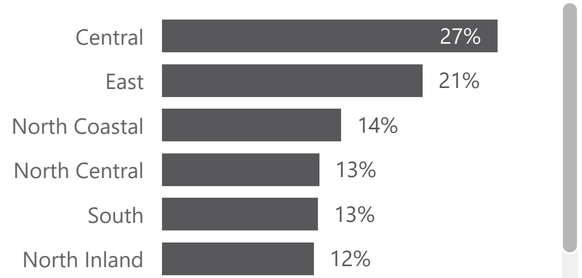
Previous Justice Involvement



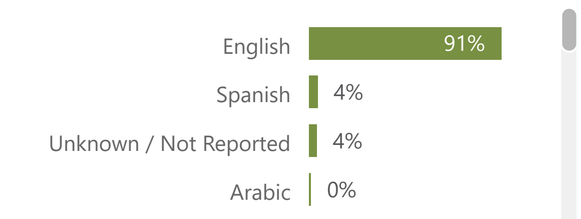
Housing Status



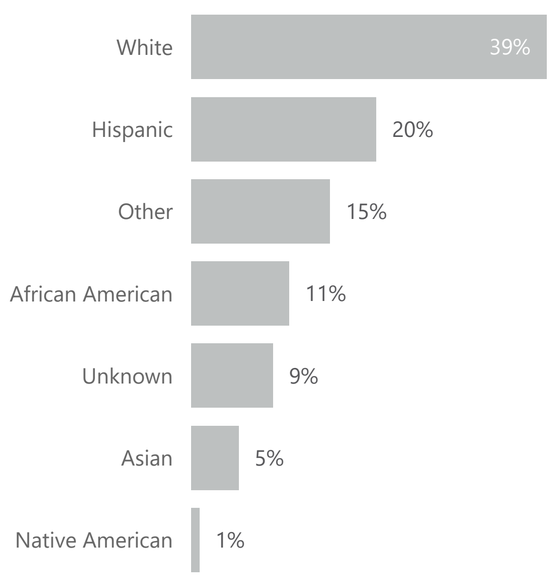
Region of Intervention (by Calls)



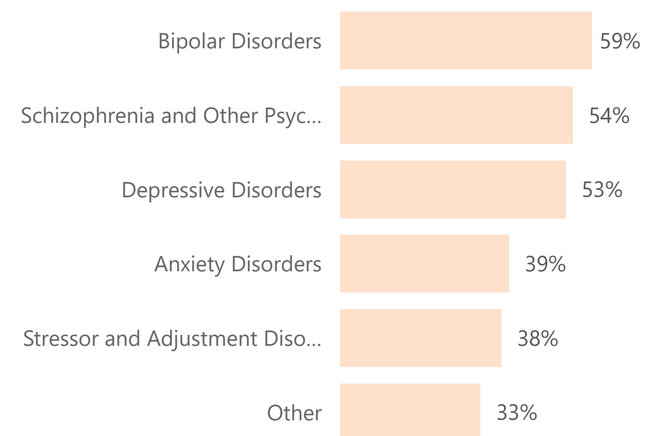
Preferred Language



Race/Ethnicity



Presenting Mental Health Diagnoses*



*MCRT does not diagnose clients. Diagnoses are determined when clients are either identified as existing BHS clients, or subsequently connected to the BHS system of care, and provided

Data from Assignments, Services, Diagnosis, and Demographics data extracts from Optum pre 9/1/2024, SmartCare data after. Call data from monthly program call log. **Program client first enrolled in within 60 days.

