

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: AB 2259

VERSION: INTRODUCED FEBRUARY 19, 2026

AUTHOR: RANSOM

SPONSOR:

- **ANTI-RECIDIVISM COALITION**
- **MENTAL HEALTH AMERICA OF CALIFORNIA**
- **CALIFORNIA ASSOCIATION OF MARRIAGE AND FAMILY THERAPISTS (CAMFT)**

RECOMMENDED POSITION: SUPPORT IF AMENDED

SUBJECT: PRISONS: MENTAL HEALTH

Summary: This bill establishes a 3-year pilot program at the California Department of Corrections and Rehabilitation (CDCR) to provide access to mental health therapy at two institutions to certain incarcerated people meeting specific criteria and who are not already classified to receive mental health treatment from CDCR.

Existing Law:

- 1) Provides that the following medically or psychologically necessary services may be provided by the Department of Corrections to inmates (Penal Code (PC) §5058.5):
 - Prescreening of mental disorders;
 - Determination of mental competency to participate in classification hearings;
 - Evaluation of parolees during temporary detention; and
 - Determining whether mental health treatment should be a condition of parole.

This Bill:

- 1) Provides intent language that rehabilitation is an essential function of the CDCR, and that the primary function of that department's Statewide Mental Health Program is to ensure patients have ready access to mental health care based on need. It states that access to mental health therapy should be available to all people incarcerated in CDCR regardless of security level or sentence length, and without requiring a pre-existing mental health diagnosis. It establishes the intent of this pilot program to support continuity of care for justice-involved individuals by connecting them to community-based providers prior to release and supporting their ability to remain under the care of that same provider.

- 2) Requires CDCR to establish a 3-year pilot program at 2 institutions (one for each gender) to foster incarcerated people's growth, mental/emotional wellness, and rehabilitation. (PC §2693(a))
- 3) Specifies that access to mental health therapy at these institutions shall be via virtual therapy opportunities, including confidential telehealth and telepsychiatry, or via contracted licensed or registered mental health providers who can provide counseling in a confidential setting. (PC §2693(a))
- 4) For each person, the therapy must be offered at least twice a month for at least 50 minutes, or as determined by the provider, and be delivered using a short-term, evidence-based, therapeutic model appropriate for pre-release transitioning planning. This can include brief cognitive behavioral therapy or similar structured interventions focused on developing coping skills, reentry planning, and stabilization. (PC §2693(b))
- 5) Specifies that access to these therapy services are for individuals who are currently not already classified by the department in the following mental health designation statuses (PC §2693(c)):
 - Correctional Clinical Case Management System
 - Enhanced Outpatient Program
 - Acute levels of care, including Psychiatric Inpatient Programs or Mental Health Crisis Bed
- 6) Specifies that participating incarcerated persons must be within 90 days of their release date, minimum eligible parole date, or earliest possible release date. CDCR is required to inform them of Medi-Cal benefits and facilitate enrollment support no less than 90 days prior to their release date, and the pilot program services can be covered via Medi-Cal or another allowable funding source. (PC §2693(d))
- 7) Provides that enrollment in this program cannot result in the incarcerated person being classified as having a serious mental health disorder without a formal recommendation and the incarcerated person's written permission (PC §2693(e))
- 8) Specifies that communications between the incarcerated person and their assigned mental health provider are confidential pursuant to HIPAA. (PC §2693(f))
- 9) Requires CDCR to provide incarcerated people with information about community-based treatment programs when they are released. (PC §2693(g))
- 10) Requires CDCR to report on outcomes of the program to the Legislature at specified times. (PC §2693(h))
- 11) Sunsets the program on July 1, 2031. (PC §2693(k))

Comments:

1) Author's Intent. The author states the following:

"Over the last decade, California has furthered its commitment to putting rehabilitation at the forefront of our justice system. Mental health and therapy are proven to support personal growth and self-reflection, both of which are essential to a justice-involved individual's successful reentry. AB 2259 would establish a pilot program to give pre-release individuals access to the therapy they may need to safely reintegrate into an ever-changing world. Currently, mental health services like cognitive behavioral therapy are only available to people with a pre-existing diagnosis, or people who are placed into high-acuity treatment levels. AB 2259 will ensure that all people in our state's justice system—whether diagnosed or not—have access to the care they need for the health and safety of themselves and others."

2) Consider Clarifying Allowable Settings (PC §2693(a)(1) and (2)). PC section 2693(a) establishes that the pilot program must provide incarcerated persons access to mental health therapy in two types of settings: either via virtual therapy opportunities (including telehealth and telepsychiatry), or via contracted licensed or registered mental health providers. Both must be in a confidential setting.

