



**SENATOR SHANNON GROVE**  
**SENATE DISTRICT 12**

**SB 1373 (Grove)**

**Ensuring Accountability in California's Mental Health Diversion Program**

SUMMARY

This bill amends California's pretrial Mental Health Diversion (MHD) program by expanding judicial discretion, ensuring courts rely on competent, admissible evidence when evaluating mental health diagnoses, and ensures defendants charged with high-risk violent offenses are ineligible. The goal is to protect public safety while preserving diversion for defendants with legitimate, medically supported mental health needs.

EXISTING LAW

California's MHD program, created by AB 1810 (2018), allows a court to grant diversion to defendants diagnosed with a mental health disorder that was a significant factor in the charged offense. Felony diversion typically involves up to two years of treatment, and misdemeanor diversion typically involves up to one year of treatment, rather than any period of incarceration. There is no statutory guidance on minimum treatment, program duration, or what constitutes sufficient participation.

Successful completion of mental health diversion results in dismissal of the criminal charges, meaning the underlying offense will not appear on the defendant's record.

Current law presumes that any qualifying mental health diagnosis, even one made post-arrest, substantially contributed to the crime. Courts must resolve ambiguities in favor of diversion. Categorical exclusions exist under PC 1001.36(d), including murder, manslaughter, and certain sex offenses, but many violent, coercive, or high-harm crimes remain eligible for diversion.

PROBLEM

The statutory presumption reduces judicial discretion, compelling courts to grant diversion even in borderline or high-risk cases. Opportunistic diagnoses obtained shortly before diversion hearings can trigger eligibility, limiting the prosecution's ability to challenge the evidence.

Current law allows serious offenses, including child abuse, assault resulting in death, human trafficking, crimes causing great bodily injury, kidnapping,

carjacking, gross vehicular manslaughter, attempted murder, and repeat offenders, to access diversion despite high risk to public safety.

Courts are often asked to grant diversion at the prima facie stage based on untested diagnoses or hearsay. Any "Mental health expert" can render a diagnosis that qualifies a defendant for diversion, even though there is no statutory definition of who qualifies as a "mental health expert."

Two high-profile cases demonstrate concerns with how California's Mental Health Diversion statute is functioning in practice.

In 2023, a three-year-old child was brought to a hospital with uncontrollable tremors. Medical testing revealed the child was overdosing on lithium, a medication prescribed to an adult. Investigators determined that the child's mother and her partner had been force-feeding the medication to keep the child sedated while confining him inside a filthy room with little food. The child suffered more than 30 abrasions, multiple bruises, and swelling to the upper ear, injuries consistent with inflicted child abuse. Despite the severity of the conduct and harm, both defendants were granted mental health diversion, avoiding prosecution on four charges of child abuse and endangerment.

In May 2025, Jordan Murray, a 25-year-old Sacramento County defendant, was arrested and charged with the fatal stabbing of a 40-year-old man in a Fair Oaks parking lot following an altercation earlier that day. Murray had previously been arrested in May and June 2024 for two violent robberies, during which he allegedly sprayed store employees with a chemical irritant before fleeing.



**SENATOR SHANNON GROVE**  
**SENATE DISTRICT 12**

**SB 1373 (Grove)**

**Ensuring Accountability in California's Mental Health Diversion Program**

Despite this history, a court granted Murray mental health diversion in November 2024, resulting in his release from custody. Following the homicide, the Sacramento County Sheriff's Office publicly referenced Murray's prior diversion status in explaining the case timeline.

CONTACT:

Gavin Bleha

[Gavin.Bleha@sen.ca.gov](mailto:Gavin.Bleha@sen.ca.gov)

(916) 651-4012

SOLUTION

This bill restores full judicial discretion, allowing courts to grant or deny mental health diversion in every case without being compelled by statutory presumptions. Only mental health diagnoses from the last five years may be considered as evidence that the disorder substantially contributed to the offense, and the presumption is rebuttable by the prosecution with competent, admissible evidence.

The bill updates eligibility so that defendants charged with child abuse or endangerment, corporal injury to a child, child assault resulting in death, human trafficking, domestic violence causing great bodily injury, any crime causing great bodily injury, kidnapping, carjacking, gross vehicular manslaughter, attempted murder, or repeat offenders with two or more prior felonies or a prior strike are ineligible for diversion.

Courts must conduct a dedicated hearing to evaluate the evidence supporting MHD petitions, ensuring diagnoses and causation opinions are supported by competent, admissible evidence and that prosecutors have access to records necessary to evaluate or contest the claim.

Courts must also assess the defendant's risk to public safety, considering prior criminal history, treatment compliance, prior response to rehabilitation, severity of the current offense, and victim impact, while respecting victim rights.