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

As of 1/29/2026

Bill Author	Description	Position
AB 46 Nguyen D	**Diversion. (Amended: 7/10/2025)** 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, if the defendant has been diagnosed with a mental disorder within 5 years of the current offense, as specified, require the court to find that the defendant's mental disorder was a significant factor in the commission of the offense, unless there is a preponderance of evidence that it was not a motivating, causal, or contributing factor to the defendant's involvement in the alleged offense. **Status:** 8/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. on 7/8/2025)(May be acted upon Jan 2026)	2. Oppose AB 46 Sen. APPR Opposition Letter AB 46 Fact Sheet
AB 96 Jackson D	**Mental health services: peer support specialist certification. (Amended: 1/5/2026)** Current law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including behavioral and mental health services that are rendered by Medi-Cal enrolled providers. Current law authorizes a county, or an agency representing the county, to develop a peer support specialist certification program, subject to department approval. Current law imposes specified requirements on applicants for certification as a peer support specialist, including that the applicant be at least 18 years of age and possess a high school diploma or equivalent degree. This bill would remove the requirement of possessing a high school diploma or equivalent degree from the requirements necessary for an applicant to receive certification. **Status:** 1/27/2026 - In Senate. Read first time. To Com. on RLS. for assignment.	1. CBHDA Sponsor AB 96 Coalition Letter to Asm. Health AB 96 Fact Sheet
AB 280 Aguiar-Curry D	**Health care coverage: provider directories. (Amended: 7/15/2025)** The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law provides for the regulation of health insurers by the Department of Insurance. Current law requires a health care service plan and a health insurer that contracts with providers for alternative rates of payment to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services enrollees or insureds and requires a health care service plan and health insurer to regularly update its printed and online provider directory or directories, as specified. Current law authorizes the departments to require a plan or insurer to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on	8. Watch AB 280 Fact Sheet Request

	materially inaccurate, incomplete, or misleading information contained in a plan's or insurer's provider directory or directories. This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories and would require a provider directory to be 60% accurate on July 1, 2026, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2029. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks. The bill would require a plan or insurer to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on inaccurate, incomplete, or misleading information contained in a health plan or policy's provider directory or directories and to reimburse the provider the out-of-network amount for those services. The bill would prohibit a provider from collecting an additional amount from an enrollee or insured other than the applicable in-network cost sharing, which would count toward the in-network deductible and out-of-pocket maximum. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, including whether the provider is accepting new patients at the time, and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances. **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)	
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 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)	8. Watch AB 308 Fact Sheet
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. (Introduced: 1/5/2026)** Current 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. This bill would require OES to, no later than July 1, 2027, ensure that technology enabling transfers between 988 centers and a subnetwork of LGBTQ+ specialized youth suicide prevention service providers is available, as specified, and that callers may dial 988 and press "3" to be automatically routed to an LGBTQ+ suicide prevention specialist. The bill would also require OES to, no later than December 1, 2027, ensure that technologies enabling text or chat contacts between a caller and 988 centers or a specified subnetwork are available. This bill would require the California Health and Human Services Agency to, no later than July 1, 2027, administer a grant program for qualified entities that specialize in suicide prevention services and provide funding for state 988 call centers to implement specified goals. **Status:** 1/6/2026 - From printer. May be heard in committee February 5.	5. Support AB 1540 Fact Sheet
AB 1586 Ramos D	**Opioid overdose reversal medication: school resource officers. (Introduced: 1/14/2026)** Current law authorizes a school district, county office of education, and charter school to provide emergency naloxone hydrochloride or another opioid antagonist to school nurses and trained personnel who have volunteered, and authorizes school nurses and trained personnel to use naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose. This bill, to be known as the School Safety and Opioid Overdose Prevention Act, would require a school district, county office of education, or charter school to ensure that (A) each school resource officer, as defined, while on duty at a school campus or school-sponsored activity, carries an opioid antagonist to provide emergency treatment to persons who are suffering, or reasonably believed to be suffering, from an opioid overdose and (B) each school resource officer, upon assignment to a schoolsite, and at least every 2 years thereafter, completes an opioid overdose recognition and response training, as specified. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program. 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:** 1/15/2026 - From printer. May be heard in committee February 14.	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 treatment program that complies with existing judicial standards, the bill would amend that initiative statute. **Status:** 7/15/2025 - July 15 hearing postponed by committee.	4. Support if Amended SB 28 SIA to Asm. Pub Safety SB 28 Supp. if Amended Letter to S. PS SB 28 Fact Sheet
SB 329 Blakespear D	**Alcohol and drug recovery or treatment facilities: investigations. (Amended: 3/28/2025)** Current law provides for the licensure and regulation of alcohol or other drug recovery or treatment facilities by the State Department of Health Care Services. Current law prohibits operating an alcohol or other drug recovery or treatment facility to provide recovery, treatment, or detoxification services within this state without first obtaining a current valid license. If a facility is alleged to be providing those services without a license, existing law requires the department to conduct a site visit to investigate the allegation. Current law also authorizes the department to conduct announced or unannounced site visits to licensed facilities for the purpose of reviewing them for compliance, as specified. This bill would require the department to assign a complaint under its jurisdiction regarding an alcohol or other drug recovery or treatment facility to an analyst for investigation within 10 days of receiving the complaint. If the department receives a complaint that does not fall under its jurisdiction, the bill would require the department to notify the complainant, in writing, that it does not investigate that type of complaint. **Status:** 8/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 7/2/2025)(May be acted upon Jan 2026)	3. Oppose Unless Amended SB 329 Fact Sheets
SB 331 Menjivar D	**Substance abuse. (Amended: 5/23/2025)** Under the Lanterman-Petris-Short (LPS) Act, when a person, as a result of a mental health disorder, is a danger to themselves or others, or is gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, a peace officer and a designated member of a mobile crisis team, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. For the purposes of these provisions, current law defines “gravely disabled” as a condition in which a person, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care. This bill would include in the definition of “gravely disabled” for purposes of the above provisions an individual who is unable to provide for their basic personal needs due to chronic alcoholism, as defined. The bill would further define a “mental health disorder” as a condition outlined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders. **Status:** 7/17/2025 - Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/16/2025)(May be acted upon Jan 2026)	2. Oppose SB 331 - Coalition Oppose to Asm. Health SB 331 Fact Sheet
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	8. Watch