While virtual therapy is a type of setting, it is unclear what type of setting "contracted licensed or registered mental health providers" is. The intent may be to imply an in-person setting using contracted employees (versus virtual therapy, which might also use contracted employees). The author may wish to clarify this.

3) Requirement for "Short-Term, Evidence-Based" Therapeutic Model. PC section 2693(b) requires that services provided through the pilot program be delivered using "a short-term, evidence-based, therapeutic model appropriate for pre-release transitioning planning, including, but not limited to, brief cognitive behavioral therapy or similar structured interventions focused on the development of coping skills, reentry planning, and stabilization."

The Policy and Advocacy Committee raised a concern about the requirement for the therapy to be "short-term" and "evidence-based."

The intent language of the bill states that the intent of the pilot program is to support continuity of care by connecting incarcerated individuals to community-based providers whom they can remain under the care of. There is a concern that short term therapy is intended to primarily problem-solve and not address long term patterns or history.

Additionally, there was concern that mandating evidence-based therapy can be too rigid, limiting a therapist's effectiveness, and overlooking needs of clients with multiple clinical concerns, diverse cultural backgrounds, and complex problems.

For these reasons, the Committee recommended that the terms "short-term" and "evidence-based" be deleted.

4) Previous Legislation. AB 2142 (Haney, 2024) was a similar bill sponsored by CAMFT and the Anti-Recidivism Coalition. It took a broader approach than the bill currently under consideration today, proposing a 3-year pilot program at 2 or more CDCR institutions where mental health therapy would be provided to all incarcerated people. AB 2142 died in Assembly Appropriations before the Board was able to take a position.

5) Policy and Advocacy Committee Recommendation. At its April 17, 2026 meeting, the Policy and Advocacy Committee recommended that the Board take a “support if amended” position on this bill, and request the following amendment, which has been relayed to the author and sponsor:

***PC §2693(b)** For each incarcerated person, virtual therapy opportunities or in-person sessions, pursuant to subdivision (a), shall be offered at least twice per month, for a minimum of 50 minutes, or as determined by the provider. Services provided through the pilot program shall be delivered using a ~~short-term, evidence-based~~, therapeutic model appropriate for pre-release transitioning planning, including, but not limited to, brief cognitive behavioral therapy or similar structured interventions focused on the development of coping skills, reentry planning, and stabilization.*

Support and Opposition.

Support

- Anti-Recidivism Coalition (Sponsor)
- Mental Health America of California (Sponsor)
- California Association of Marriage and Family Therapists (CAMFT) (Sponsor)
- ACLU California Action
- California Police Chiefs Association
- Ella Baker Center for Human Rights
- Mental Health America of California
- Technet

Oppose:

- None at this time.

History

03/25/26 From committee: Do pass and re-refer to Com. on APPR. (Ayes 8. Noes 0.) (March 24). Re-referred to Com. on APPR.

03/09/26 Referred to Com. on PUB. S.

02/20/26 From printer. May be heard in committee March 22.

02/19/26 Read first time. To print.

Introduced by Assembly Member Ransom

February 19, 2026

An act to add and repeal Section 2693 of the Penal Code, relating to prisons.

legislative counsel's digest

AB 2259, as introduced, Ransom. Prisons: mental health.

Existing 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. Existing law requires the department to develop and implement a plan to obtain additional rehabilitation and treatment services for incarcerated persons and parolees. Existing 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. The bill would require the California Correctional Health Care Services to be the custodian of records for treatment records generated under this pilot program. The bill would require the

department to report certain information to the fiscal and appropriate policy committees of the Legislature, from March 1, 2028, to March 1, 2031.

The bill would make related findings and declarations.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) Rehabilitation is an essential function of the Department of
4 Corrections and Rehabilitation.

5 (b) The primary function of the Department of Corrections and
6 Rehabilitation’s Statewide Mental Health Program is to ensure
7 patients have ready access to mental health services based on their
8 need.

9 (c) Mental health therapy contributes to personal growth,
10 reflection, and preparation for safe and successful postincarceration
11 reentry and helps foster a safer environment for staff and people
12 incarcerated in the Department of Corrections and Rehabilitation.

13 (d) Mental health therapy can be provided by an array of
14 licensed professionals or registered mental health providers,
15 including marriage and family therapists, psychologists, and
16 professional clinical counselors.

17 (e) To that end, access to mental health therapy should be
18 available to all people incarcerated in the Department of
19 Corrections and Rehabilitation, regardless of their security level
20 or length of sentence, without requiring a pre-existing mental health
21 diagnosis.

