



**California
Behavioral Health
Planning Council**

ADVOCACY • EVALUATION • INCLUSION

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MS 2706

June 24, 2026

The Honorable Akilah Weber Pierson, Chair

Senate Health Committee

1021 O Street, Suite 7310

Sacramento, CA 95814

RE: Opposition to AB 1825 – Health care: state hospitals.

Dear Senator Weber Pierson:

On behalf of the California Behavioral Health Planning Council (CBHPC), I am writing to express our opposition to Assembly Bill (AB) 1825 (Krell).

Public Law 102-321 requires the California Behavioral Health Planning Council to advocate for people with lived experience of serious mental illness. Under Welfare and Institutions Code §§ 5771 and 5772, we also advise the Department of Health Care Services and the Legislature on behavioral health policies and priorities. Our members include people with lived experience, family members, parents of children with serious emotional disturbances, service providers, professionals, and representatives from state departments. Their perspectives help shape our recommendations.

AB 1825 intends to establish the factors that would be used to determine whether an incarcerated individual with a severe mental health condition poses a substantial danger of physical harm to others, including the individual's history of treatment compliance, response to treatment, and any prior commitments in a forensic state hospital. The bill also proposes specific requirements for exit plans for eligible individuals nearing release, including recommendations to the supervising county's behavioral health department for services such as Assisted Outpatient Treatment (AOT), the Community Assistance, Recovery, and Empowerment (CARE) Act, and grave disability proceedings.

We acknowledge and support the bill's intent to promote a recovery-oriented approach for individuals with behavioral health challenges as they



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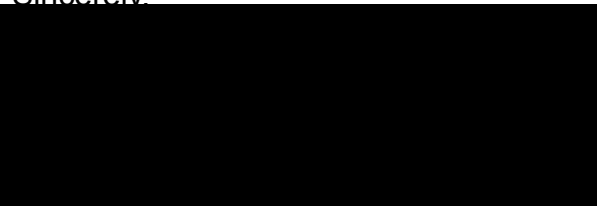
transition from incarceration back into our communities. We recognize the importance of strengthening pathways that help these individuals access behavioral health services that are essential to their stability, recovery, and long-term well-being.

Although AB 1825 aims to strengthen the continuity of care for people exiting carceral settings, the bill raises significant concerns regarding patient choice and voluntary treatment. It places increased emphasis on the use of behavioral health interventions, such as AOT, the CARE Act, and grave disability proceedings without clear safeguards to ensure that these tools remain limited and are recommended only when clinically necessary and appropriate. Any use or recommendation of such interventions should be grounded in individualized clinical assessments, including appropriate due-process protections, and occur only after less restrictive alternatives have been exhausted or clearly determined to be ineffective in meeting the individual's needs.

While involuntary interventions may be appropriate for a limited number of individuals experiencing serious behavioral health conditions, increasing the use of these mechanisms undermines the effectiveness of community-based, voluntary services that are often more successful in fostering long-term engagement and recovery. ***We believe that California should prioritize voluntary pathways to treatment and strengthen access to community based behavioral health supports that promote recovery, preserve individual rights, and delivered in the least restrictive and most appropriate setting.***

For these reasons, the Council respectfully opposes AB 1825. If you have any questions, please contact Jenny Bayardo, Executive Officer, at (916) 750-3778 or via e-mail at Jenny.Bayardo@cbhpc.dhcs.ca.gov.

Sincerely,



Tony Vartan
Chairperson

cc: The Honorable Assemblymember Maggy Krell
Honorable Members, Senate Health Committee



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Melanie Morelos, Legislative Director
Leslie Dunklee, Legislative Aide