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

	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.	

Total Measures: 13

Total Tracking Forms: 13

1/29/2026 7:39:52 AM

January 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: 1,348

Registered Sex Offenders:* 38

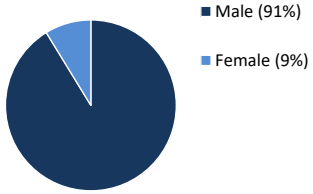
City	Housed	Transient / Homeless	City	Housed	Transient / Homeless
Alpine	3	0	Mount Laguna	0	0
Bonita	0	0	National City	19	1
Bonsall	0	0	Oceanside	40	13
Borrego Springs	0	0	Pala	0	0
Boulevard	0	0	Palomar Mountain	0	0
Camp Pendleton	0	0	Pauma Valley	0	0
Campo	6	0	Pine Valley	0	0
Cardiff By The Sea	1	0	Potrero	0	0
Carlsbad	7	2	Poway	3	0
Chula Vista	40	4	Ramona	6	1
Coronado	0	0	Ranchita	0	0
Del Mar	0	0	Rancho Santa Fe	0	0
Descanso	0	0	San Diego	529	57
Dulzura	0	0	San Luis Rey	0	0
El Cajon	49	12	San Marcos	14	0
Encinitas	0	0	San Ysidro	3	0
Escondido	66	6	Santa Ysabel	0	0
Fallbrook	9	3	Santee	15	0
Guatay	2	0	Solana Beach	0	0
Imperial Beach	3	0	Spring Valley	28	1
Jacumba	0	0	Tecate	0	0
Jamul	0	0	Valley Center	8	0
Julian	1	0	Vista	60	7
La Jolla	1	0	Warner Springs	0	0
La Mesa	11	1	Out of County	21	0
Lakeside	12	0	No Known City	139	63
Lemon Grove	33	2	TOTAL	1129	173
Lincoln Acres	0	0			

Successful Terminations

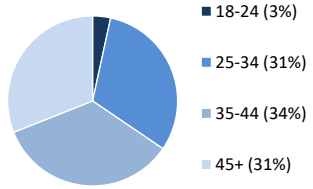
Full Term-No Recidivism	Early Discharge
24	8
Dec 15 – Jan 15	Dec 15 – Jan 15

	In County	Out of County	Unknown
Housed 84%	969	21	139
	86%	2%	12%
Transient/ Homeless 13%	110	0	63
	64%	0%	36%
No Known Address 3%			46
			100%