22 (f) The department has implemented a successful telepsychiatry
23 program that has improved access to mental health care services
24 and reduced staffing shortages. The utilization of telehealth
25 technologies for a broader population will provide for a greater
26 variety of options for incarcerated people to meet with mental
27 health providers and receive care.

28 (g) This pilot intends to support continuity of care for
29 justice-involved individuals connecting them to community-based
30 providers prior to release and supporting individuals’ ability to
31 remain under the care of that connected provider. The pilot would

1 be consistent with the goals of the State of California’s Medi-Cal
2 justice-involved initiatives to the extent permitted by federal law.

3 SEC. 2. Section 2693 is added to the Penal Code, to read:

4 2693. (a) In order to foster incarcerated peoples’ growth,
5 mental and emotional wellness, and rehabilitation, the Department
6 of Corrections and Rehabilitation shall establish a three-year pilot
7 program at two institutions. The pilot program shall include one
8 institution housing people of each gender. The pilot program at
9 each institution shall provide access to mental health therapy to
10 an incarcerated person in either of the following settings:

11 (1) Virtual therapy opportunities, including telehealth and
12 telepsychiatry, in a confidential setting.

13 (2) Contracted licensed or registered mental health providers
14 who can provide counseling in a confidential setting.

15 (b) For each incarcerated person, virtual therapy opportunities
16 or in-person sessions, pursuant to subdivision (a), shall be offered
17 at least twice per month, for a minimum of 50 minutes, or as
18 determined by the provider. Services provided through the pilot
19 program shall be delivered using a short-term, evidence-based,
20 therapeutic model appropriate for pre-release transitioning
21 planning, including, but not limited to, brief cognitive behavioral
22 therapy or similar structured interventions focused on the
23 development of coping skills, reentry planning, and stabilization.

24 (c) Access to services during an incarcerated person’s enrollment
25 in the pilot program shall be limited to persons who are not
26 currently determined by the department as having the following
27 classification statuses:

28 (1) Correctional Clinical Case Management System.

29 (2) Enhanced Outpatient Program.

30 (3) Acute levels of care, including the Psychiatric Inpatient
31 Programs or Mental Health Crisis Bed.

32 (d) (1) Participating incarcerated persons shall be within 90
33 days of their release from custody, or within 90 days of the person’s
34 minimum eligible parole date or earliest possible release date.

35 (2) The Department of Corrections and Rehabilitation, in
36 coordination with the Department of Health Care Services, shall
37 facilitate enrollment support for participating incarcerated persons
38 to ensure that eligible persons are informed of Medi-Cal benefits
39 no later than 90 days prior to their release date.

1 (3) Services provided through the pilot program may be covered
2 through Medi-Cal or other allowable funding sources to support
3 continuity of care prior to release and upon reentry.

4 (e) Enrollment shall not result in an incarcerated person being
5 classified as having a serious mental health disorder unless the
6 provider has made a formal recommendation and the incarcerated
7 person offers express, written permission.

8 (f) Communications between an incarcerated person and the
9 assigned mental health provider shall be confidential pursuant to
10 the privacy protections of the Health Insurance Portability and
11 Accountability Act of 1996 (HIPAA) (Public Law 104-191). The
12 California Correctional Health Care Services shall act as the
13 custodian of records for all treatment documents generated under
14 this pilot program.

15 (g) Upon the incarcerated person’s release from custody, the
16 department shall provide them with information about
17 community-based treatment programs.

18 (h) (1) The department shall report to the fiscal and appropriate
19 policy committees of the Legislature on March 1, 2028, and each
20 March 1 thereafter until March 1, 2031. The report shall include
21 all of the following:

22 (A) The planned capacity of the program at each participating
23 facility.

24 (B) The number of incarcerated persons enrolled in the program
25 at each participating facility.

26 (C) The percentage of participants with positive posttreatment
27 outcomes.

28 (D) The number of persons who are successfully linked to
29 postrelease community-based treatment programs.

30 (2) A report to be submitted pursuant to this subdivision shall
31 be submitted in compliance with Section 9795 of the Government
32 Code.

33 (i) For the purposes of this section, “virtual therapy
34 opportunities” means services provided by tablet, video conference,
35 or other technologies.

36 (j) For the purposes of this section, “positive outcomes” means
37 an inmate exhibiting any of the following:

38 (1) Reduced disciplinary action or writeups from staff.

39 (2) Self-acceptance.

40 (3) Self-understanding.

- 1 (4) Improved interpersonal safety and functioning.
- 2 (k) This section shall become inoperative on July 1, 2031, and,
- 3 as of January 1, 2032, is repealed.

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