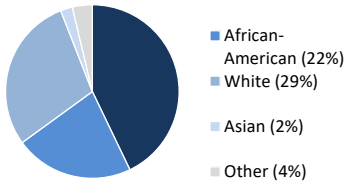
Gender



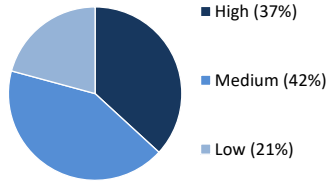
Age



Ethnicity

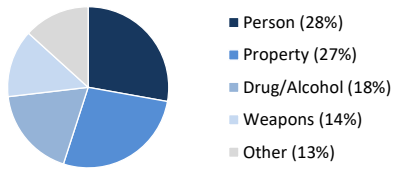


Assessed Risk Level



Committing Offense		DUI	77	Sex Crimes**	45
Arson	21	Escape	4	Theft	140
Assault	324	Forgery/Checks	3	Weapons	171
Auto Theft	65	Hit and Run	6	Other Felonies	206
Burglary	64	Homicide	1	Other Misdemeanors	16
Drugs	150	Robbery	2	Other/Unknown	53

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

January 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: 287

Registered Sex Offenders:* 0

City	Housed	Transient / Homeless	City	Housed	Transient / Homeless
Alpine	0	0	Mount Laguna	0	0
Bonita	1	0	National City	13	0
Bonsall	0	0	Oceanside	10	0
Borrego Springs	0	0	Pala	0	0
Boulevard	0	0	Palomar Mountain	0	0
Camp Pendleton	0	0	Pauma Valley	1	0
Campo	1	0	Pine Valley	0	0
Cardiff By The Sea	1	0	Potrero	0	0
Carlsbad	0	0	Poway	1	0
Chula Vista	34	0	Ramona	0	0
Coronado	0	0	Ranchita	0	0
Del Mar	0	0	Rancho Santa Fe	1	0
Descanso	0	0	San Diego	128	1
Dulzura	0	0	San Luis Rey	0	0
El Cajon	8	0	San Marcos	1	0
Encinitas	0	0	San Ysidro	7	1
Escondido	13	0	Santa Ysabel	0	0
Fallbrook	1	0	Santee	3	0
Guatay	0	0	Solana Beach	0	0
Imperial Beach	5	0	Spring Valley	9	0
Jacumba	0	0	Tecate	0	0
Jamul	1	0	Valley Center	0	0
Julian	0	0	Vista	12	0
La Jolla	0	0	Warner Springs	0	0
La Mesa	8	0	Out of County	13	0
Lakeside	3	0	No Known City	1	0
Lemon Grove	7	0	TOTAL	283	2
Lincoln Acres	0	0			

Successful Terminations

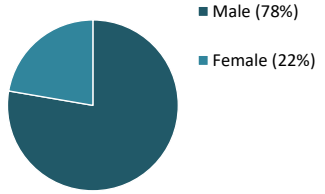
Full Term-No Recidivism

2

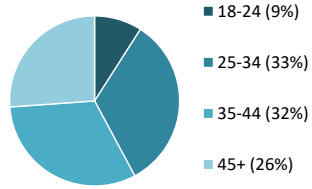
Dec 15 – Jan 15

	In County	Out of County	Unknown
Housed 98%	269	13	1
	95%	4%	1%
Transient/ Homeless 1%	2	0	0
	100%	0%	0%
No Known Address 1%			2
			100%

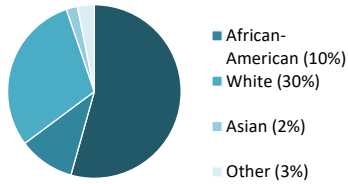
Gender



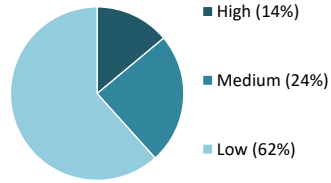
Age



Ethnicity

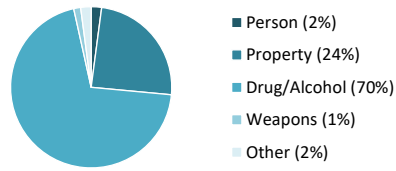


Assessed Risk Level



Committing Offense		DUI	5	Sex Crimes**	0
Arson	0	Escape	0	Theft	29
Assault	4	Forgery/Checks	4	Weapons	2
Auto Theft	11	Hit and Run	0	Other Felonies	12
Burglary	10	Homicide	0	Other Misdemeanors	0
Drugs	194	Robbery	0	Other/Unknown	16

Committing Offense Type



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